

Case Number:	CM15-0237296		
Date Assigned:	12/14/2015	Date of Injury:	10/12/2015
Decision Date:	01/28/2016	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	12/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Illinois

Certification(s)/Specialty: Ophthalmology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old male, who sustained an industrial injury on 10-12-2015. According to physician documentation, the injured worker was diagnosed with serous retinal detachment of the right eye. Subjective findings dated 10-29-2015 were notable for blurry vision and pain in the right eye. Visual acuity in the right eye showed 20/70. Objective findings dated 10-29-2015 were notable for pupils were equal, round, and reactive with lens noted as 1+ cataract and nuclear sclerosis with a normal Adnexa, normal eye lids and lashes, cornea showed normal endothelium, epithelium, stroma and tear field, normal iris and a deep and quiet anterior chamber. Treatments to date have included retinal reattachment surgery and Ocuflax eye drops. The Utilization Review determination dated 11-13-2015 did not certify treatment/service requested for Fluorescein angiography of the right eye.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Fluorescein angiography right eye: Upheld

Claims Administrator guideline: Decision based on MTUS Eye 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Eye chapter - Slit lamp examination. American Academy of Ophthalmology, Fluorescein Angiography, F. Ryan Prall MD; and the

National Institutes of Health Optical Coherence Tomography: An Emerging Technology for Biomedical Imaging and Optical Biopsy, James G Fujimoto.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Ophthalmology Preferred Practice Pattern.

Decision rationale: This is a patient who has recently undergone retinal detachment repair. Fluorescein angiogram (FA) is used to evaluate the retinal vessels. It is not a routine part of the post-op care after retinal detachment repair. In this case, there is no documentation in the records as to why FA is necessary. Therefore, an FA is not medically necessary in this case (unless more specific info is provided to justify its necessity).