

<b>Case Number:</b>	CM14-0148716		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	12/20/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

58 year old female claimant sustained a work injury on 12/20/12 involving a scratch to the eye. She was diagnosed with chronic right eye pain. A prior visit with an ophthalmologist indicated she had a refractive error and there may be difficulty in the neck. A progress note on 8/6/14 indicated the claimant had constant pain in the right eye. Exam findings only mentioned that ocular motor movements are intact. The treating physician recommended Ketorolac eye drops, artificial tears and 8 sessions of therapy for the neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for neck #8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** According to the MTUS guidelines, therapy is appropriate for those with myalgia or neuralgia. In this case, there is no physical exam or diagnosis relating to the neck that would justify therapy. Therefore the request for therapy is not medically necessary.

**Ketorolac eye drops #2:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): Ophthalmic topical.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 450-451.

**Decision rationale:** According to the ACOEM guidelines, Ketorolac eye drops are effective in treating pain in the non-infected eye. The claimant had continued eye pain on oral Naproxen. Based on the persistent symptoms and support of Ketorolac from the guidelines, the Ketorolac eye drops are beneficial and medically necessary.

**Artificial tears #2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/2006>: Dry eye syndrome and ideal artificial tear

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National guidelines for artificial tears

**Decision rationale:** According to the national guidelines, artificial tears are beneficial in those with mild dry eye syndrome. In this case, there was no documentation of dry eye complaints or findings on physical exam. Therefore the request for artificial tears is not medically necessary.