

Case Number:	CM14-0180706		
Date Assigned:	11/05/2014	Date of Injury:	08/15/2011
Decision Date:	12/09/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	10/30/2014

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 Internal Medicine 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:

The injured worker is a 42-year-old man psychiatric technician/social worker with a date of injury of August 15, 2011. The injured worker has a suspected loss of consciousness/brain injury with repeated exposures to physical altercations with patient population incidents. He is currently working. The carrier has accepted the claim for the upper back area, soft-tissue neck, and mental/mental. The carrier has classified the brain and eyes (both) as delayed body parts. Pursuant to a progress note dated October 20, 2014, the injured worker complains of blurred vision and headaches. He is taking Topamax 50mg, which helps the severity of his headaches. He has had no psychological testing performed. He has difficulty with short-term memory and multi-tasking. The injured worker has been diagnosed with post-traumatic headaches, post-traumatic stress disorder (PTSD), and cognitive disorder associated with major depression. He is taking Lexapro and Wellbutrin. He notes no diplopia, difficulty with swallowing, and focal weakness or alignment changes in balance. The provider noted that the injured worker had significant visual spatial orientation deficits that were addressed with special yoked prisms in his prescription glasses. The purpose of the prisms was to help with his balance and orientation when in complex environments much as the market, mall, and on the freeway. Since the glasses were dispensed in June of 2014, the provider has not had an opportunity to re-evaluate how the injured worker is doing with the prescription glasses. There are 3 different prescriptions. The provider states that the injured worker may need an updated prescription or an adjustment on the glasses. The testing will include and evaluation of the binocular system and oculomotor coordination. Neurological objective findings revealed the injured worker was alert with fluent speech and no aphasia or dysarthria. He was oriented X 3. He was able to name the president and spell the word WORLD backwards. Visual fields were full on confrontation. Pupils were equal and reactive. Extra ocular movements were normal. There was no facial

sensory loss, nor facial weakness. Hearing was intact. Gag reflex and palatal movements were normal. Tongue protruded midline. Shoulder shrug strength was normal. MRI of the brain was normal and cervical spine MRI revealed some minimal disc bulging but of no clinical significance. The provider gave the injured worker a prescription for Depakote 250mg BID to be used for headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refraction: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Eye Chapter, Office Visits

Decision rationale: Pursuant to the Official Disability Guidelines, refraction is not medically necessary. The Official Disability Guidelines state office visits are recommended as determined to be medically necessary. Evaluation and management to physician office play a critical role in the proper diagnosis and returned to function of an injured worker and should be encouraged. The need for an office visit with healthcare provider is individualized based on patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. Recommended eye examination frequency for adult patients are as follows: 1. asymptomatic risk free ages 18 to 40 every two years; ages 41 to 60 every two years; and ages 61 and older annually. 2. at risk patients ages 18 to 40 should have an eye exam every 1 to 2 years or as recommended and aged 41 to 60 every 1 to 2 years or as recommended. In this case, there was no rationale in the medical record indicating why a routine eye exam/refraction was to be performed. The injured worker was 42 years old. The injured worker should have a routine eye exam every one to two years. The injured worker had his eyes evaluated February 19 of 2014. He has significant visual spatial orientation deficits that were addressed with special orientation prisms in his prescription glasses. Presently, however there is no clinical indication to perform an examination at this time. The indications for at-risk patients age 42 would be every one to two years or as recommended. The requested examination was for routine follow-up. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, refraction is not medically necessary.