

Case Number:	CM14-0098084		
Date Assigned:	07/28/2014	Date of Injury:	10/04/1995
Decision Date:	09/18/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/26/2014

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, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 54 year old male with date of injury 10/4/1995. The mechanism of injury is stated as blunt trauma to the right eye. The patient has complained of blurry vision, pain, diplopia, photophobia and decreased visual acuity since the date of injury. He is status post retinal detachment repair of the right eye in 2002. He has also been treated with medications. Objective: visual acuity right eye 20/200 near and far, left eye 20/25 and 20/30 near and far respectively, 4 + cataract right eye, scleral buckling right eye. Diagnoses: right eye: amyopia, astigmatism, presbyopia and 4 + cataract. Treatment plan and request: glasses (frames x 2, SV lenses x 4, polycarbonate x 4, transitions x 2).

IMR ISSUES, DECISIONS AND RATIONALES

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

Glasses: Frame x2, SV Lenses x4, Polycarbonate x4, Transitions x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna, Clinical Policy Bulletin: Contact Lenses and Eyeglasses, #0126, Policy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Eye, no specific guidelines with respect to glasses Other Medical Treatment Guideline or Medical Evidence: www.medicare.com.

Decision rationale: This 54 years old male patient has complained of blurry vision, pain, diplopia, photophobia and decreased visual acuity of his right eye since the date of injury 10/4/1995. He is status post retinal detachment repair of the right eye in 2002. He has also been treated with medications. The current request is for glasses (frames x 2, SV lenses x 4, polycarbonate x 4, transitions x 2). There are no specific recommendations for glasses in CA MTUS and ODG. Per Medicare guidelines, glasses and contact lenses are not covered with the exception of post cataract surgery in which case glasses are partially paid for under Medicare Part B. Per the available medical records, there is no documentation supporting a post cataract surgical state, and while right eye cataract is listed as a diagnosis, there is no surgical date listed currently. On the basis of the Medicare guidelines and the available medical records, glasses (frames x 2, SV lenses x 4, polycarbonate x 4, transitions x 2) are not medically necessary.