

Case Number:	CM14-0215100		
Date Assigned:	01/02/2015	Date of Injury:	09/17/2000
Decision Date:	03/27/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: New York, Mississippi, New Mexico
 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 sustained a work related injury on September 17, 2000, being struck in the face with a large rack from a truck, suffering numerous cranial and facial fractures and was comatose for an undefined period of time. The injured worker underwent multiple facial reconstructive surgeries with several plates placed in the skull. The injured worker developed post-traumatic seizure disorder, with other complaints including chronic mid/lower back and hip pain, vestibular issues, diplopia, right shoulder impingement syndrome, daily headaches, short term memory loss, hypo pituitary dysfunction, sinus issues, anxiety, distractibility, and diminished attention. In 2003, the injured worker had an episode of Bell's palsy which affected the left side of the face. A vision rehabilitation evaluation report dated January 8, 2014, noted the injured worker with diplopia, dryness in the left eye, convergence insufficiency, binocular dysfunction, hypertropia, oculomotor dysfunction pursuits/saccades, lagophthalmos, and trichiasis. The injured worker's physician requested authorization for twelve sessions of vestibular therapy to treat benign paroxysmal positional vertigo, vision testing, and an annual optometry exam. On November 26, 2014, Utilization Review evaluated the request for twelve sessions of vestibular therapy to treat benign paroxysmal positional vertigo, vision testing, and an annual optometry exam, citing <http://emedicine.medscape.com/article/883878-overview#aw2aab6b4> and <http://www.nlm.nih.gov/medlineplus/ency/article/003879>. The UR Physician certified the twelve sessions of vestibular therapy. The UR Physician noted that there was no thorough documentation regarding clinical manifestations regarding vision problems including prior attempts to address symptoms. The UR Physician noted that there was

insufficient information to support an annual optometry exam, and with inadequate documentation provided, recommended non-certification for the vision testing and an annual optometry exam. The decisions were subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vision testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rawstron JA , Burley CD , Elder MJ . A systematic review of the applicability and efficacy of eye exercises . J Ped Ophthalmol Strab . 2005;42:82-88

Decision rationale: The vision therapy rehabilitation program is not medically necessary and does not meet coverage criteria. Vision therapy for the treatment of the patient's diagnoses does not meet standards of care. Home-based therapies and observation for convergence insufficiency is the prevailing treatment due to the cost-effective nature of this remedy and the lack of evidence for and standardization of office-based treatments. The therapy as outlined by the optometrist is not based on medical evidence and is not fit to treat a medical condition.

Annual optometry exam: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Accommodation in mild traumatic brain injury. Green W, Ciuffreda KJ, Thiagarajan P, Szymanowicz D, Ludlam DP, Kapoor N. J Rehabil Res Dev. 2010;47(3):183-99.

Decision rationale: Annual examination without vision therapy sessions is reasonable and necessary considering the patient's symptoms of diplopia and examination findings of heterophoria. Prismatic glasses may be prescribed and the traumatic heterophoria may change over time. It is reasonable to evaluate this over time.