

Case Number:	CM14-0215819		
Date Assigned:	01/05/2015	Date of Injury:	09/10/2014
Decision Date:	03/04/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/23/2014

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: Colorado

Certification(s)/Specialty: Family Practice

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 with date of injury 9/10/2014 continues care with the treating physician and specialists. Patient complaints include neck pain, right shoulder pain, and upper back pain with h/o bilateral arm pain and weakness as well. Per the records patient spends long hours sitting at a computer terminal and has not had ergonomic assessment. Patient has tried Physical Therapy, Acupuncture, Chiropractic, and medications all with little relief. The treating physician requests Ophthalmology consult for evaluation for computer glasses recommended by Orthopedic consultant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ophthalmology Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 803-804, and 859-860. Decision based on Non-MTUS Citation

American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)
Chapters 6, 7, page(s) 163, 191, 193, 210-211

Decision rationale: The MTUS Guidelines do not specifically address indications for consultation, so the ACOEM Guidelines were consulted. Per the ACOEM Guidelines, consultation is recommended when the patient's condition is related to patient's poor function and no cause has been clearly evident. Consultation with a specialist can be used then to confirm diagnosis and/or devise treatment regimen. Consultants can also assist in assigning loss, assessing medical stability and determining fitness to return to work. The specialist may offer just advice / input or take over patient care for a given condition. The choice of specialist to consult will depend on the patient needs. (Medical, Physical, Psychological) For eye disorder specifically, primary care and occupational medicine can manage the majority of eye conditions unless 'red flags' are evident or condition is unresponsive to therapies, in which cases Ophthalmology consult is required. ('Red flags' include 'open globe wounds or penetrating foreign bodies in the eye, thermal and chemical injuries e.g., alkali, acid, solvent, or hydrofluoric acid burns, central retinal artery and/or vein occlusions, acute glaucoma, corneal ulcers, and retrobulbar hemorrhages.') If eye damage is not resolving with 48-72 hours then Ophthalmology consult is necessary. For nonspecific eye symptoms (fatigue, blurred vision), which studies indicate occur in 50-90% of those who work on computers, consult can be delayed while conservative measures and ergonomic adjustments are tried. Studies suggest proper environment and 'visual ergonomics' and proper visual care can generally resolve these types of visual complaints. Visual function screening should be performed to determine level of loss of function related to blurred vision / fatigue. For the patient of concern, the records document that she does spend long hours at the computer and has not yet had ergonomic assessment / adjustment. However, the records do not include a visual screening, and the patient has no specific eye / vision complaints documented. The Orthopedic clinic note dated 11/19/2014 recommends ergonomic assessment and computer glasses to help with patient pain symptoms, but there is no mention of eye complaints that would suggest she is having difficulty visualizing her work which could lead to abnormal posture resulting in her current pain issues. Without any evidence that patient has visual difficulties, and without documentation that a vision screening or ergonomic adjustments have been performed, a referral to Ophthalmology is premature and not currently medically indicated.