

Case Number:	CM15-0003675		
Date Assigned:	01/14/2015	Date of Injury:	05/17/2011
Decision Date:	05/29/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/08/2015

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: Illinois
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 is a 47 year old male who sustained a work related injury May 17, 2011. According to medical records he fell 15 feet onto his head, resulting in a brain injury and hospitalization of approximately 6 months. Past history includes initial brain surgery and then shunt placement and revision of shunt August 2011, seizure December 2013. Diagnoses documented as cerebral contusion with consequential hydrocephalus and shunt placement, seizure, related to head injury. According to a physician's progress report dated October 15, 2014, the injured worker presented for follow-up. He is occasionally positive for headaches. He noted problem with vision of left eye; pupils are equal and reactive to light and accommodation, extraocular muscles are intact. Diagnoses are traumatic brain injury, mild gait dysfunction, resolving, cerebral dysfunction, pseudobulbar affect disorder, and transient headaches. Treatment included continue medications, referral for a visual exam due to difficulty with left eye vision and left ptosis due to traumatic brain injury residual and pursue approval for neurologist follow-up. According to utilization review performed December 16, 2014, the request for Evaluation and Treatment with Ophthalmologist is non-certified, citing (ODG) Official Disability Guidelines, Eye Office Visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and Treatment with an Ophthalmologist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127 and Official Disability Guidelines (ODG), Eye, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Ophthalmology Preferred Practice Pattern on "Vision Rehabilitation".

Decision rationale: This patient has suffered from a traumatic brain injury (TBI) and has previously undergone multiple intracranial procedures. Previous studies have clearly demonstrated the high frequency of vision problems in patients with TBI. Therefore, a complete eye examination by an ophthalmologist is medically necessary in this patient. The patient may have suffered injuries to the visual pathway, oculomotor nerves and/or other parts of the eye which can only be determined through a complete eye examination. The patient may not be able to report all of his visual complaints/difficulties given that his cognitive function has been compromised due to his injury.