

Case Number:	CM15-0019994		
Date Assigned:	03/17/2015	Date of Injury:	04/15/2013
Decision Date:	04/14/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/02/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine

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 an industrial injury on April 15, 2013. He reported pain and itching of the eyes due to heat and steam exposure. Diagnoses include uveitis left eye, uveitic cataract left eye, iridocyclitis left eye, scleritis left eye, vitreous degeneration, and preglaucoma of the both eyes. Treatment to date has included a change to a different workstation, pain medication, surgery, and eye drops. The injured worker was found to have a cataract thought to be secondary to trauma and noted to have scleritis at that time. The injured worker underwent cataract extraction with intraocular lens of the left eye on 2/12/14. On 4/18/14, the injured worker was seen by an ophthalmologist for iridocyclitis and scleritis of the left eye. On 9/26/14, the ophthalmologist noted diagnoses of scleritis, iritis, and macular edema of the left eye. The injured worker denied pain or photophobia but reported blurry vision in the left eye. The injured worker was using a steroid eye drop. On 12/1/14, the injured worker reported eye pain the week prior and was found to have a mild recurrence of iridocyclitis and was treated with increase in the steroid eye drop. On 1/9/14, the injured worker reported blurry vision in the left eye with mild ache on and off. Examination showed visual acuity of 20/100 uncorrected in the left eye, 20/25 minus 2 uncorrected in the right eye. Intraocular pressure was 22 on the left and 19 on the right. There was no significant ptosis or proptosis. The iris was round with no rubeosis of both eyes. A uveitic cataract of the left eye and deep scleritis of the left eye were noted. The treating ophthalmologist noted unlikely post-operative uveitis due to presence of scleritis prior to surgery and likely uveitic cataract, possibly chemically induced from exposure to hot grease to the eye. Laboratory studies were recommended. The injured

worker was seen for follow-up of uveitis of the left eye on 1/23/15; at that visit he reported no pain but some redness. The injured worker was also evaluated and treated for pain in the upper extremities secondary to repetitive use. It was noted on 8/5/14 that the injured worker was released to modified work but was not working due to lack of availability of modified work. On 1/28/15, Utilization Review (UR) non-certified requests for laboratory studies: blood urate measurement, automated erythrocyte sedimentation rate, serum antinuclear antibody measurement, complement antigen assay, total hemolytic complement, noninfectious fluorescent antibody screen, qualitative rheumatoid factor, and qualitative syphilis test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood urate measurement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): p. 426. Decision based on Non-MTUS Citation Rosenbaum, James. Uveitis: Etiology, Clinical manifestations, and diagnosis. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The ACOEM states that if a patient's limitations due to eye symptoms do not improve in 3 to 5 days, reassessment is recommended. The clinician may consider referral for further diagnostic studies. This injured worker has been diagnosed with uveitis/iridocyclitis with documentation of ongoing inflammation and treatment with steroid eye drops. Treatment by an ophthalmologist has been ongoing for many months. Uveitis is a process of intraocular inflammation. Etiology may be infectious, related to systemic inflammatory diseases, secondary to drugs and hypersensitivity reactions, or restricted to the eye. Uveitis can occur as a manifestation of many systemic inflammatory conditions, including the spondyloarthritis family of disorders, sarcoidosis, other systemic rheumatic diseases, and other systemic disorders. In patients in whom the history and examination does not suggest a possible cause, diagnostic testing is warranted. Such testing may include serologic test for syphilis, and laboratory evaluation for systemic inflammatory diseases. Elevated uric acid levels may lead to gouty arthritis, a condition which is not commonly associated with uveitis. For this reason, the request for blood urate measurement is not medically necessary.

Automated erythrocyte sedimentation rate: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): p. 426. Decision based on Non-MTUS Citation Rosenbaum, James. Uveitis: Etiology, Clinical manifestations, and diagnosis. In Up-to-date, edited by Ted. W. Post, published by Up-to-date in Waltham, MA, 2015.

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Serum antinuclear antibody measurement: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): p. 426. Decision based on Non-MTUS Citation Rosenbaum, James. Uveitis: Etiology, Clinical manifestations, and diagnosis. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

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Complement antigen assay: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 426. Decision based on Non-MTUS Citation Rosenbaum, James. Uveitis: Etiology, Clinical

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Total hemolytic complement assay: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): p.426. Decision based on Non-MTUS Citation Rosenbaum, James. Uveitis: Etiology, Clinical manifestations, and diagnosis. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

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Noninfectious fluorescent antibody screen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): p.426. Decision based on Non-MTUS Citation Rosenbaum, James. Uveitis: Etiology, Clinical manifestations, and diagnosis. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

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Qualitative rheumatoid factor: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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Qualitative syphilis test: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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