

<b>Case Number:</b>	CM15-0112015		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: California, North Carolina  
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:

The injured worker is a 29 year old female, who sustained an industrial injury on 02/19/2014. She reported being injured when a metal shelf fell on top of her head. The injured worker is currently working with modifications. The injured worker is currently diagnosed as having head concussion without loss of consciousness, headache, subjective memory complaint, and nausea. Treatment and diagnostics to date has included vision therapy and medications. In a progress note dated 05/12/2015, the injured worker presented with complaints of constant headaches and has stopped going to vision therapy. Objective findings were unremarkable. The treating physician reported requesting authorization for prism sunglasses.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prism Sunglasses:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation GlassesCrafter.com, What is the purpose of prism in eyeglasses?.

**Decision rationale:** MTUS, ACOEM and ODG are all silent regarding prism sunglasses. Prisms are used primarily for diplopia, positional correction and convergence correction. Prism lenses are necessary in getting the eyes to work together. Prisms are also used in hemianopia and increasing peripheral vision. In this case, the records indicated that the patient has discontinued vision therapy. There is no indication of interval treatment. There is also no extensive eye examination submitted indicating the rationale behind prism glasses/sunglasses. Therefore the request is deemed not medically necessary at this time.