

Case Number:	CM15-0113217		
Date Assigned:	06/19/2015	Date of Injury:	05/31/2012
Decision Date:	08/04/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/12/2015

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:

This 34-year-old male sustained an industrial injury to the head and elbow on 5/31/12 with blunt force trauma, loss of consciousness and broken teeth. Previous treatment included physical therapy, acupuncture, chiropractic therapy, epidural steroid injections, psychotherapy and medications. In a reevaluation dated 3/18/15, the injured worker complained of ongoing headaches, pain in the teeth, neck, back, left shoulder, lower extremity, left knee as well as symptoms of depression, trouble sleeping and sexual dysfunction. The injured worker described pain in the bilateral occipital, temporal and frontal regions associated with lightheadedness and blurred vision. The injured worker rated his pain 7-9/10 on the visual analog scale. Physical exam was remarkable for redness in both eyes. Current diagnoses included status post blunt head injury with loss of consciousness, dental trauma, left elbow medial epicondylitis and left elbow ulnar neuropathy. The treatment plan included a course of shockwave therapy for the lower extremity, prescriptions for Motrin and FLURBI cream, a course of physical therapy for the lower extremity and consultations with an ophthalmologist and dentist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with ophthalmologist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

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.

Decision rationale: This is a patient who has complained of blurred vision (along with headaches) and was also noted to have red eyes on examination. Any patient with headache, blurred vision and red eyes deserves to have a complete eye exam. Therefore, an ophthalmology consult is medically necessary in this patient.