

Case Number:	CM15-0122248		
Date Assigned:	07/06/2015	Date of Injury:	11/01/2011
Decision Date:	08/18/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/24/2015

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 (IW) is a 50-year-old female who sustained an industrial injury on 11/01/2011. Diagnoses include treated retinal tear of the left eye; status post laser at 12 and 1 o'clock. Treatment to date has included laser eye surgery. According to the progress notes dated 11/7/14, the IW reported blurry vision, left eye worse than the right and noted flashes when reading. She described the problem as moderate and progressive. She was previously treated for a torn retina in the left eye. On examination, pupils were equal, round and reactive; exterior and interior structures were unremarkable. Intraocular pressures were 12 bilaterally. Right eye visual acuity was 20/30 and 20/80 on the left with current corrective lenses. The former retinal tear was healed, with scar tissue remaining. No tears were noted. A request was made for fluorescence angiography; optical coherence tomography (OCT) of retinal structures; photo of fundus; extended ophthalmoscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluorescence Angiography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Indocyanine Green Angiography, Number: 0111.

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 with a history of trauma to the right eye 4 years ago. She underwent laser retinopexy for retinal tear at the time, but otherwise her eye exam has been very stable. There is no evidence of any active retinal disease. Therefore, the use of fluorescein angiogram is medically unnecessary since there is no suspicion of any retinal/vascular abnormalities in this case.

Optical Coherence Tomography (OCT) of retinal structures: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anterior Segment Optical Coherence Tomography, Policy #: MED.00095 Current Effective Date: 01/13/2015, Last Reviewed Date: 11/13/2014.

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 with a history of trauma to the right eye 4 years ago. She underwent laser retinopexy for retinal tear at the time, but otherwise her eye exam has been very stable. There is no evidence of any macular disease and the appearance of her macula is reportedly normal in both eyes. Therefore, the use of macular OCT is not medically necessary since there is no suspicion of any retinal/macular abnormalities in this case.

Photo of Fundus: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Fundus Photography, Number 0539.

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 with a history of trauma to the right eye 4 years ago. She underwent laser retinopexy for retinal tear at the time, but otherwise her eye exam has been very stable. There is no evidence of any retinal lesions besides the laser scars. Fundus photography is used to document the appearance of a retinal lesion. Therefore, the use of Fundus photography is not medically necessary at this case.

Extended Ophthalmoscopy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Extended Ophthalmoscopy, Number: 0767.

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: Extended ophthalmoscopy is used to thoroughly examine the retina, particularly if there is a suspicion for peripheral tears. In this case the patient has a history of retinal tears in the past and at the same reports symptoms of flashes (albeit once a week which is not very concerning). Nonetheless, an extended ophthalmoscopy (retinal exam with scleral depression) is medically necessary to rule out any new tears or holes.