

<b>Case Number:</b>	CM15-0125494		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 was a 47 year old male, who sustained an industrial injury, October 11, 2011. The injury was sustained when a piece metal flew into the injured worker's right eye. The injured worker previously received the following treatments Lunesta, eye drops, psychological services, ophthalmic services, silicone oil. The injured worker was diagnosed with 6 right eye surgeries; ptosis of the right eye, phthisis of the right eye-intraocular pressure is low in the right eye, loss of sight in the right eye and insomnia. According to ophthalmologist progress note of April 20, 2015, the injured worker's chief complaint was vision in the right eye. The treating ophthalmologist suggested the injured worker have polycarbonate lenses and possibly surgery of the right upper lid. According to the progress note ophthalmologist note of January 28, 2015, the injured worker was complaining of ptosis in the right eye. There was a lump in the right upper lid. The vision acuity of the right eye was hand motions and the left was 20/20. The treatment plan included right ptosis repair by levator resection of the right upper eyelid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right ptosis repair by levator resection:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Functional indications for Upper Eyelid Ptosis

and Blepharoplasty Surgery OTA, A Report by the American Academy of Ophthalmology Ophthalmic Technology Assessment Committee Oculoplastics and Orbit Panel, Ophthalmology, December 2011, Vol 118, 2510-2517 (<http://eyewiki.aaopt.org/Blepharoptosis>) Functional Indications for Upper Eyelid Ptosis and Blepharoplasty Surgery A Report by the American Academy of Ophthalmology Kenneth V. Cahill, MD, Elizabeth A. Bradley, MD, Dale R. Meyer, MD, Phillip L. Custer, MD, David E. Holok, MD, Marcus M. Marcet, MD, Louise A Mawn, MD.

**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:** MTUS does not address this treatment, therefore the American Academy of Ophthalmology Practice pattern guidelines for ptosis. This patient has very low vision in the right eye (only hand movements) which is directly due to the work injury he sustained. The right eye has become pre-phthisical and has low pressure. As a result of multiple surgeries and the low pressure, he has developed drooping (ptosis) of the right upper lid. Performing a ptosis repair in this case will not improve the patient's visual function; it will primarily improve the appearance of the eyelid. Therefore, a ptosis repair is not medically necessary from a visual standpoint but necessary to restore his appearance to a more normal appearance. Before performing ptosis repair, the patient could also try a cosmetic shell which he can wear over that eye and may provide more volume and lift up the lid enough to avoid the need for ptosis surgery. If they do not wish to try a cosmetic shell then ptosis repair is reasonable and medically necessary. So in summary, ptosis repair is medically necessary for restoring the appearance of the eye.