

Case Number:	CM15-0127637		
Date Assigned:	07/14/2015	Date of Injury:	09/07/2010
Decision Date:	08/18/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/01/2015

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 48 year old woman sustained an industrial injury on 9/7/2010 due to cumulative trauma. Evaluations include an undated brain MRI with a repeat study dated 4/10/2015. Diagnoses include deficiency of saccadic eye movements, vertical phoria, sensitivity to light, meibomianitis, visual vestibular dysfunction, presbyopia, and auditory processing problems. Treatment has included oral medications, Botox injections, and treatment by neurology, psychology, and psychiatry. Physician notes dated 4/22/2015 show complaints of balance problems, headaches, and a variety of visual distortions. Recommendations include prescription reading glasses, Brudner compress for treating eyelid disease, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) one (1) pair of prescription glasses (frame, dispensing fee, single vision, anti-reflective scratch coating, polycarbonate lens, prisms, and special filter [blue tech] case): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.aao.org/clinical-statement/glasses-as-medical-necessity--2013; www.aao.org/preferred-practice-pattern/blepharitis-ppp--2013.

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 patient is complaining of difficulty with near vision. She is in the presbyopic age and her eye exam confirms that she requires refractive correction to read up close. Therefore, there is no question that she will benefit from reading glasses to help her near work. This is completely consistent with her age and is not a sign of any medical illness. The next question regarding her glasses is whether she needs prisms. The degree of vertical phoria detected on exam is very low (less than 1 prism diopters) and since the patient is not complaining of any vertical diplopia with near work, the use of prisms in her glasses is not justified. Likewise, the rationale for the use of special filter in the glasses is not provided. Therefore, the request is not medically necessary.

Eye compress for both eyes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.aaopt.org/clinical-statement/glasses-as-medical-necessity--2013; www.aaopt.org/preferred-practice-pattern/blepharitis-ppp--2013.

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: The patient has meibomianitis which is better described as meibomian gland disease (previously known as posterior blepharitis). The first line treatment is lid hygiene and warm compresses. In this case, a special device for warming the lids (Bruder Eye Compress) has been recommended. There is no evidence in the literature that this device is superior to standard warm compresses. Besides, the patient has not even tried standard warm compresses, therefore the use of this device is not justified adequately and the request is not medically necessary.