

Case Number:	CM15-0163111		
Date Assigned:	08/31/2015	Date of Injury:	12/20/2012
Decision Date:	11/03/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/19/2015

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 is a 52 year old female who sustained an industrial injury on 12-20-2012 while trimming branches from a grapevine. The injured worker was diagnosed with right eye pain. No surgical interventions were documented. Treatment to date has included conservative measures and medications. According to the primary treating physician's progress report on July 02, 2015, the injured worker continues to experience right eye pain controlled with medications. During the examination, the injured worker was observed rubbing her right eye intermittently. No significant changes were noted. Current medications were listed as Tylenol ES, Celebrex, Prilosec, artificial tears and Ketorolac eye drops. Treatment plan consists of physical therapy; avoid working in sunlight, follow-up appointment with ophthalmologist and the current request for Celebrex, artificial tears and corrective and protective eyewear with tinted lenses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg #30: 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 American Academy of Ophthalmology Preferred Practice Pattern.

Decision rationale: This patient has suffered an injury to the right eye (presumably the right cornea) three years ago. She continues to have intermittent pain and tearing from that eye. She is being treated symptomatically with pain medications without a formal eye exam. This is definitely not an appropriate treatment. This patient requires an exam by an ophthalmologist. One possible diagnosis might be recurrent erosion. Anyway, to treat this patient with just pain medications only delays her from getting the proper care. Therefore, using Celebrex to treat her eye pain (without knowing the diagnosis or the cause) is not medically necessary.

Artificial tears #2 bottles: 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 American Academy of Ophthalmology Preferred Practice Pattern.

Decision rationale: This patient has suffered an injury to the right eye (presumably the right cornea) three years ago. She continues to have intermittent pain and tearing from that eye. She is being treated symptomatically with artificial tears without a formal eye exam. This is definitely not an appropriate treatment. This patient requires an exam by an ophthalmologist. One possible diagnosis might be recurrent erosion. Anyway, to treat this patient with artificial tears (without knowing the diagnosis or the cause) is not medically necessary.

Corrective and protective eyewear with tinted lenses: 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 American Academy of Ophthalmology Preferred Practice Pattern.

Decision rationale: This patient has suffered an injury to the right eye (presumably the right cornea) three years ago. She continues to have intermittent pain and tearing from that eye. There is no documentation of an eye exam by an ophthalmologist. Recommending corrective and protective eyewear with tinted lenses is not an appropriate treatment for this case. Before these recommendations can be made, the patient requires a complete eye exam. One possible diagnosis may be recurrent erosion, which is not treated with these measures. Therefore, the recommended treatment is not medically necessary.