

Case Number:	CM15-0177496		
Date Assigned:	09/18/2015	Date of Injury:	11/28/2008
Decision Date:	10/21/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 52 year old female sustained an industrial injury on 1-24-08. Documentation indicated that the injured worker was receiving treatment for cervical spine herniated disc, bilateral carpal tunnel syndrome, bilateral shoulder impingement, low back pain, hypertension, systemic lupus erythematosus and sleep disorder. Recent treatment consisted of bracing and medication management. In the most recent relevant PR-2 submitted for review, dated 3-12-15, the injured worker complained of ongoing pain in bilateral upper and lower extremities, right shoulder and cervical spine, rated 9 out of 10 on the visual analog scale. The injured worker reported having unchanged stress, anxiety and sleep quality. The injured worker reported having blood pressure 145 over 89 mmHG per her home blood pressure monitor. Physical exam was remarkable for blood pressure 114 over 57 mmHG, height 5'6" and weight 180 pounds. The injured worker wore wrist supports. The physician stated that he was unable to visualize the fundus on exam of the eye. The treatment plan included pulmonary function tests, cardio-respiratory testing, continuing medications (HCTZ, Amlodipine, Benicar, ASA, Iron and Plaquenil), physical therapy for the cervical spine and requesting authorization for a spine specialist due to severe cervical spine pain, a rheumatologist to rule out aggravation of Lupus and an ophthalmology consultation to rule out end-organ damage secondary to hypertension. On 9-1-15, Utilization Review noncertified a request for an ophthalmology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ophthalmology consultation, quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92 and Other Medical Treatment Guidelines US Preventative Task Force, Blood Pressure in Adults (Hypertension): Screening, Original Release Date: December 2007.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant has controlled blood pressure. There are no complaints of visual disturbance. There is no mention of diabetes. The claimant may need routine eye and fundoscopic exam but this may also be performed with an optometrist. The request specifically for an ophthalmologist is not medically necessary.