

Case Number:	CM15-0179332		
Date Assigned:	09/21/2015	Date of Injury:	08/05/2015
Decision Date:	11/25/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/11/2015

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 61 year old male, who sustained an industrial injury on August 5, 2015, resulting in pain or injury to the right eye. A review of the medical records indicates that the injured worker is undergoing treatment for retinal detachment. The Ophthalmology report dated August 18, 2015, noted the injured worker presented for evaluation of decreased vision in the OD (right eye) with flashes and floaters. The injured worker reported bumping his head and within a few days he began to see a curtain coming down on the right eye with his vision continuing to decrease since then. On August 20, 2015, the injured worker underwent a Vitrectomy, internal retinal reattachment and drained through break, with 10% C3F8 exchanged for the air in the vitreous. On August 21, 2015, the injured worker was seen for status post treated retinal detachment with gas of the right eye. The injured worker reported right eye pain and headaches. The injured worker was noted to have right eye subconjunctival hemorrhage with stable repair of the retinal detachment. The injured worker was noted to be using Ocuflox and Prednisolone Acetate eye drops. The injured worker was noted to be doing well with Norco prescribed for pain and a follow-up visit planned for two weeks. The request for authorization dated August 25, 2015, requested an office visit with an eye specialist, Fluorescein angiography times two (2), OCT (Optical Coherence Tomography), Fundus photography and Ophthalmoscopy times two. The Utilization Review (UR) dated September 1, 2015, denied the requests for an office visit with an eye specialist, Fluorescein angiography times two (2), OCT (Optical Coherence Tomography), Fundus photography and Ophthalmoscopy times two.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office Visit with Eye Specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 who has undergone retinal detachment repair. Follow-up visits are medically necessary in the first 3 months. These visits are typically considered part of the surgery in the first 90 days (global period), but visits may still be necessary beyond the 90 days. This request was initiated in the first month after surgery so presumably it is for visits in the first 90 days. These visits are medically necessary.

Fluorescein Angiography Times Two (2): 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 is a patient who has undergone retinal detachment repair. Fluorescein angiogram is not a standard part of follow-up care after retinal detachment repair. No evidence has been provided to justify the need for an FA. Therefore, based on the evidence provided performing a fluorescein angiogram in the post-op period after this patient's retinal detachment repair is not medically necessary.

OCT (Optical Coher Tomography): Overturned

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 is a patient who has undergone a macula off retinal detachment repair. The use of OCT in the post-op period is reasonable and does provide information about the status of the macula and the visual potential. Typically, such studies are considered part of the post-op care (90 day global period). Thus, performing an OCT in the post-op period is medically necessary in this case.

Fundus Photography: 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 is a patient who has undergone a macula off retinal detachment repair. Fundus photography is not a standard part of follow-up care after retinal detachment repair. No evidence has been provided to justify the need for fundus photography. Therefore, based on the evidence provided performing fundus photography in the post-op period after this patient's retinal detachment repair is not medically necessary.

Ophthalmoscopy Times Two: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy.

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 who has undergone retinal detachment repair. Follow-up ophthalmoscopic examinations are medically necessary after surgery. These examinations are typically considered part of the post-op care in the first 90 days (global period). Either way, an ophthalmoscopic examination is medically necessary after surgery to rule out any recurrent detachment or new breaks, etc.