

Case Number:	CM15-0024702		
Date Assigned:	02/17/2015	Date of Injury:	11/26/2008
Decision Date:	05/07/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	02/09/2015

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: New Jersey

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:

The injured worker is a 49 year old female with an industrial injury dated 11/26/2008. She presented on 07/03/2014 with complaints of neck, upper and lower back pain. She also complained of elbow, shoulder and knee pain. Other complaints were redness in her right eye and occasional feeling like there was something in her right eye. She also stated some days she wakes up and her right eyelids are stuck together. Prior treatments include medication for pain. No prior treatments for the eye are documented. Diagnoses include: Diabetes mellitus type II, Chronic lumbar pain, Chronic thoracic and cervical myofascial pain, Chronic left wrist sprain, bilateral knee sprain and bilateral ankle sprain, Chronic right eye complaints. The request for the Ophthalmologist was 07/03/2014. Follow up visits document the injured worker is still having right eye discomfort. On 12/31/2014, the request for one follow-up visit with an Ophthalmologist was non-certified. ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with Ophthalmologist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, there was a complaint of right eye discomfort and occasional feeling of a foreign object in her eye. The request was for a return visit with her ophthalmologist. However, there was no history of previous diagnoses and specialist visits related to an eye injury, which was industrially related to help justify approval for a repeat visit with the ophthalmologist for this current complaint of eye discomfort, which may or may not be related to her previous injury. Therefore, the request for referral will be considered medically unnecessary, considering the lack of supportive detail provided in the documents provided for review.