

Case Number:	CM15-0025913		
Date Assigned:	02/18/2015	Date of Injury:	12/19/2013
Decision Date:	06/19/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/11/2015

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 20 year old male, who sustained an industrial injury on 12/19/2013. He reports a chemical burn in the left eye. Diagnoses include left eye corneal scarring and phlyctenular kerato-conjunctivitis. Treatments to date include medication management. A progress note from the treating provider dated 11/21/2014 indicates the injured worker reported tearing and shadows over the left eye with blurry vision. On 2/3/2015, Utilization Review non-certified the request for a corneal transplant to the left eye, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Corneal transplant to left eye: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Review of the clinical records indicates that the patient has developed scarring due to their pre-existing condition (phlyctenular keratoconjunctivitis) and is not related

to their eye injury. At this time, a corneal transplantation is not indicated. Prior to considering a transplant, the patient should consider wearing a hard contact lens and that might improve their vision enough that they may not want to undergo a transplant. The request is not medically necessary.