

Case Number:	CM15-0047535		
Date Assigned:	03/19/2015	Date of Injury:	11/07/2011
Decision Date:	06/03/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/12/2015

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 63 year old male who sustained an industrial injury on 11/07/2011. Current diagnosis includes cataract. Previous treatments included medication management. Initial complaints of cloudy and hazy vision, fatigue, and malaise following a tuberculin skin test. Report dated 03/02/2015 noted that the injured worker presented with complaints that included progressive blurry vision. Physical examination was positive for abnormal findings. The treatment plan included scheduled cataract surgery for the left and right eye. As the records have indicated, the patient developed bilateral uveitis, which was triggered by the tuberculin testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cataract Surgery, right 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 American Academy of Ophthalmology Preferred practice Pattern.

Decision rationale: The patient has a history of chronic recurrent uveitis from their injury and is now presenting with the complaint of decreased vision both distance and near. On examination, there is evidence of cataracts in both eyes, based on the findings presented, cataract surgery at this time may not be optimal for the following reasons: The patient's current glasses are 7 years old and there is a definite myopic shift which is consistent with the development of cataract changes. With a new refraction, the patient's vision improves to 20/20 in the right eye. The standard of care in this case would be to offer the patient the option of wearing glasses to see if that would control their symptoms. If they are still symptomatic with the new glasses then cataract surgery may be considered; the macular thickness in this eye is slightly higher than normal. Given their history of uveitis, it is possible that they may have some subclinical macular edema. Referral to a retina specialist for an angiogram may be warranted. Cataract surgery could worsen the edema, therefore it is important to treat any macular edema beforehand; finally, the most important reason to consider delaying cataract surgery in a patient with uveitis is that surgery may trigger additional inflammation. This patient has had episodes of inflammation within the last several months and therefore it is too soon to consider cataract surgery until their disease has been quiet for at least 6 months or perhaps longer. In other words, the risk/benefit ratio is different than a normal patient and while surgery in an early cataract (20/20) patient is reasonable if they have no previous eye disease and the risk is very low, it may be better to be more conservative in such a patient who has higher risk of problems and delay surgery until there is further progression of the cataract. Therefore, the requested medical treatment is not medically necessary.

Cataract Surgery, 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 American Academy of Ophthalmology Preferred Practice Pattern.

Decision rationale: The patient has a history of chronic recurrent uveitis from their injury and is now presenting with the complaint of decreased vision both distance and near. On examination, there is evidence of cataracts in both eyes, based on the findings presented, cataract surgery at this time may not be optimal for the following reasons: The patient's current glasses are 7 years old and there is a definite myopic shift which is consistent with the development of cataract changes. With a new refraction, the patient's vision improves to 20/25 in the left eye. The standard of care in this case would be to offer the patient the option of wearing glasses to see if that would control their symptoms. If they are still symptomatic with the new glasses then cataract surgery may be considered; the macular thickness in this eye is slightly higher than normal. Given their history of uveitis, it is possible that they may have some subclinical macular edema. Referral to a retina specialist for an angiogram may be warranted. Cataract surgery could

worsen the edema, therefore it is important to treat any macular edema beforehand; finally, the most important reason to consider delaying cataract surgery in a patient with uveitis is that surgery may trigger additional inflammation. This patient has had episodes of inflammation within the last several months and therefore it is too soon to consider cataract surgery until their disease has been quiet for at least 6 months or perhaps longer. In other words, the risk/benefit ratio is different than a normal patient and while surgery in an early cataract (20/20 or 20/25) patient is reasonable if they have no previous eye disease and the risk is very low, it may be better to be more conservative in such a patient who has higher risk of problems after surgery and delay surgery until there is further progression of the cataract. Therefore, the requested medical treatment is not medically necessary.