

Case Number:	CM15-0061178		
Date Assigned:	04/07/2015	Date of Injury:	08/06/2008
Decision Date:	06/11/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/31/2015

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 53 year old male, who sustained an industrial injury on 8/6/2008. The current diagnoses are abdominal pain consistent with irritable bowel syndrome, chronic esophageal acid reflux disease, diverticulosis/diverticulitis, and history of rectal bleeding. According to the progress report dated 3/2/2015, the injured worker complains of abdominal pain, heartburn, constipation, and rectal bleeding. The current medications are Align probiotic, Zantac, preparation-H cream, Gaviscon, Dexilant, Citrucel, Sucralfate, stool laxatives, Cyclobenzaprine, Nortriptyline, Tamsulosin, and Excedrin. Treatment to date has included medication management, endoscopy, and biopsy. The plan of care includes ophthalmology consult and referral to endoscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ophthalmology Consult: 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: The question in this case is whether an ophthalmology consult is indicated. There is very little evidence in the records regarding the patient's ocular complaints. The only indication is in the Review of Systems documented by [REDACTED] in his report. Specifically, it is reported that the patient does complain of visual disturbance. Based on this fact, an ophthalmology consult would be medically necessary.