

Case Number:	CM15-0062987		
Date Assigned:	04/09/2015	Date of Injury:	01/19/2005
Decision Date:	05/14/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/03/2015

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: North Carolina, Georgia 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 55-year-old female who sustained an industrial injury on January 19, 2005. Findings included post trauma vision syndrome, photosensitivity, and sensitivity to blue light, visual field deficits including constricted fields, and visual fatigue /sensory overload. Recommendation included a home evaluation, prescription updates, a quiet environment with minimal lighting, frequent breaks, evaluation of the vestibular system, and follow up on prescription glasses. The treatment request included a sensorimotor test refraction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sensorimotor test refraction: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/22592061.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Optometric Association. Care of the patient with strabismus.

Decision rationale: CA MTUS and ODG are silent on the use of sensorimotor test refraction so an alternate guideline was used. Sensorimotor refraction is important in the management of strabismus and in assessment and management of post concussive vision issues. In this case, the claimant has a diagnosis of post-traumatic vision syndrome and sensorimotor test refraction is medically indicated.