

Case Number:	CM15-0064690		
Date Assigned:	04/10/2015	Date of Injury:	02/02/2012
Decision Date:	05/15/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/06/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 50 year old female who sustained an industrial injury on 2/2/2012. Her diagnoses, and/or impressions, include: head trauma with post-traumatic headache and blurry vision; trauma/contusion to face, left eye and adnexae; and pre-existing narrow angles, pingucula, refractive error - unrelated to and unaffected by injury. A recent magnetic resonance imaging study of the brain was noted to have been done on 1/15/2015. Her treatments have included evaluations and medication management. The progress notes of 2/25/2015, noted complaints that included daily temporal headaches, and problems with her left eye and vision. The physician's requests for treatments included an Ophthalmology consultation relative to the left eye with ongoing pain and status-post trauma with left ptosis of the eye.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ophthalmology Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127.

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

Decision rationale: Guidelines recommend referral to a specialist if a diagnosis is uncertain or extremely complex or when the course of care may benefit from additional expertise. In this case, the documentation provided does not state current findings in reference to the patient's eyes. The rationale for the consultation with ophthalmology is not provided. The request for ophthalmology is not medically necessary and appropriate.