

Case Number:	CM15-0094120		
Date Assigned:	05/20/2015	Date of Injury:	01/15/2014
Decision Date:	07/02/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/15/2015

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 female, who sustained an industrial injury on 01/15/2014. She reported chronic conjunctivitis while working at a correctional facility and was diagnosed with a fungal infection. The injured worker is currently working full duty. The injured worker is currently diagnosed as having corneal scarring, irregular astigmatism, dry eye syndrome, and fluctuating vision. Treatment and diagnostics to date has included ophthalmology consultation and medications. In a progress note dated 04/09/2015, the injured worker presented for scleral fitting with history of corneal dystrophy and ocular fungal/mold ulcer. Injured worker complained of fluctuating vision, blurred vision, and dry eyes. Objective findings include corneal scar noted. The treating physician reported requesting authorization for an ocular prosthetic liquid bandage, prosthetic impression, and lens.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ocular Prosthetic Liquid Bandage Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ophthalmologytimes.modernmedicine.com.

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 suffered from a corneal infection, which has led to corneal scarring. The use of a scleral contact lens is reasonable and medically necessary. However, not enough evidence has been provided as to indicate why an Eye-print device must be used. There are a number of different types of scleral lenses and many parameters which can be changed to get a better fit. It appears that the patient was only fit with one scleral lens and no further attempts at modifying the lens were made before recommending the Eye-print. Therefore, an Eye-print lens is not medically necessary at this time. If an advance type of scleral lens is needed, based on the published literature a PROSE device would be the preferred device.

Prosthetic Impression Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Agrawal, K. K. (2012). Fabrication of custom made eye prosthesis for anophthalmic paediatric patients: 2 case reports. Journal of Interdisciplinary Dentistry, 2(2), 128.

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 suffered from a corneal infection which has led to corneal scarring. The use of a scleral contact lens is reasonable and medically necessary. However, not enough evidence has been provided as to indicate why an Eye print device must be used. There are a number of different types of scleral lenses and many parameters which can be changed to get a better fit. Impression exam for the Eye print is not medically necessary at this time.

Lens Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (2010) A survey of recommendations on the care of ocular prostheses. Optometry - Journal of the American Optometric Association, 81(3), 142-145; www.reviewofcontactlenses.com/content/d/irregular_cornea/c/52262/.

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 suffered from a corneal infection, which has led to corneal scarring. The use of a scleral contact lens is reasonable and medically necessary. However, not enough evidence has been provided as to indicate why an Eye print device must be used. An Eye print contact lens is not medically necessary at this time.