

Case Number:	CM15-0095344		
Date Assigned:	05/21/2015	Date of Injury:	03/18/2008
Decision Date:	07/07/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/18/2015

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 51 year old male, who sustained an industrial injury on 3/18/08. The injured worker was diagnosed as having chronic left eye pain, chronic left optic atrophy, chronic left sided facial pain, posttraumatic headaches and depression. Treatment to date has included punctal plug placement in right eye, oral medications including Norco, eye drops, eye ointment and repair of detached retina. Currently, the injured worker complains of left eye pain. He is currently working on light duty. Physical exam noted right pupil is normal with normal funduscopic exam and left pupil is irregular with evidence of optic atrophy. The treatment plan included continuation of current treatment and follow up with retinal service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fundus Photography, left eye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter.

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: This is a patient with retinal detachment which was repaired successfully, The condition has been stable with no evidence of progression. Fundus photography would not be medically necessary for the management of this patient at this point in time. Also, in reviewing the medical records there is no indication that a fundus photography was ordered or any reasons provided for its necessity.

Optical Coherence Tomography (OCT) left eye QTY: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/1957169> Optical coherence tomography.

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's retinal condition has been stable with no evidence of progression. OCT is necessary for monitoring macular or optic nerve pathology that is new or progressive. The management of this patient at this point in time does not require an OCT. In reviewing the medical records there was no indication that an OCT was ordered or any reasons provided for its medically necessity.

Computerized corneal topography, left eye QTY: 2: 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: Corneal topography is used to assess the cornea in pathologic conditions. In this case, the patient does have corneal scarring and irregular astigmatism. Therefore, using a topography to assess the corneal astigmatism is medically necessary.

Visual field examination x2 for the left eye: 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: A visual field exam is necessary to assess the degree of visual field loss in glaucoma or other conditions that affect the retina or optic nerve. In this case the patient has had a retinal detachment. A visual field exam is medically necessary to document the extent of the patient's field loss.