

Case Number:	CM15-0095401		
Date Assigned:	05/27/2015	Date of Injury:	11/22/2013
Decision Date:	06/30/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/20/2015

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 49 year old female, who sustained an industrial injury on November 22, 2013, incurring eye and vision injuries. She was diagnosed with myopia, astigmatism, retinal detachment and presbyopia. Treatment included ocular medications, a retinal detachment repair of the left eye with retinopexy in the right eye and a barrier laser photocoagulation in the right eye. Currently, in 2015, the injured worker corrected visual acuity of the right eye was 20/20 and 20/80 to the left eye. The uncorrected visual acuity of the right eye was 20/25 and 20/400 in the left eye. There was a permanent loss of peripheral vision. The treatment plan that was requested for authorization included glasses to be replaced annually or bi-annually, oversized lens, and vision service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glasses to be replaced annually or bi-annually: 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: This is a patient with known eye disease who has had multiple eye surgeries. He currently wears glasses to get his best vision. Annual re-examination and possible replacement of the glasses would be considered medically necessary for his care.

Oversized Lens: 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 compromised vision in his left eye due to his injury. Oversized lenses have been reported to be used for patients with compromised vision in order to enhance their visual function. However, there is not adequate evidence that such lenses will be helpful for this patient. A trial of standard size lenses is recommended, but the requested treatment for oversized lens is not medically necessary.

Vision service: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A vision for older adults and health promotion. Beattle BL1, Whitelaw N, Mettler M, Turner D. Am J Health Promot. 2003 Nov-Dec; 18(2): 200- 4.

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 who has known eye disease and has had multiple surgeries. This patient will need to be seen by an eye care provider on a regular basis (at least annually) for the rest of their life. It is medically necessary for them to receive vision services.