

<b>Case Number:</b>	CM15-0097227		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	02/15/2013
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 39 year old female, who sustained an industrial injury on 2/15/13. The diagnoses have included contusion of the eyeball, choroidal rupture left eye, blunt eye trauma left eye, chorioretinal scar left eye, and central serous left eye status post photodynamic laser therapy. Treatment to date has included medications, photodynamic laser therapy, and ophthalmology visits. There were no other treatments noted. Currently, as per the physician progress ophthalmology chart note dated 5/1/14 which is the only note submitted with the records, the injured worker complains of left eye mild blurring with pain and flashes with driving, reading and watching television. The physician dilated the injured workers left eye with Proparacaine 0.5%, Trop 1% and AK dilate 10%. The physical exam of the eyes reveals that the optic nerve in the left eye is flat, sharp, good color with disc scar. The macula reveals that the left eye has disciform scar, chondroidal rupture due to injury at work and was treated status post photodynamic laser therapy. The periphery in the left eye reveals peripheral degeneration. There is 1+edema noted in the left eye but stable left eye compared to the last exam. The plan is to monitor the choroidal rupture in the left eye, continue to monitor the left eye after trauma, continue to monitor chorioretinal scar of the left eye, and continue to monitor the treated CSR in the right eye. The physician noted that no further retinal treatment is needed at this time. The injured worker was advised to return to the clinic sooner if she notices any vision changes. She is to follow up in 6 months. The requested treatments included Fluorescein Angiography x2 and Fundus testing.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Fluorescein Angiography x2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin.

**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 a history of retinal disease in both eyes, however based on the notes, the disease has been stable in both eyes. Fluorescein angiography would be indicated if there is change in the exam. Unless something changes on exam, an angiogram would not be medically necessary.

### **Fundus:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Fundus Photography.

**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 a history of retinal disease in both eyes. An extended ophthalmoscopic exam and OCT is a standard part of the follow-up examination in the conditions affecting this patient. Therefore, both extended ophthalmoscopy and OCT of macula would be medically necessary.