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**Notice of Independent Medical Review Determination**

Dated: 8/26/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

5/17/2013

4/16/2013

5/29/2013

CM13-0000510

- 1) MAXIMUS Federal Services, Inc. has determined the request for a baseline glaucoma test **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/29/2013 disputing the Utilization Review Denial dated 5/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/15/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a baseline glaucoma test **is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The Expert Reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is a licensed Optometrist and is licensed to practice in California. 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 treatments and/or services at issue.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 17, 2013.

**Rationale:** Based on the review of the documentation provided the recommendation is that this patient had facial trauma on 4/16/13, and has had blurry vision. On exam he has optic disc cupping and a baseline glaucoma test is requested. I do not see an indication for this but I do see an indication for an ophthalmological evaluation.

### Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review Determination by [REDACTED] (dated 5/17/13)
- Medical Records by [REDACTED] (dated 4/25/13 to 5/20/13)
- ACOEM – Eye Chapter, pages 215-229

### 1) Regarding the request for a baseline glaucoma test:

#### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer determined that the California Medical Treatment Utilization Schedule does not address the issue at dispute. The Expert Reviewer was unable to find a medical treatment guideline, nationally-recognized professional standard, or expert opinion that addresses the

issue at dispute. The Expert Reviewer based his/her decision on generally accepted standards of medical practice.

Rationale for the Decision:

The employee was injured on 4/16/2013 and has experienced blurred vision. A request was submitted for a baseline glaucoma test. The medical records submitted and reviewed indicate the employee has had an ophthalmologic workup to evaluate the cause of the blurred vision. Based on generally accepted standards of practice, an ophthalmologic examination is the only course of management needed for this issue. The request for a baseline glaucoma test is not medically necessary and appropriate.

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/dj

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.