

<b>Case Number:</b>	CM14-0146356		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Ophthalmology 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient has a history of severe traumatic brain injury on 1/29/2013 after falling 30 feet, causing a subdural hematoma status post craniotomy. He also developed a 3rd nerve palsy, oculomotor dysfunction, hemiplegia, and is wheelchair bound and nonverbal; patient communicate with finger gestures. The patient had an ocular evaluation by an optometrist. Retinoscopy performed for refraction and visual acuity is not documented (as the patient is non-verbal). Basic ocular motility testing was performed, but no specific sensorimotor testing is documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sensorimotor testing, refraction testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Head - Vision evaluation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): 12th edition, 2014, Head - Vision evaluation. American Academy of Ophthalmology Practice Guidelines. Other Medical Treatment Guideline or Medical Evidence: American Association for Pediatric

Ophthalmology and Strabismus (AAPOS) position statement on sensorimotor eye examination (2012) [http://www.aapos.org/resources/policy\\_statements/](http://www.aapos.org/resources/policy_statements/)

**Decision rationale:** Retinoscopy was performed and determined the patient's refractive error (the patient is non-verbal). Since retinoscopy has already been performed, additional refraction is not medically necessary. Basic ocular alignment was already determined for this patient. There is no documentation of specific sensorimotor testing done (such as Worth 4 dot, Maddox rod, or Bagolini lenses). The patient has severe head trauma and is non-verbal - therefore it is unlikely that the patient can cooperate for sensorimotor testing; additionally, the sensorimotor testing would not alter the management for this patient.