

Case Number:	CM15-0129823		
Date Assigned:	07/24/2015	Date of Injury:	05/18/2009
Decision Date:	10/09/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/06/2015

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 was a 26 year old male, who sustained an industrial injury, May 18, 2009. The injured worker previously received the following treatments Lidocaine Patches, Loratadine, Tizanidine, psychology services and ophthalmology exam. The injured worker was diagnosed with OS (left eye) visual field defect secondary to trauma, traumatic optic neuropathy, traumatic brain injury secondary to motor vehicle accident on May 18, 2009 (coma for a week) vertical nystagmus asymptomatic and visual field defect. According to progress note of May 6, 2012, the injured worker's chief complaint was visual defect OS (left Eye) secondary to trauma and traumatic optic neuropathy. The physical exam noted severe thinning of the left optic nerve, unchanged from prior study. Recommendation was for a follow up with-in a year. According to the progress noted of May 16, 2015, the injured worker was having occipital and orbital headaches, especially of the left eye, which had an impaired optic nerve. The treatment plan included office visit follow-up, Ophthalmic biometry times 2, an eye exam with fundus photos times 2, VF (visual field examination), EST.PT moderate follow-up visits times 2, EOG (Electrophysiologic) times 2, VEP (visual evoked potential test times 2, ERG (Electroretinogram) times 2, refraction times 2 and OCT (optical Coherence Tomography) scanning computerized times 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two office visits/follow-ups for ophthalmological services (exam and treatment program): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 traumatic optic neuropathy in the left eye with some evidence of possible progressive changes. It is standard of care to follow patients with traumatic neuropathy on a regular basis (1-2 times a year). Therefore, follow-up visits for eye exams are medically necessary in this case.

Ophthalmic biometry times two: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Ophthalmology.

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: Optical biometry is used to measure the eye in preparation for cataract surgery. In this patient, there is no evidence of any cataract or any plans to do cataract surgery. Therefore, optical biometry is not medically necessary for this patient.

Eye exam with fundus photos times two: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 patient has traumatic optic neuropathy. Photographic documentation of the optic nerve status is a part of medical care. Therefore, the use of fundus photography for documentation purposes is medically necessary and appropriate.

Visual field examination: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 patient has traumatic optic neuropathy in the left eye. Visual field examination is a part of medical care for such cases. Therefore, the use of visual fields is medically necessary and appropriate.

Two moderate follow up visits for an established patient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 traumatic optic neuropathy in the left eye with some evidence of possible progressive changes. It is standard of care to follow patients with traumatic neuropathy on a regular basis (1-2 times a year). Therefore, follow-up visits for eye exams are medically necessary in this case.

Electrooculography times two: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Ophthalmology.

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: AN EOG is used to measure retinal potentials. In this patient, there is no evidence of any primary retinal disease that would require an EOG. Therefore, the use of EOG is not medically necessary in this patient.

Visual evoked potential test times two: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.aetna.com/cpb/medical/data/100_199/0181.html.

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 VEP is used to measure optic nerve function for diagnostic purposes. In this patient, there is no question about the etiology of the optic nerve disease (trauma). Therefore, the use of VEP is not medically necessary in this patient.

ERG times two: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Ophthalmology.

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: An ERG is used to measure retinal potentials most commonly in retinal degenerations. In this patient, there is no evidence of any primary retinal disease that would require an ERG. Therefore, the use of ERG is not medically necessary in this patient.

Refraction times two: 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).

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: Refractions are necessary to determine someone's prescription/need for glasses. In this case, the patient does not appear to have a significant refractive error and does not wear glasses. Therefore, there is no medical necessity for refractions at this time.

OCT/scanning computerized times four: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Ophthalmology.

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 patient has traumatic optic neuropathy in the left eye. OCT of the nerve fiber (to measure thickness) is a routine part of medical care for such cases. Therefore, the use of OCT is medically necessary and appropriate.