

DATE: 04/01/15

Notice of Independent Review

REVIEWER'S REPORT

DATE NOTICE SENT TO ALL PARTIES: 04.01.15

IRO CASE #:

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Texas Licensed M.D., Private practice optometrist

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Computer glasses with therapeutic prism

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- X** Upheld **(Agree)**
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

The claimant has met numerous benchmarks of testing to prove he has significant binocular vision disorders. This is not the point in contention; the documentation supplied on 07/14/14 never mentions a complaint of vision problems at the computer. At the following visit to assess his visit with the new prescription, the glasses are not mentioned, measured or compared to show any significant improvement in vision or quality of life. I uphold the previous determination due to lack of documentation supporting medical necessity on the date of 07/14/14.

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
	<i>Computer Glasses</i>		<i>Prosp.</i>						<i>Upheld</i>

PATIENT CLINICAL HISTORY (SUMMARY):

Binocular vision disorder stemming from a traumatic brain injury suffered on xx/xx/xx.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

My decision is based on the lack of documentation to support medical necessity on a given date of service. Without documentation of a distinct complaint of computer range and an ability to show improvement with the prescription, I cannot justify the medical necessity.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase
- AHCPR-Agency for Healthcare Research & Quality Guidelines
- DWC-Division of Workers' Compensation Policies or Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office Disability Guidelines & Treatment Guidelines
- Pressley Reed, The Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters
- Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer-reviewed, nationally accepted medical literature (Provide a Description):
- Other evidence-based, scientifically valid, outcome-focused guidelines (Provide a Description)