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An Independent Review Organization
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Description of the service or services in dispute:

Therapy lenses, therapeutic colored lenses, frame, autograph 3, UV 400, Scratch Coating and Hi-index 1.74.

Description of the qualifications for each physician or other health care provider who reviewed the decision:

Board Certified Ophthalmologist

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

- ☐ Overturned (Disagree)
- ☐ Upheld (Agree)
- ☒ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

XXXX. XXXX is a XXXX who had a XXXX on XXX. XXXX had a history of sixth nerve palsy and had undergone strabismus surgery in XXXX.

On XXX, XXXX. XXXX was seen by XXXX, diplopia, dizziness, vertigo, headache, facial weakness, neck strain, muscle spasms, dry mouth, rhinitis and memory loss. On examination, visual acuity was 20/25 in the right eye and 20/30 in the left eye with spectacles. Special localization showed right side normal and left side pointed out to the left of target, hesitated. The assessment was traumatic cerebral nerve palsy, saccadic dysfunction in both eyes, convergence insufficiency, mild visual-spatial disorientation, history of traumatic brain injury, presbyopia, hyperopia and astigmatism in both eyes. The plan was to perform dilated fundus examination and neurosensory testing. On XXXX, after performing the dilated fundus examination and neurosensory testing, XXXX recommended progressive additional lenses (PAL) for full-time wear with partially corrective and neuro-therapeutic prism.

Per a utilization review determination letter dated XXX by XXXX, , the request for therapy lenses, therapeutic colored lenses, frame, autograph 3, UV 400, Scratch Coating, and Hi-index 1.74 was not medically necessary and appropriate. The correction of refractive error with all of the requested services is excessive and for the convenience of the patient and/or provider.

In an appeal letter dated XXX, XXXX, indicated that the patient had strong evidence of post-traumatic visual deficiencies. XXXX also had a history of strabismus surgery, which was performed in order to re-align the direction of the two eyes. Although strabismus surgery is beneficial for some patients, the patient's case of esotropia and traumatic abducens nerve palsy requires further treatment intervention in

order to simulate the brain's ability to use XXXX two eyes together. During evaluation, the patient had demonstrated a constant esotropia of the left eye, with no sensory-motor fusion. Despite surgical attempts, neurological fusion and binocular sensory integration were not achieved.

Per a utilization review determination letter dated XXX by XXXX, the recommendations for colored lenses, scratch coatings, high index material and autograph 3 were not medically necessary. Rationale: "Based on my review of the records, the patient has diplopia from a residual sixth nerve palsy. XXXX current glasses have prism correction to help but exam indicated increased prism provided some additional benefit. It is thus resolvable and medically acceptable to recommend additional prism correction and new glasses. Additional recommendations for colored lenses, scratch coatings, high index material, autograph 3 are not medically necessary."

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

In reviewing the medical records provided I agree with the statements and findings of XXX who stated that the patient would benefit from increased prism strength in the glasses suggested to treat XXXX residual diplopia. In addition, I also agree that additional requirements of colored lenses, scratch coatings and autograph 3 lens parameters are not medically necessary. However, I do disagree that the need for high index material is not medically necessary, in that, by using an optically higher index lens material, the thickness and weight of the lens will be decreased substantially. Given that the patient will need 16 diopters Base Out to treat XXXX residual double vision, the thickness and weight of the lenses for the glasses will be significantly less making the glasses wearable in the long term (widely known).

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- ☐ AHRQ-Agency for Healthcare Research and Quality Guidelines DWC-Division of Workers
- ☐ Compensation Policies and 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-Official Disability Guidelines and Treatment Guidelines
- ☐ Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- ☐ Texas TACADA Guidelines
- ☐ IMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)

American Academy Ophthalmology, Basic Science Series, and personal medical experience