

Case Number:	CM13-0001498		
Date Assigned:	12/04/2013	Date of Injury:	02/23/1989
Decision Date:	02/06/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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 physician 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 is a 76-year-old male who reported an injury on 02/23/1989. The mechanism of injury was not provided for review. The patient had a treatment history that included the use of hearing aids. It was noted within the documentation that the patient does have hearing deficits related to malfunctioning equipment that are outside the manufacturer's specifications and no longer considered functional. The patient's treatment plan included replacement of the patient's current hearing aids.

IMR ISSUES, DECISIONS AND RATIONALES

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

The prospective request for one (1) hearing aid instrument; binaural V5258 Starkey AGX SX90 canal aids: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI) Preventive Services for Adults, Bloomington (MN): Institute for Clinical Systems Improvement (ICSI) 2010 September pg79, Hearing Screening (Level 2).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Hearing Aids.

Decision rationale: The prospective request for 1 hearing aid instrument and binaural V5258 Starkey AGX SX90 canal aids is medically necessary and appropriate. Official Disability Guidelines recommend the use of hearing aids for patients who have hearing loss. The clinical documentation submitted for review does provide a hearing test that does provide evidence that the patient has hearing deficits that would benefit from replacement of the patient's current equipment. Additionally, it is noted that the patient's current equipment is no longer functioning at the manufacturer's specification and have exceeded the 3 year warranty period. As the patient already has this equipment and it is considered non-functional and does not adequately assist the patient's ability to hear, replacement hearing aids would be indicated. As such, the requested hearing aid instrument binaural V58258 Starkey AGX SX90 canal aids are medically necessary and appropriate.