

Case Number:	CM13-0010289		
Date Assigned:	11/08/2013	Date of Injury:	10/23/2009
Decision Date:	05/20/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/12/2013

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 Otolaryngologist 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 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 injured worker is a 41 year-old female who sustained an injury to her bilateral ears on 10/23/09. Audiometry note dated 12/01/09 reportedly noted that the injured worker sustained bilateral moderately severe to severe high frequency sensorineural type hearing impairment. An MRI of the internal auditory canal was unremarkable. The etiology was diagnosed as noise exposure and genetics. A panel qualified medical evaluation dated 03/11/10 concluded that the injured worker's hearing loss was a direct result of her employment as a police officer at [REDACTED] [REDACTED] between June of 2003 and present. She was placed at 8% whole person impairment and warranted future medical care to include hearing amputation.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPLACEMENT LYRIC HEARING AIDS: 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), Head/Hearing Aids Chapter

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 request for replacement Lyric hearing aids is medically necessary. An industrial work status report dated 07/12/13 hearing aid amplification is indicated as medically necessary, as the injured worker should be in no position in which hearing acuity is indicated in an effort to protect herself, her fellow employees and the general public. The injured worker's specific hearing aids (Lyric) are comparable to traditional hearing aids in price comparison and are prescribed more frequently, as they are disposable assistive hearing devices that are generally worn for 2-4 month intervals. Given the clinical documentation submitted for review, medical necessity of the request for replacement Lyric hearing aids is medically necessary and appropriate.