MAXIMUS Federal Services

Case Number:	CM13-0020824		
Date Assigned:	03/03/2014	Date of Injury:	09/03/2007
Decision Date:	04/22/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/06/2013

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 Occupational Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 66-year-old male with a 9/3/07 date of injury. At the time 8/21/13 of request for authorization for Phonak Canal Aids Virto Q 70 Cross System with Remote and 2 Year Warranty, there is documentation of subjective (increased hearing loss over the past five years) and objective (hearing difficulties in the left greater than the right) findings, and current diagnoses (sensorineural hearing loss and tinnitus), and treatment to date (hearing aids). Discussion identifies that "because of the age of the patient's current hearing aids and a change in his hearing, I am recommending a greatly needed change". Medical reports identify that the patient underwent audiometric testing which showed asymmetric bilateral sensorineural hearing loss, left greater than right.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHONAK CANAL AIDS VIRTO Q 70 CROSS SYSTEM WITH REMOTE AND 2 YEAR WARRANTY: 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 OFFICIAL DISABILITY GUIDELINES (ODG) HEAD, HEARING AIDS

Decision rationale: MTUS does not address this issue. ODG identifies documentation of a condition/diagnosis (with supportive audiogram findings) for which a hearing aid is indicated such as: conductive hearing loss unresponsive to medical or surgical interventions; sensorineural hearing loss, or mixed hearing loss (conductive hearing loss coupled with sensorineural hearing loss), as criteria necessary to support the medical necessity of hearing aids.Within the medical information available for review, there is documentation of diagnoses of sensorineural hearing loss and tinnitus. In addition, there is documentation of a condition/diagnosis (with supportive audiogram findings) for which a hearing aid is indicated (sensorineural hearing loss). Furthermore, there is documentation of the patient already utilizing the use of hearing aids. However, despite documentation of a rationale that because of the age of the patient's current hearing aids and a change in his hearing, a change is needed, there is no documentation of of a clear rationale for the replacement of the durable medical equipment (hearing aids) already in use (malfunction or breakdown). Therefore, based on guidelines and a review of the evidence, the request for Phonak Canal Aids Virto Q 70 Cross System with Remote and 2 Year Warranty is not medically necessary.