

<b>Case Number:</b>	CM13-0031463		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	12/23/1993
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 claimant is an injured worker who reported an injury on 12/23/1993. The mechanism of injury and date of birth was not provided. The patient was noted to have bilateral sensorineural hearing loss. Per the authorization request submitted, the request was made for an audiogram and a hearing aid evaluation and reprogramming, as well as batteries for the hearing aid. However, the submitted request was for the replacement of hearing aids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement of hearing aids:** 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), Head 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 Official Disability Guidelines recommend hearing aids for sensorineural hearing loss. There was a lack of recent documentation indicating the patient had a necessity for new bilateral hearing aids as there was no audiogram and or hearing test from 2013

submitted for review and there was a lack of documentation to support the necessity for new hearing aids. The request for replacement hearing aids is not medically necessary and appropriate.