

Case Number:	CM13-0035856		
Date Assigned:	12/13/2013	Date of Injury:	10/23/1967
Decision Date:	02/05/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/18/2013

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 71-year-old male who reported a work related injury on 10/23/1967 as a result of loud noise exposure history. The clinical note dated 09/05/2013 documents the patient underwent audiology exam under the care of [REDACTED], clinical diagnostic audiologist. The provider documents the patient presents with complaints of bilateral tinnitus and bilateral mild to severe precipitously sloping sensorineural hearing loss. The patient underwent hearing testing which revealed pitch, loudness matching and masking localized to 6,000 kHz at 70dBHL. The provider documented the patient's present Siemens hearing aids were cleaned and checked thoroughly. Domes were replaced and rechargeable batteries were tested. The hearing aids were reprogrammed to reflect changes in the patient's audiological results and complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) pair of Binaural Widex Dream 440 Fusion RIC 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)

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review documents the patient was recommended to utilize new technology as far as hearing instruments. However, the clinical notes document the patient's current hearing aids are still functional and were reprogrammed to reflect changes in the patient's audiological results and complaints. Official Disability Guidelines indicate use of hearing aids is recommended for conductive hearing loss unresponsive to medical or surgical interventions, sensorineural loss, or mixed hearing loss. However, as the patient's current hearing aids are still functional with re-adjustments to reflect the patient's current clinical changes, the request for one (1) pair of Binaural Widex Dream 440 Fusion RIC hearing aids is neither medically necessary nor appropriate.