

<b>Case Number:</b>	CM13-0038441		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	12/06/2004
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 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 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 74-year-old male who reported an injury on 12/06/2004 due to long-term exposure to loud noises that reportedly caused hearing loss. Prior treatment included hearing aids. The patient's most recent clinical documentation submitted for review indicated that the patient had continued issues with understanding speech in groups, from the TV, and from the telephone. A request was made for a TV streamer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Accessory TV Streamer:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable Medical Equipment (DME)

**Decision rationale:** The requested accessory TV streamer is not medically necessary or appropriate. Although the clinical documentation submitted for review does document that the patient has issues with understanding the television, the Official Disability Guidelines recommend durable medical equipment when it serves a medical purpose and is not useful to the

patient in the absence of injury or illness. The clinical documentation does not support that the need for this equipment is for a medical purpose. Additionally, the clinical documentation submitted for review does not provide any evidence that the patient cannot read and understand closed captioning which generally comes standard on a television set. Therefore, the need for an accessory TV streamer is not medically necessary or appropriate.