

<b>Case Number:</b>	CM13-0042366		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	07/25/2008
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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:

The patient is a 66 year old male who was injured on 07/25/2008. The patient states that he lost his balance and fell from the roof falling on his right shoulder with his head bent down with the chin towards the chest. The patient states that day he started having ringing in the ears, which continued for some time and then it quit. Prior treatment history has included medications: 1. Aciphex 2. Aricept 3. Aspirin 4. BuSpar 5. Dyazide 6. Lamical 7. Lexapro 8. Norco 9. Norvasc 10. [REDACTED] Diagnostic studies reviewed include an audiogram dated 09/12/2013, the impression is illegible. A hearing aid evaluation dated 09/12/2013 reveals current Phonak BTE approximately 4 years old. Recommendation was replacement of current hearing aid. Otolaryngologic Consultation notes dated 09/12/201 documented the patient to have complaints of headaches since the accident. He no longer has dizziness. He is concerned about dryness in his throat and problems swallowing. The patient states he has had a barium swallow study that he was told did not show any bad problems. Objective findings on exam included examination of face, head, eyes, oropharynx, dental, voice/larynx and neck were unremarkable. The nose revealed allergic changes. Examination of the ears showed right and left auditory canals and tympanic membranes are normal without evidence of retraction or perforation. There is no evidence of middle ear process. Impression: Damage to the superior laryngeal nerve as a consequence of a whiplash injury from the fall on July 25, 2008. PR-2 dated 4 documented the patient with continued neck and back pain, headaches and right shoulder pain. He also has anxiety and difficulty sleeping. Objective findings on exam reveal cervical spine tenderness and pain with muscle spasms and significant kyphosis. There was limited ROM. Positive Tinel's and Phalen's at the wrist and elbows. The thoracic spine with tenderness and lumbar spasms, kyphosis and limited ROM. Diagnoses: 1. Cervical spine strain/sprain, multiple level discopathy per MRI. 2. Thoracic spine strain/sprain with 13 mm cystic formation T8-T9 per MRI. 3.

Lumbar spine strain/sprain; posttraumatic neurological stress disorder. Treatment Plan: Continue recommending new hearing aids in regards to his hearing loss.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **DIGITAL BINAURAL BTE HEARING AID (MULTIBAND DIGITAL PROGRAMMABLE WITH COMPRESSION CIRCUITRY & NOISE CONTROL):**

Overtured

**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); HEARING AIDS

**Decision rationale:** The patient has documentation of bilateral sensorineural high-frequency hearing loss with demonstration of marked improvement on audiogram with hearing aids. Current hearing aids are apparently too old. ODG recommends hearing aids for sensorineural hearing loss. Therefore, digital binaural bte hearing aids are certified.