

Case Number:	CM13-0046702		
Date Assigned:	01/03/2014	Date of Injury:	09/19/2006
Decision Date:	03/28/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/01/2013

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 Otolaryngology, 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 62 year old male with bilateral hearing loss. The onset was about 30 years ago and has gotten gradually and progressively worse. The patient received prior bilateral completely-in-the-canal hearing aids from [REDACTED] in August 2010. The patient had a left myringotomy on his left ear around October 2010. Audiometry testing dated 9/10/13, 2/23/13, 10/26/11, 9/7/11, and 9/29/10 were reviewed. An office note visit dated 9/10/13 reported the patient to have hearing loss and a sensorineural hearing loss on the right; his current instruments do not help as much as they did when he first obtained them three years prior to the date of examination. There was an audiogram performed at this evaluation; when compared with the audiogram of 9/7/11, there was increased hearing loss in the left ear and a slight hearing loss in the right ear at higher frequencies.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for replacement of hearing aids for the bilateral ears: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and Otolaryngology, [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], 3rd Rev. Edition (Jan. 1991). [REDACTED].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The patient has documented history of hearing loss which has significantly deteriorated in the left ear since 2011. As of 9/10/13, the patient was noted to have moderate to profound mixed hearing loss in the left ear and sloping to severe high frequency hearing loss in the right ear. The right ear showed no significant changes since the prior audiograms in April 2013 and on 10/11/11. The Official Disability Guidelines state that hearing aids are recommended for sensorineural hearing loss (as the patient has been diagnosed with). The need for replacement hearing aids is based on the stability of hearing loss over time. In this particular case, there is documented worsening of the left ear; however, the right ear is stated to be stable. As the request cannot be modified at this level, it is therefore noncertified.