

Case Number:	CM13-0047411		
Date Assigned:	12/27/2013	Date of Injury:	05/06/2010
Decision Date:	03/11/2014	UR Denial Date:	10/07/2013
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 Anesthesiology and has a subspecialty in Pain Management and is licensed to practice in Florida. 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 65-year-old male who reported a work related injury on May 6, 2010 as the result of hearing loss. Subsequently, the patient presents for treatment of the following diagnoses, moderate to severe high frequency hearing loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

New Hearing Instruments (Starkey) Modified: 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 most recent hearing evaluation of the patient is dated from August 2, 2012. The clinical note documented the patient currently was utilizing [REDACTED] open fit hearing aids and reported his hearing aides were ineffective. It is unclear if the patient was subsequently rendered new hearing aids or modification of his old hearing aids. While Official Disability Guidelines indicate that hearing aids are recommended for conductive hearing loss unresponsive to medical or surgical interventions, given the above,

the request for new hearing instruments (Starkey), modified is not medically necessary or appropriate.

Bluetooth for Phone - Surflink Mobile Device: 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 most recent hearing evaluation of the patient is dated from August 2, 2012. The clinical note documented the patient currently was utilizing [REDACTED] open fit hearing aids and reported his hearing aides were ineffective. It is unclear if the patient was subsequently rendered new hearing aids or modification of his old hearing aids. While Official Disability Guidelines indicate that hearing aids are recommended for conductive hearing loss unresponsive to medical or surgical interventions, given the above, the request for bluetooth for phone, Surflink mobile device is not medically necessary or appropriate.