

<b>Case Number:</b>	CM13-0053529		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/17/2008
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	09/30/2013
<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 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 an employee of [REDACTED] and has submitted a claim for neurosensory loss of hearing with tinnitus in the right ear, left knee medial and lateral meniscal tears associated with an industrial injury date of October 17, 2008. Treatment to date has included two (2) left arthroscopic medial and lateral meniscectomies, July 13, 2010 and January 27, 2009, physical therapy, steroid injections, and medications including Celebrex and Elavil. Medical records from 2012 to 2013 were reviewed showing that patient complained of left knee pain with instability. He also complained of difficulty hearing in his right ear associated with dizziness, described as lightheadedness when getting up quickly. He likewise reported a constant humming noise in the right ear. Physical examination showed medial joint line tenderness at the left knee. Range of motion of the right knee was limited towards flexion at 130 degrees, and left knee was limited to 120 degrees towards flexion. The patient was unable to assume a squat position. McMurray's test was positive at left. Objective findings for the ears showed normal external auditory canals and tympanic membranes without any evidence of retraction or perforation. Audiometrics performed demonstrated bilateral noise trauma configuration high frequency neurosensory loss of hearing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MAGNETIC RESONANCE IMAGING (MRI) OF THE INTERNAL AUDITORY CANAL:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse and The National Center for Biotechnology Information

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Otolaryngology and Allied Sciences 1996 Aug

**Decision rationale:** The California MTUS/ACOEM Guidelines and the Official Disability Guidelines do not specifically address this issue. As stated in a study published by the Clinical Otolaryngology and Allied Sciences an MRI is the definitive investigation in the detection of an acoustic neuroma and its use is becoming increasingly widespread for this purpose. In this case, the patient has been complaining of constant humming noise resulting in difficulty hearing in the right ear since 2012. An audiogram performed in 2013 revealed high-frequency neurosensory loss of hearing. The Ear, Nose and Throat (ENT) consultation report dated May 03, 2013, cited that this may be attributed to 39 years cumulative effect of industrial loud noise exposure. A hearing aid for his right ear was prescribed. The rationale given for the MRI is to rule out the possibility of an acoustic neuroma because this is a treatable cause of asymmetrical neurosensory loss of hearing that the patient is exhibiting. The medical necessity for this diagnostic imaging has been established. Therefore, the request for MRI of internal auditory canal is medically necessary.