

<b>Case Number:</b>	CM13-0053536		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/17/2008
<b>Decision Date:</b>	08/04/2014	<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 Otolaryngology and is licensed to practice in Texas. 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 injured worker is a 62 year old male who twisted his left knee and ankle due to traveling down an irregular slope with large boulders. The injured worker continued with complaints of left knee and ankle issues. The otolaryngologic evaluation dated 05/03/13 indicates the injured worker having an extensive list of complaints from several different areas. The note does indicate the injured worker having worked 39 years in construction, specifically around compressors and nail guns. The injured worker further demonstrated a specific stance in utilizing a nail gun very close to the right ear. There is also an indication the injured worker has been utilizing an extensive list of pharmacological interventions to address the ongoing complaints of pain. The injured worker reported a ringing primarily in the right ear, but occasionally in the left ear. The injured worker also described dizziness as well as light headedness when raising too quickly from a seated position. The note indicates the injured worker having undergone an audiogram which revealed 16% impairment on the right with no significant impairment on the left. Tinnitus was also identified with a constant mild ringing. The injured worker was recommended for a hearing aid evaluation. The clinical note dated 05/15/13 indicates the injured worker continuing with significant complaints of pain throughout the body. The clinical note dated 09/10/13 indicates the injured worker having been diagnosed with sensorineural hearing loss with tinnitus in the right ear. The injured worker reported ongoing difficulty with hearing in the right ear. The utilization review dated 09/30/13 resulted in a denial for the use of hearing aids as no information had been submitted regarding an audiogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DIGITAL, PROGRAMMABLE, MULTICHANNEL, MULTIFREQUENCY HEARING AIDS:** 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), Head(updated 6/4/13), Hearing Aids.

**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, Hearing Aids.

**Decision rationale:** The documentation indicates the injured worker having significant sensorineural hearing loss in the right ear. However, no information was submitted regarding the injured worker's left sided hearing loss. Therefore, it is unclear if the injured worker requires bilateral hearing aids. Therefore, this request for Digital Programmable Multi-Channel, Multi-Frequency Hearing Aids is not medically necessary.