

Case Number:	CM13-0056207		
Date Assigned:	12/30/2013	Date of Injury:	10/20/2012
Decision Date:	03/27/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/22/2013

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 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 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 29-year-old male who sustained an unspecified injury on 10/20/2012. The patient was evaluated on 10/07/2013 for a rehabilitation status and continued adjustments and fine tuning of his bilateral Audeo Q90 RIC hearing aids. The patient had complaints of the device in the left not working properly and having static and fading in and out. Upon physical examination otoscopy revealed both external auditory canals to be clear, tympanic membranes were visible and appeared intact, and there were normal tympanic membrane landmarks bilaterally. The patient had complaints that he was unable to use his cell phone with the use of the hearing aids. The documentation submitted for review indicated they discussed accessory options due to the complaint of inability to use his cell phone with the hearing aids and it was believed the patient would benefit from ComPilot accessory for Bluetooth streaming of cell phone directly to the hearing aids.

IMR ISSUES, DECISIONS AND RATIONALES

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

ComPilot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation manufacturer's website

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

Decision rationale: The documentation submitted for review indicates the patient was unable to use his cell phone with the use of the hearing aids. The [REDACTED] ComPilot is a device which can be worn to wirelessly access TV audio, stereo from MP3 players, and Bluetooth enabled phones. The Official Disability Guidelines recommend the use of durable medical equipment to serve a medical purpose. The documentation submitted for review did not indicate the device had a medical purpose. Furthermore, the request did not specify the number nor the duration of use for the equipment. The request additionally did not note whether this was for purchase or rental. A trial would be recommended in the case of this device due to the patient still adjusting to the new hearing aids. Given the information submitted for review, the request for [REDACTED] ComPilot is not medically necessary and appropriate.