

Case Number:	CM13-0059781		
Date Assigned:	12/30/2013	Date of Injury:	07/27/2007
Decision Date:	04/10/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 a 51-year-old male who reported an injury on 07/27/2007. The patient was reportedly injured during an explosion. The patient is diagnosed with bilateral sensory neural hearing loss and bleeding in the left ear canal. The patient was seen by [REDACTED] on 08/22/2013. The patient reported persistent buzzing in the left ear with hearing loss bilaterally. Objective findings included a 2 mm drop of bright red blood in the ear canal on the left side. Treatment recommendations included hearing aid purchase

IMR ISSUES, DECISIONS AND RATIONALES

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

Hearing Aids Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), Head Procedure Summary

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: Official Disability Guidelines state hearing aids are recommended for conductive hearing loss unresponsive to medical or surgical intervention, sensory neural hearing

loss, and mixed hearing loss. As per the documentation submitted, the patient's physical examination only revealed a 2 mm drop of bright red blood on the left. It is noted that a previous audiogram indicated no evidence of conductive element in hearing loss. There is also no documentation of prior treatment received. Based on the clinical information received, the request is non-certified.