

<b>Case Number:</b>	CM13-0061568		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/24/2007
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 60 year old employee with date of injury of 9/24/2007. Medical records indicate the patient is undergoing treatment for status-post left shoulder arthroscopic rotator cuff repair and decompression, 2/19/2009; bilateral knee chondromalacia; status-post left knee arthroscopy with open medial meniscectomy, 1970's; bilateral hearing loss, per Panel QME. The medical records provided do not detail subjective and objective complaints of hearing loss. Treatment has consisted of over the counter pain medication for his knee and shoulder diagnoses. The patient is awaiting approval for hearing aids. The utilization review determination was rendered on 11/13/2013 recommending non-certification of bilateral digital canal hearing aids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL DIGITAL CANAL HEARING AIDS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The 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, Hearing Aids.

**Decision rationale:** ODG states concerning hearing aids, "Recommended as indicated below. Hearing aids are recommended for any of the following: (1) Conductive hearing loss unresponsive to medical or surgical interventions. (Conductive hearing loss involves the outer and middle ear and is due to mechanical or physical blockage of sound. Usually, conductive hearing loss can be corrected medically or surgically.) (2) Sensorineural hearing loss. (Sensorineural or "nerve" hearing loss involves damage to the inner ear or the 8th cranial nerve. It can be caused by aging, prenatal or birth-related problems, viral or bacterial infections, heredity, trauma, exposure to loud noises, the use of certain drugs, fluid buildup in the middle ear, or a benign tumor in the inner ear.) or (3) Mixed hearing loss (conductive hearing loss coupled with sensorineural hearing loss). (Cigna, 2006) (Chisolm, 2007) Hearing aids should be recommended by an otolaryngologist or a qualified audiologist, and prior authorization should be required for hearing aids costing more than \$1,500 per ear, including hearing aid evaluation, fitting and purchase of hearing aids, once every four years. (CMS, 2014)". While the medical documentation establishes the work relatedness of his hearing loss and notes a recommendation from [REDACTED] for bilateral internal auditory canal hearing aids, the treating physician has not provided details of hearing loss to meet the above ODG guidelines. As such, the request for bilateral digital canal hearing aids is not medically necessary at this time.