

Case Number:	CM14-0002932		
Date Assigned:	03/03/2014	Date of Injury:	01/05/2013
Decision Date:	06/30/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/08/2014

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 Orthopedic Surgery 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 record notes a 46-year-old individual with an injury that dates back to November 2013. The injury is described as hearing loss and ringing in his ears. A progress note from December 2013 indicates a complaint of persistent loud ringing in the years and inability to sleep tonight due to the ringing. Difficulty hearing continues. This report indicates that the claimant states that his claim has not yet been accepted. The record indicates that the claimant reports increasing ringing in his ears. A notation is made that he has been exposed to noise at work for years as a firearms trainer. Additionally, the claimant worked in the [REDACTED], and was exposed to dog barking. A notation is made that the claimant wears an earpiece to hear his radio over the ringing. The past medical history is significant for a long history of tinnitus with an audiogram in 2011 evidencing very minimal high frequency hearing loss. Otherwise, this evaluation was essentially normal. The record notes the claimant's occupation history to be 21 years. A physical examination reveals a normal tympanic membrane exam, and a normal neurologic exam. The diagnoses noted is tinnitus and hearing loss. The treatment recommendation is for an audiogram tympanogram and a head and neck consult for tinnitus. A prior review of this request resulted in a recommendation for non-certification January 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

AUDIOGRAM WITH TYMPANOGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES; SECTION: HEAD (UPDATED 11/18/2013).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) HEAD (TRAUMA, HEADACHES) (UPDATED 6/09/2014).

Decision rationale: The Official Disability Guidelines support the use of audiometry, including audiograms obtained in a serial fashion to monitor inner ear function in response to time in treatment. The guidelines note that the American Speech, Hearing Association recommends that claimant's that have conditions, putting them at risk for hearing impairment be screened as needed, requested, or with conditions that exposed the claimant to risk for hearing impairment. The details of the results of the prior exam have not been disclosed. It is unclear whether the claimant has unilateral, bilateral, sensorineural, or conductive hearing loss. Additionally, it is noted that at the time of this request, a concurrent request with the head, neck specialist was made for the tinnitus. The medical records indicate that the claimant had a fairly normal audiogram three (3) years prior, and that the record does not indicate an increase in hearing loss, but rather, indicate an increase in the tinnitus symptoms, for which the claimant is undergoing further evaluation. As the prior audiogram did not explain the source of the claimant's worsening symptoms of tinnitus; therefore, it is not likely to be the most informative study in this clinical setting where the claimant's tinnitus has worsened, but the hearing loss has not. It is clear by the medical record provided, that further evaluation is necessary. And it appears that this evaluation is underway, as the claimant was recommended for consult with the head and neck specialist. It is not clear; however, that an audiogram would be the best study of choice for worsening of the claimant's tinnitus, which the record indicates, is what makes his hearing difficult. Based on the clinical data provided, this request is not medically necessary until further evaluation has taken place of the patient's symptoms with the head and neck specialist for the claimant's worsening of his tinnitus symptoms.