

Case Number:	CM14-0003173		
Date Assigned:	04/04/2014	Date of Injury:	09/20/2013
Decision Date:	05/27/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 55-year-old female who reported injury on 09/20/2013. The mechanism of injury was the injured worker was employed as a telephone fundraiser and someone blew a whistle into the phone followed by screaming. The injured worker was wearing a headset and was exposed to the whistle and the screaming in both ears. The documentation of 10/02/2013 revealed that on the right the injured worker had mild to moderate high frequency sensorineural hearing loss and on the left she had mild high frequency sensorineural hearing loss per audiogram. The documentation of 12/12/2013 revealed the injured worker had tinnitus and hearing loss. The objective findings were noted to be on the audiograms. The request was made for Lipoflavonoid 3 month trial, and audiograms every 2 years as well as Otolaryngology (ENT) exam in 6 years.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIPOFLAVONOIDS 3 MONTH TRIAL: 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), Pain chapter, thiamine, Vitamin B, Medical food, and <http://www.lipoflavonoid.com/about/ingredietns-to-help-ease-ringing-in-ears/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.lipoflavonoid.com/index.php?src=gendocs&ref=productingredients&category=About>.

Decision rationale: Per Lipoflavonoid.com, Lipoflavonoid is a dietary supplement to help ease ringing in the ears. The clinical documentation submitted for review failed to indicate the injured worker had ringing in the ears. The request as submitted failed to indicate the frequency and quantity of medication being requested. Given the above, the request for Lipoflavonoid 3 month trial is not medically necessary.

ENT EVALUATION IN 6 YEARS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92 and 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, pg. 163.

Decision rationale: The ACOEM Guidelines indicate that a consultation is intended to aid in assessing the diagnosis, prognosis and therapeutic management of an injured worker. The condition of the injured worker could not prospectively be established for 6 year from the date of the evaluation, 12/2013. The clinical documentation submitted for review failed to document the rationale for requesting a repeat evaluation in 6 years. Given the above, the request for an Otolaryngology (ENT) evaluation in 6 years is not medically necessary.

AUDIOGRAMS EVERY 2 YEARS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Audiometry.

Decision rationale: The Official Disability Guidelines (ODG) recommends audiometry when occupational hearing loss is suspected and audiograms may be obtained in a serial fashion to monitor inner ear function in response to time and treatment. The clinical documentation submitted for review indicated the injured worker had a right ear mild to moderate high frequency sensorineural hearing loss and a left mild high frequency sensorineural hearing loss. However, there was a lack of documentation indicating the treatment that would be provided. There was a lack of documentation indicating a necessity for a repeat audiogram without re-evaluation. Additionally, the request as submitted failed to indicate if the audiogram was unilateral or bilateral and the duration of the request was not established. Given the above, the request for audiograms every 2 years is not medically necessary.