

Case Number:	CM14-0014873		
Date Assigned:	02/28/2014	Date of Injury:	05/18/2000
Decision Date:	07/17/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/05/2014

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 Occupational Medicine 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:

This is a 50-year-old male with a 5/18/00 date of injury secondary to severe electrical injury resulting in multiple amputations. The patient was seen on 1/17/14 where the patient was noted to have a recent epidural, which lowered his pain to a 3/10. He reported no pain during the visit. There are no complaints of hearing loss. He is noted to have an old prosthetic arm on the right side. There is no audiometry report. There is no discussion regarding hearing aids. Treatment to date: amputations, epidurals, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

HEARING AID WITH SUPPLIES: 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-Hearing Aid.

Decision rationale: CA MTUS does not address this issue. ODG recommends hearing aids with conductive hearing loss unresponsive to medical or surgical interventions; sensorineural hearing loss; or mixed hearing loss. There is no mention of subjective hearing loss, a physical exam to

denote type of hearing loss, an audiometry report noted or available for review, or mention that the patient requires hearing aids in the documentation provided. Therefore, the request for hearing aids with supplies was not medically necessary.