

Case Number:	CM14-0117985		
Date Assigned:	08/06/2014	Date of Injury:	06/11/1954
Decision Date:	09/15/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/28/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 60-year-old gentleman who was reportedly injured on January 11, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated June 3, 2014, indicates that there are ongoing complaints of hearing impairment. An otoscope evaluation over the years has indicated clear unobstructed ear canals with a normal looking tympanic membrane. Hearing testing indicated mild to moderately severe high-frequency sensorineural hearing impairment suggestive of exposure to hazardous noise. Previous treatment is unknown. A request was made for a digital Dinaural hearing aid and a Surfink mobile unit and was not certified in the pre-authorization process on July 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hearing Aid Digital Dinaural #2: 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, Hearing Aids, Updated August 11, 2014.

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Head and Hearing Aids. The Expert Reviewer's decision rationale: According to the Official Disability Guidelines "hearing aids are recommended for sensorineural hearing loss as demonstrated by the injured employee." However hearing aids should only be fitted and purchased once every four years. It is unclear from the medical record how long it has been since the injured employee has had replacement hearing aids. Without this information, this request for hearing aid Digital Dinaural x 2 is not medically necessary.

Surflink Mobile Unit #1: 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, Hearing Aids, Updated August 11, 2014.

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Head and Hearing Aids. The Expert Reviewer's decision rationale: According to the Official Disability Guidelines "hearing aids are recommended for sensorineural hearing loss as demonstrated by the injured employee." However hearing aids should only be fitted and purchased once every four years. It is unclear from the attached medical record how long it has been since the injured employee has had replacement hearing aids. Without this information, this request for a Surflink mobile unit is not medically necessary.