

Case Number:	CM14-0118506		
Date Assigned:	08/06/2014	Date of Injury:	07/08/2006
Decision Date:	09/15/2014	UR Denial Date:	07/14/2014
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 & Rehabilitation and is licensed to practice in Illinois. 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 48-year-old male who reported an injury on 07/08/2006. The mechanism of injury was not provided. He was diagnosed with bilateral sensorineural hearing loss which was severe on the left side. On 05/22/2014, the injured worker was seen for headaches, thoracic pain, and interscapular pain with no radiation into the lower extremities. The injured worker also had visual difficulties as documented previously with loss of vision. He has no new abdominal discomfort, dark tarry stool or bright red blood per rectum. Medications included Lyrica 150 mg twice a day, Maxalt 5 mg as needed, Cialis, Cymbalta, Prevacid, and Colace. The Lyrica will be discontinued and changed to amitriptyline. The Prevacid will be discontinued and changed to Pepcid on an as need basis. An EMG and nerve conduction study had been performed. A sleep study revealed severe sleep apnea and the injured worker needed to be placed on CPAP. Audiology testing results were pending. Upon examination, there was tenderness to the thoracic paraspinals. Rotation activities increased his pain. Decreased vision was noted. Recommendations to continue the Cymbalta, decrease Lyrica in favor of Elavil, discontinue the Prevacid, Pepcid on an as needed basis, and start Elavil 25 mg at bed time. The request is for a hearing aid, left purchase. There is a 67 page review within the documentation. There is no documentation about hearing aids or hearing loss. The request is for a hearing aid, left, purchase. Rationale was not provided. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hearing aid, left- purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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: The request for hearing aid, left purchase is non-certified. The injured worker has a history of pain. The Official Disability Guidelines (ODG) recommended hearing aids for any of the following: conductive hearing loss unresponsive to medical or surgical interventions. sensorineural hearing loss. , or mixed hearing loss. 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. There is lack of documentation for the necessity of a hearing aid. There is lack of documentation of any audiogram studies performed. No medical necessity had been established. As such, the request for Hearing Aid is not medically necessary.