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| Case Number: | CM14-0154153 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 07/27/2007 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 08/22/2014 |
| Priority: | Standard | Application Received: | 09/22/2014 |

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 Family 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 42-year-old patient who reported an industrial injury on 7/27/2007, over seven (7) years ago, attributed to the performance of usual and customary job tasks reported as grinding on a fuel tank on a truck, which exploded. The patient was diagnosed with lumbar spine disc herniation; left knee medial meniscus tear; headaches; left year tenderness; cervical cranial syndrome; lumbar neuritis; left knee sprain/strain; status post arthroscopy left knee with partial meniscectomy 2010. The AME evaluated the patient with a bilateral sensorineural hearing loss and tinnitus. The AME demonstrated a significant high tone sensorineural hearing loss for both ears. Speech discrimination values were 100% of the right year and 80% for the left year. The treatment plan it was for a digital circuitry programmable hearing aid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Oticon Nera Pro Mini Rite hearing aid, programming & batteries (80): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Head Procedure summary last updated 08/11/2014, Hearing Aids and Hearing Aids, Author: Walter J Smoski, PhD, Associate Professor, Department of Speech and Audiology, Illinois State University.

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 aids Other Medical Treatment Guideline or Medical Evidence: general disciplinary guidelines for the practice of medicine

Decision rationale: The patient was demonstrated to have a positive sensorineural hearing loss on both ears. There was demonstrated tinnitus to the left ear. The patient was prescribed a Left Oticon Nera Pro Mini Rite hearing aid, programming & batteries (80); however, there was no rationale supported with objective evidence for this specific hearing aid over the recommended left digital circuitry programmable hearing aid, programming, and batteries. There is a demonstrated medical necessity for a hearing aid to; however there is no demonstrated medical necessity for the Left Oticon Nera Pro Mini Rite hearing aid, programming & batteries (80) over a generic digital circuitry programmable hearing aid, programming and batteries.