

Case Number:	CM14-0022374		
Date Assigned:	02/26/2014	Date of Injury:	07/25/2008
Decision Date:	08/07/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/21/2014

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 has a subspecialty in Pain Management 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 66-year-old male with a 7/25/2008 date of injury, when he lost his balance and fell from the roof. A 2/10/14 determination was non-certified given that the patient was approved for a new set of hearing aids in 10/21/13. A 9/12/14 otolaryngologic consultation identified that audiometrics revealed asymmetrical high frequency neurosensory loss of hearing, worse in the right compared to the left ear. This is noise trauma configuration with tinnitus described as a high frequency hiss and absent otoacoustic emissions across the board. Records indicate that at the time of a 10/21/13 determination the physician reviewer determined that the requested care did not fully meet the criteria for medical necessity. At that time a modification was made for 1 pair of hearing aids since the model being requested was not the only suitable appliance. A one year of batteries was also certified. It was noted that an appeal was made and on 11/13/13. A determination was non-certified given prior certification for hearing aids. It was noted that the provider disagreed with the previous determination explaining that the patient's current hearing aids were inadequate and needed to be replaced.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PAR DIGITAL BINAURAL BTE AIDS V5261 BETWEEN 2/7/2014 AND 3/24/2014 BETWEEN 2/7/2014 AND 3/24/2014: 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 Aids.

Decision rationale: The patient had neurosensory hearing loss for which hearing aids were appropriate. On October 2013 a modified certification was rendered for hearing aids as opposed to the requested digital binaural hearing aids. The records provided did not include a specific rationale identifying why the already certified hearing aids were inadequate for the patient. It was not clear if the patient used those hearing aids and they were not able to appropriately fulfil the patient's hearing needs. There was insufficient documentation to support this request. As such, the request is not medically necessary.

ONE CARTON OF HEARING AID BATTERIES V5266 @ [REDACTED] PER AID PER YEAR BETWEEN 2/7/2014 AND 3/24/2014: 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 Non-MTUS Official Disability Guidelines (ODG), Head Chapter, Hearing Aids.

Decision rationale: Since the primary request is not medically necessary, none of the associated services are medically necessary.