

Case Number:	CM14-0030145		
Date Assigned:	06/20/2014	Date of Injury:	11/28/1999
Decision Date:	07/17/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/10/2014

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 Texas and New York. 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 53-year-old male with a reported date of injury on 11/28/99. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with industrial-related hearing loss. The physician indicated that the injured worker has difficulty with activities of daily living due to hearing loss, which included using the telephone and listening to the television. The type of hearing aid that the injured worker is utilizing at this time was not provided within the documentation available for review. The injured worker's diagnosis and medication regimen were not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Miracle Ear (ME) Blu Connect remote: 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.

Decision rationale: The Official Disability Guidelines recommend hearing aids as indicated. Hearing aids are recommended for conductive hearing loss unresponsive to medical or surgical intervention and sensorineural 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 [REDACTED] per ear, including hearing aid evaluation, fitting, and purchase of hearing aids, once every four years. The clinical information provided for review lacks documentation of the current type and purchase date of hearing aid the injured worker is utilizing. In addition, the guidelines recommend the purchase of a hearing aid once every four years. There is a lack of documentation related to the amount of time the injured worker has been utilizing the current hearing aid. In addition, there is a lack of documentation related to the functional deficits related to hearing loss beyond the difficulty in utilizing the phone and the television. As such, the request is not medically necessary.