

<b>Case Number:</b>	CM14-0030337		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/23/1998
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Internal Medicine, has a subspecialty in Hospice & Palliative Medicine and is licensed to practice in Pennsylvania. 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 66-year-old gentleman with a date of injury of 09/23/1998. An ENT consultative report by [REDACTED] dated 01/09/2014 identified the mechanism of injury as cumulative loud noise in a construction environment. This report, office visit notes by [REDACTED] dated 09/10/2013 and 12/17/2013, and an office visit note by [REDACTED] dated 01/13/2014 indicated the worker was experiencing problems hearing, vertigo (a type of dizziness), ringing in the ears (tinnitus), knee pain, lower back pain, and a history of asbestosis. Documented examinations showed lower back tenderness, knee joint line tenderness on both sides, crepitus in both knees, and a crooked nose passageway causing the right side to be 90% blocked; examination of the ears was reported to be normal. [REDACTED] report dated 01/09/2014 described normal tympanogram results. This report indicated an audiogram demonstrated slight hearing loss with speech discrimination of 96% on the right and 92% on the left and confirmed tinnitus of 200 Hz at an intensity of 40 dBHL; however, this did not rise to the level of hearing impairment. A video electronystagmography report by [REDACTED] dated 01/09/2014 showed findings consistent with a possible issue with the worker's vestibular system. The submitted and reviewed documentation concluded the worker suffered from high-tone hearing nerve loss, slight-to-moderate tinnitus, mild-to-slight vertigo, a crooked nose passageway with significant right-sided blockage, knee arthritis involving sides, lower back stenosis and degenerative disk disease, an unspecified right ankle osteochondral defect, and asbestosis. Treatment recommendations included surgery to correct the right-sided nose blockage, physical therapy and head exercises for vertigo, use of tinnitus-masking sounds to assist with falling asleep, lipoflavonoids, pain medications, and blood tests and advanced lung imaging to monitor asbestosis. A Utilization Review decision by [REDACTED] was

rendered on 02/26/2014 recommending partial certification for hearing tests every two years for one time.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Hearing tests every 2 years: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hearing Aids (Author : Walter J Smoski, PhD, Associate Professor , Department of Speech Pathology and Audiology, Illinois State University), Hearing Aid Candidacy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Weber PC. Evaluation of hearing loss in adults. Topic 6850, version 14.0. UpToDate, accessed 11/08/2014. Weber PC. Etiology of hearing loss in adults. Topic 6844, version 28.0. UpToDate, accessed 11/08/2014

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. One study in the scientific literature showed that 43% of those age 65 to 84 years had some degree of hearing loss as defined by an audiogram, a type of formal hearing test. The submitted and reviewed documentation indicated the worker complained of problems hearing, vertigo (a type of dizziness), and ringing in the ears (tinnitus), among other issues. Documented examination of the ears described no abnormal findings. Formal hearing tests showed some minimal high-tone hearing nerve loss. Slight-to-moderate tinnitus was confirmed with testing, and conservative treatment recommendations were provided. There was no discussion reporting the results of these suggestions. The submitted and reviewed documentation concluded the worker suffered from high-tone hearing nerve loss that did not rise to the level of a hearing impairment, likely due to exposure to very loud noise. The decision to pursue formal hearing testing in the future should be individualized based on an on-going assessment of symptoms, findings, and the worker's overall clinical issues. For these reasons, the current request for indefinite hearing tests every two years is not medically necessary.