

<b>Case Number:</b>	CM14-0035842		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	02/16/2011
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 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:

The injured worker is a 45-year-old female who reported an injury on 2/16/11. The mechanism of injury was not provided for review. The documentation of 1/2/14 revealed that the injured worker was complaining of persistent difficulty hearing in her right ear associated with some right-sided headaches. The physical examination revealed no visible abnormalities involving the external ear. There was no suggestion of inflammatory changes in the external auditory canal. The tympanic membrane was within normal limits with no evidence of perforation and there were no palpable abnormalities around the right ear. The diagnosis was right acoustic trauma and the plan included an audiogram to be obtained with followup pending receipt of the study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Audiogram for right ear:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, head, audiometry.

**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 indicate that audiometry is recommended following brain injury or when occupational hearing loss is suspected. The clinical documentation submitted for review indicated that the injured worker had a normal physical examination. The injured worker indicated she had difficulty hearing. However, there was lack of documented trauma to the right ear and the mechanism of injury was not provided to support that occupational hearing loss was suspected. Given the above, the request is not medically necessary.