

Case Number:	CM14-0047498		
Date Assigned:	07/02/2014	Date of Injury:	02/08/1982
Decision Date:	09/05/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/15/2014

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 Sports Medicine 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 of unknown age male, who reported an injury on 02/08/1982, caused by an unspecified mechanism of injury. The injured worker had a history of bilateral hearing loss. The diagnosis is unknown. Diagnostics included a hearing test of unclear results. Past treatment included hearing aids bilaterally. Per the clinical note dated 02/06/2014, indicated bilateral sloping sensorineural hearing loss, mild to profound degree, and speech reception thresholds in good agreement with pure tone findings. The immittance audiometry test showed normal peaking type a tympanograms bilaterally, acoustic reflexes were absent and poor speech discrimination skills as shown on the score of 64% to the right ear and 36% to the left ear. No medications were provided. No VAS scale was provided. Treatment plan is for a pair of Oticon hearing aids bilaterally. The authorization was not submitted within the paperwork, and the rationale no rationale given.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Oticon Alta Pro Mini RITE in dark gray with power molds and ear molds for bilateral ears: 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, Hearing Aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines: Head, Hearing Aids.

Decision rationale: The Official Disability Guidelines do recommend hearing aids for conductive hearing loss unresponsive to medical or surgical interventions, sensorineural hearing loss, and damage to the inner ear or the 8th cranial nerve. The document provided indicated that the injured worker currently had a pair of hearing aids and they were in working order. The records indicate that the injured worker had received a pair of hearing aids 2 years ago and was not evident that the injured worker had any changes to his hearing loss that would indicate a new pair of hearing aids. Also, per the note provided, it did not indicate that the injured worker was unresponsive to medical or surgical interventions. As such, the request is not medically necessary.