

Case Number:	CM14-0057282		
Date Assigned:	07/09/2014	Date of Injury:	08/14/2012
Decision Date:	10/24/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/28/2014

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 Family Medicine and is licensed to practice in Ohio. 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 65-year-old male who apparently first presented with progressive hearing loss on August 14, 2012. He is a diesel mechanic by trade and states that he was exposed to loud noises particularly in terms of his left ear for 45 years. There is some conflict from the treating physician's notes about noise exposure. The most recent note does state that there was noise exposure. The hearing loss is primarily the left side and it is moderate to severe and worsening. An audiogram revealed sensorineural hearing loss for both ears but more profoundly on the left side. Hearing loss seems to be across all frequencies. The MRI scan of the brain revealed a small right central and right lateral pons T2 signal flare which may have been from trauma or ischemia. The temporal bones, cerebellar pontine angle, and internal auditory canals were normal. A left vertebral artery dissection could not be excluded. Previously, hearing aids were denied by the utilization review physician because he felt the metabolic workup was not complete.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Progressive asymmetrical sensorineural hearing aids: Overturned

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

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

Decision rationale: The Official Disability Guidelines recommend hearing aids for (1) Conductive hearing loss unresponsive to medical or surgical interventions. (Conductive hearing loss involves the outer and middle ear and is due to mechanical or physical blockage of sound. Usually, conductive hearing loss can be corrected medically or surgically.) (2) Sensorineural hearing loss. (Sensorineural or "nerve" hearing loss involves damage to the inner ear or the 8th cranial nerve. It can be caused by aging, prenatal or birth-related problems, viral or bacterial infections, heredity, trauma, exposure to loud noises, the use of certain drugs, fluid buildup in the middle ear, or a benign tumor in the inner ear) or (3) Mixed hearing loss (conductive hearing loss coupled with 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 \$1,500 per ear, including hearing aid evaluation, fitting and purchase of hearing aids, once every four years. In this instance, it is clear that the injured worker has sensorineural hearing loss which is more likely than not a result of many years of excessive noise exposure. That is not to say, however, that the workup for other potential etiologies should not occur such as vascular issues like a vertebral artery dissection, autoimmune diseases, or other metabolic causes. The Official Disability Guidelines merely state that an injured worker is eligible for hearing aids if there is sensorineural hearing loss of course presupposing industrial causation. Therefore, sensorineural hearing aids are medically necessary.