

Case Number:	CM14-0079563		
Date Assigned:	07/18/2014	Date of Injury:	03/02/2010
Decision Date:	09/19/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/30/2014

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 Nevada. 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 records, presented for review, indicate that this 60-year-old individual was reportedly injured on March 2, 2010. The mechanism of injury was noted a noise exposure type event. The most recent progress note, dated May 6, 2014, indicated that there were ongoing complaints of hearing loss. The physical examination demonstrated no specific findings. Diagnostic studies objectified an ordinary disease of life sensory neural hearing loss. Previous treatment included hearing aids. A request had been made for hearing aid devices and was not certified in the pre-authorization process on May 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

STREAMER PRO: Upheld

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) had chapter updated August, 2014.

Decision rationale: The MTUS and ACOEM guides are silent on this topic. The parameters noted in the Official Disability Guidelines (ODG) are used. There is an ordinary disease of life

hearing loss and hearing aids are prescribed. However, there is no narrative presented to suggest the need of a streamer to accomplish the study goals. Therefore, the request for a Streamer Pro is not medically necessary and appropriate.

TV ADAPTER: Upheld

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 chapter, updated August 2014.

Decision rationale: The MTUS and ACOEM guides are silent on this topic. The parameters noted in the Official Disability Guideline ODG are used. There is an ordinary disease of life hearing loss and hearing aids are prescribed. However, there is no narrative presented to suggest the need of a streamer or TV remote accessory for the hearing aid to accomplish the study goals. Therefore, there is limited clinical information presented to establish the medical necessity of these devices. Therefore, the request for a TV Adapter is not medically necessary and appropriate.