

Case Number:	CM14-0079844		
Date Assigned:	07/18/2014	Date of Injury:	04/29/2009
Decision Date:	08/28/2014	UR Denial Date:	05/02/2014
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 Otolaryngology and is licensed to practice in Texas. 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 60 year old male who reported an injury on 04/29/2009 to his right ear while working as a jockey raising horses when the initial injury occurred. The mechanism of injury is undisclosed. A clinical note dated 10/10/13 indicated the injured worker is utilizing Butrans patches to address ongoing chronic pain and multiple areas throughout the body rated 6-8/10. The injured worker utilized Norco and is utilizing Cyclobenzaprine for pain relief as well. A clinical note dated 11/05/13 indicated he was undergoing a functional restoration program and a progress note dated 01/07/14 indicates complaints of dizziness, headaches, ongoing night sweats, and severe fatigue. His pain was identified the worst at the neck and left shoulder. It was documented that the injured worker underwent a hearing test and completed a hearing evaluation on 02/4/14. Consideration for hearing aid in the past year was noted. The injured worker reported using a hearing aid for six months which was beneficial, and the noise was reduced in the right ear; however, he lost the hearing aid. He stated the hearing aid was loose and did not fit well in the ear and kept coming out. The progress note dated 03/26/14 indicated the injured worker continuing with complaints of neck pain and ringing in the ears.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hearing Aid (Mid-Market Model only), 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 (ODG), Head Chapter, Hearing Aids.

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, Hearing aids.

Decision rationale: The injured worker complained of pain at several sites and ringing in the ears. Hearing aids are indicated for injured workers who have conductive or sensorineural hearing loss. The injured worker underwent an audiogram however, no test results were submitted for review confirming hearing loss. Without objective evidence in place supporting the need for treatment this request is not indicated as medically necessary.