

Case Number:	CM14-0082009		
Date Assigned:	07/18/2014	Date of Injury:	02/11/2010
Decision Date:	09/08/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/03/2014

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 New Jersey. 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 worker is a 57 year old male who was injured on 2/11/10 involving his low back and ears. He was later diagnosed with lumbar disc disease, compression fracture at T12, right hip strain/sprain, sinusitis, headaches, insomnia, depression, anxiety, bilateral neurosensory hearing loss, and tinnitus. He was treated with conservative treatments. He was seen in September of 2011 by an Ear, Nose, and Throat (ENT) Specialist for evaluation of his hearing, but no report was available for review. On 5/12/14, the worker was seen by his treating physician complaining of upper back pain radiating into shoulders, arms and hands, low back pain with radiation, bilateral knee pain, foot pain, insomnia, anxiety, fatigue, and depression, but no complaint of any changes in his hearing. Physical examination did not include any hearing testing. The patient was recommended chiropractic treatment, x-rays of his knee and back, MRI of his spine, and orthopedic and internal medicine consultations. A request for binaural hearing amplification was also made, but with no explanation. He had another visit with his treating physician on 5/28/14, reporting worsening hearing loss and ringing in his ears in addition to his other complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Binaural hearing amplification: 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 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 section, Hearing aids.

Decision rationale: The California MTUS Guidelines do not address hearing aid use. The ODG, however, states that they may be recommended for conductive hearing loss unresponsive to medical or surgical interventions, sensorineural hearing loss (due to aging, congenital abnormalities, infectious causes, trauma, exposure to loud noises, use of certain drugs, fluid build-up in the middle ear, or from a tumor), or mixed hearing loss. Hearing aids should be recommended by an otolaryngologist or a qualified audiologist, and prior authorization should be requested for hearing aids costing more than \$1500 per ear (including evaluation, fitting costs) once every four years. It appears that this worker has a history of hearing loss that might warrant the use of hearing aids, but this needs to be evaluated by the reviewer looking over the reports from a specialist in order to confirm the diagnosis before and approval can be made. Without this documentation, the hearing aids are not medically necessary.