

<b>Case Number:</b>	CM14-0004312		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	10/17/1997
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Otolaryngology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 66 year old male with 10/17/97 date of injury. 07/26/12 audiological evaluation report states that the patient reports poor clarity and cannot understand normal conversation where utilizing his current hearing aids. The evaluation results are stated to be consistent with asymmetric sensorineural hearing loss, profound on the right and moderate to profound on the left. Speech score demonstrated poor speech discrimination. The physician states that this represents a significant drop in his hearing sensitivity since the previous 2008 hearing test. The physician also indicates that impedance studies indicated normal middle ear function, bilaterally. The evaluation of the hearing aids demonstrated that the 4-year-old hearing aids are inadequate for his present hearing loss and should be replaced with ones that provide increased benefit. The audiologist note, which contains measurement values also includes a comment, stating that the current hearing aids are broken and inadequate. This note states SDS with old aids equals 36% (very poor). The submitted documents contain the following requests: Requests for AUDIOGRAM, HEARING AID EVALUATION, PROGRAMING AND ONE CARTON OF 80 BATTERIES has been submitted on 12/23/13 and 1/29/14; The request for HEARING AID EVALUATION, PROGRAMING AND ONE CARTON OF 80 BATTERIES has been submitted on 6/5/14. There also is a request for right hearing aid deductible, submitted on 10/14/14, stating the patient was seen on 05/28/14 for an audiological evaluation, during which he reported that his right hearing aid has been lost. The provider states "Please authorize hearing aid deductible so that he can be replaced under the loss of/damage insurance." 05/28/14 audiology note states that the hearing aid is Unitron Quantum. This indicates that the hearing aid

has in fact been replaced in accordance with the recommendations indicated on the 07/26/12 audiology note. At that time, the hearing aids that were broken and inadequate were called Oticon Epoq.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **AUDIOGRAM, HEARING AID EVALUATION, PROGRAMING AND ONE CARTON OF 80 BATTERIES: 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 ODG (Head Chapter).

**Decision rationale:** The previous denial notification is dated 12/27/13. It appears that the corresponding RFA was the one submitted on 12/23/13, which states "supporting document attached". However, there are no supporting medical documents provided between 07/26/12 and the date of the RFA. In fact, the only other audiology note provided is dated 05/28/14. In the context of the denial, there is no information to support the medical necessity for the requested services. In addition, the 05/28/14 note indicates that the patient's new hearing aid is from 2012. It is unclear why the patient did not need an evaluation, programming and batteries in 2012, when the hearing aid was replaced, and why the patient needs it on 12/13/13, no less than a year after the new device was dispensed. Therefore, the medical necessity for HEARING AID EVALUATION, PROGRAMING AND ONE CARTON OF 80 BATTERIES is recommended for non-certification, as the medical necessity has not been established.