

<b>Case Number:</b>	CM14-0114773		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	05/24/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 (ENT) and is licensed to practice in California. 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:

Patient is a 24-year-old male with a 05/24/13 date of injury from an MVA. The patient sustained multiple traumas including traumatic brain injury for which he underwent a craniotomy for hematoma evacuation, facial, ulna and clavicle fractures and left a.c. separation. At least 40 physical therapy treatments were rendered. The 6/10/14 progress report is handwritten and very poorly legible. The following was possible to decipher: The pain has decreased from 5/10 to 3/10 with medications. Diagnoses: Head trauma, low back pain, hearing loss-awaiting ENT consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ENT consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Independent Medical Examinations and Consultations Chapter 7 page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Topics: ACOEM Chapter 7 - Independent Medical Examinations and Consultations (pp 127, 156) Official Disability Guidelines (ODG) Pain Chapter Office Visit

**Decision rationale:** The medical necessity for the requested consultation has not been established. The requesting physician does not describe the hearing loss symptoms, subjective and objective findings in regards to the hearing loss diagnosis, there are no notes from ENT physician. There are prior recommendations from another physician for ENT visit. In addition, records indicate a previously performed ENT consult. Without a description of current symptoms of the condition, the medical necessity for the request cannot be established. Therefore, this request is not medically necessary.