

Case Number:	CM14-0143369		
Date Assigned:	09/10/2014	Date of Injury:	10/13/2012
Decision Date:	01/12/2015	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/04/2014

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, Head & Neck Surgery 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:

The patient is a 53-year-old male with a 10/13/12 date of injury due to unprotected exposure to noise at work as a firefighter. Diagnosis was bilateral sensorineural hearing loss. The 08/01/14 progress report documented that amplification was the most appropriate rehabilitative strategy available to the patient. The hearing aid would allow utilization of the patient's low-frequency hearing while providing amplification to compensate for the hearing loss. This device also allowed masking to alleviate bilateral tinnitus. The 06/30/14 audiologic evaluation showed bilateral mild to moderate sensorineural hearing loss from the frequency range of 3000 Hz to 8000 Hz. Speech recognition threshold was 15dB and speech discrimination was in the 90% range at 60dB. The 02/29/12 Qualified Medical Evaluation documented that the patient had indicates hearing loss and tinnitus. He had difficulty understanding conversation. The QME recommendation was for properly fitted bilateral hearing aids. A properly fitted hearing aid was also the best mode of rehabilitation for the tinnitus associated with the hearing loss. While the current technology might not provide a cost-effective degree of improvement, this did not preclude the ability to fit his loss within the reasonably near future. If the initial fitting had no benefit, a reevaluation at 5 year interval was reasonable to allow benefit from improvements in technology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Binaural Amplification behind hearing aids: Overturned

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, Hearing Aids

Decision rationale: Medical necessity has been established for binaural amplification behind hearing aids. ODG recommends hearing aids for sensorineural hearing loss. The patient has had chronic hearing loss and tinnitus. The patient was diagnosed with bilateral sensorineural hearing loss which was corroborated by the audiologic evaluation. This caused difficulty understanding speech in a noisy situation. The guidelines support the request for hearing aids for a diagnosis of sensorineural hearing loss. Medical necessity has been established for these hearing aids.