

Case Number:	CM14-0158460		
Date Assigned:	10/01/2014	Date of Injury:	03/24/2011
Decision Date:	01/12/2015	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/26/2014

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, has a subspecialty in 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 injured worker is a 45 year-old male with a 3/24/11 date of injury from a traumatic incident. The patient was diagnosed with hearing loss and chronic mastoiditis. Treatments to date include antibiotics, ear drops, and unknown ear surgery in 3/14/14. He has had 3 unknown ear surgeries. The 6/05/14 comprehensive medical evaluation report referenced a CT scan of the temporal bones on 2/04/14, which showed an extensive otomastoiditis formation. Another CT scan of the mastoid on 3/04/14 was referenced which showed similar findings. Clinically, his ear continued to drain and still had difficulties with it. He was dizzy. The treatment plan included Ciprofloxacin drops and Amoxicillin, and a consultation with an otologist who performs ear surgery. As per the supplemental report of 4/07/14, the patient's problems were causing hearing loss, noise in his ears and dizziness. Future medical care included pre-operative examination, pre-operative surgical evaluation, tympanoplasty, mastoidectomy for chronic left ear infections, and 4 post-operative evaluations. The 4/17/14 progress note documented the patient had undergone 2 procedures on his left mastoid/ear and several injections. He also had additional consultation and a CT scan. He was complaining of vertigo since 1/16/14. Clinically, his speech and cadence were slightly slow and interrupted. Ear and head exam revealed surgical incisions and localized tenderness. The treatment plan included ENT specialist consult, and training in lip reading (as per QME). The patient had significant residuals: 1) decreased hearing, 2) tinnitus, balance issues, 4) headaches and 5) chronic recurring infections which persist. The patient would remain permanent and stationary. 4/07/14 progress note reviewed the QME report of 1/07/14 by Dr. [REDACTED] which documented the patient had an audiogram on 2/06/13. Dr. [REDACTED] prescribed antibiotics, eardrops, recommended consultation with Dr. [REDACTED] in the future, balance rehabilitation, more physical therapy, ENT exam and fitting of hearing aid with regular ENT evaluations as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Training in lip reading: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/17505606>, Title: Lip reading role in the hearing aid fitting process.

Decision rationale: Medical necessity for training in lip reading is not established. The patient has a 3/24/11 date of injury and is suffering from chronic otomastoiditis, which caused hearing loss and dizziness. Medical notes 4/17/14 states the patient's speech and cadence were slightly slow and interrupted. Ear and head exam revealed surgical incisions and localized tenderness. There was a recommendation for ENT specialist consult, and training in lip reading (as per QME). However, it was unclear why lip reading training is being requested and how this will help the patient's current condition. Medical notes 4/07/14, referenced a QME report by Dr. [REDACTED] on 1/07/14 wherein fitting of hearing aid was part of his recommendation. Records do not clearly explain why lip training is necessary over use of hearing aids and sign language. The MTUS does not address lip reading. The cited Pubmed article entitled "Lip reading role in the hearing aid fitting process" states that lip reading (LR) has currently been widely used in the assessment of hearing impaired people. The hearing challenged individual is able "to read" lip position and thus interpret the speech sounds of the speaker; however, it is very likely that the best lip reader can only catch 50% of the words uttered. Medical necessity is not adequately established in the records.