MAXIMUS Federal Services

Case Number:	CM14-0189969		
Date Assigned:	11/21/2014	Date of Injury:	02/01/2009
Decision Date:	01/14/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/13/2014

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 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:

This is a 49-year-old male with a 2/1/2009 date of injury, when going to clean filters, he placed them in hot water prior to removing the grease, while placing a chemical powder on the filters to remove the grease, some of the powder got in his right eye. There is also indication of onset of pain and swelling in the right ankle and bottom of the feet due to repetitive work duties. Due to runner in the kitchen area move secondary to wet floor being wet, caused him to slip on several occasions. There is indication of an amended adjudication of claim, dated 2/18/09 indicating the patient sustained a continuous trauma from 2/1/09 to the present to this legs, feet, both ears, and left wrist due to repetitive work. There is a prior 10/29/14 non-certification. Reasons for non-certification were not provided. 10/1/14 medical report (illegible signature) identified GI much better with discontinuance of other meds and with PPI. Blood pressure 139/94. HBa1c 6.0. Assessment hypertension and gastritis. 8/15/14 report by [redacted] identified complaints in regards to the eyes, right knee, and right ankle. The report stated that the patient's ear/hearing problems would be deferred since they are beyond his scope of practice, and that he will await an ENT AME. An 11/18/13 determination identified a certification of an audiology evaluation. However, neither the ENT AME nor the audiology evaluation was provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Binaural digital amplification: 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 Official Disability Guidelines (ODG) ODG (Head Chapter) ODG states that hearing aids are recommended as indicated below. Hearing aids are recommended for any of the following: (1) Conductive hearing loss unresponsive to medical or surgical interventions. (Conductive hearing loss involves the outer and middle ear and is due to mechanical or physical blockage of sound. Usually, conductive hearing loss can be corrected medically or surgically.) (2) Sensorineur

Decision rationale: ODG states that hearing aids are recommended for conductive hearing loss unresponsive to medical or surgical interventions, sensorineural hearing loss, or mixed hearing loss. While there is indication of continuous trauma to both ears, there are no medical reports provided delineating the patient's hearing difficulties or any audiology studies documenting hearing loss. In addition, the reasons for non-certification at the time of the prior determination were not provided. There is insufficient documentation regarding hearing pathology to render a favorable determination at this point.

Tinnitus evaluation: 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 Official Disability Guidelines (ODG) Head Chapter Office Visit Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and s

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. While there is indication of continuous trauma to both ears, there are no medical reports provided delineating the patient's hearing difficulties or any tinnitus. It is unclear if the patient was treated by ENT for tinnitus and patient has been unresponsive to treatment, prompting the need for a tinnitus evaluation with an additional specialist. In addition, the reasons for non-certification at the time of the prior determination were not provided. There is insufficient documentation regarding hearing pathology to render a favorable determination at this point.