

<b>Case Number:</b>	CM14-0192524		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	01/21/2014
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 62-year-old male with a 01/21/14 date of injury. He was exposed to a fire alarm for approximately 3 hours. Since that time, the patient has had tinnitus of the left ear. On physical exam tympanic membranes and ear canals are normal, there is no evidence of cholesteatoma, chronic infection, preparation or ear drainage. No evidence of nasal polyps. No abnormalities in the oral cavity, pharynx or larynx have been revealed. The audiometric studies reveal a mild high-frequency sensorineural hearing loss. Speech reception threshold is 5 dB on the right and 15 dB on the left with 100% word discrimination bilaterally. Middle ear and eustachian tube functions are normal. Oral acoustic emissions are positive and normal bilaterally. The discussion section states that the tinnitus is constant and annoying to the patient. The recommendation section states that there is no specific treatment for the patient's symptoms. Neutral normal hearing levels, hearing amplification is not indicated. The patient can work at his usual and customary occupation without restriction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MDEX Bluetooth kit QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Hearing aids

**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 and <http://www.nlm.nih.gov/medlineplus/ency/article/003341.htm>

**Decision rationale:** The request for the hearing aid is not recommended for certification. Therefore, this associated request is also not recommended. Non-certify.

**Box of batteries QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Hearing aids

**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 and <http://www.nlm.nih.gov/medlineplus/ency/article/003341.htm>

**Decision rationale:** The request for the hearing aid is not recommended as medically necessary. Therefore, this associated request is also not medically necessary.

**Widex dream 220 QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Hearing aids

**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 and <http://www.nlm.nih.gov/medlineplus/ency/article/003341.htm>

**Decision rationale:** The medical necessity for the requested hearing aid has not been established. 6/11/14 evaluation by [REDACTED] stated that there is no indication for a hearing amplification device. The patient's audiometric parameters were within normal limits for human speech frequency and showed hearing loss at high frequencies of 3000 Hz and above. That spectrum is beyond the frequency of human speech. In addition, he could recognize 100% of the speech at 45 dB on the right and 55db on the left ear. There appears to be no actual hearing loss in inability to perceive or discriminate speech. The following audiogram dated 07/21/14 indicated a slight hearing decline at low frequencies of 250-500Hz along with a slight improvement in hearing around 1000Hz. The physician is states the latter decline of low frequency speech can be addressed by the prescription of a hearing aid. However, the patient's ability to recognize 100% of the speech at 50 dB (r) and 55 dB (L) suggest that the patient maintains the status where hearing amplification is not indicated. In addition, while the audiogram shows a low frequency decline, there is an improved perception of mid frequencies around 1000Hz. This pattern of hearing changes it is not sufficient to substantiate a request for a hearing aid. Therefore, this request is not medically necessary.

**Audiogram, left ear QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Audiometry

**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 and <http://www.nlm.nih.gov/medlineplus/ency/article/003341.htm>

**Decision rationale:** The documentation provided presents no rationale for the requested additional audiogram. There have been two audiograms done on 06/11/14 and 07/21/14. The necessity for additional audiogram is not described and therefore is unclear. This request is not medically necessary.