

<b>Case Number:</b>	CM14-0202656		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	12/22/2010
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57 year old male, who sustained an industrial injury on 12/22/10. The documentation noted that on 8/19/14, the injured worker was seen for final neurological evaluation and discharge. The injured worker continues with daily headaches; recurrent episodes of tingling-like sensation over the right side of his head in the area of surgical scars; chronic cervical pain, lob back pain and knee pain. Chronic impairment of balance and ringing in both ears and persistent impairment of short term memory, decreased concentration and attention span. Examination of the head revealed well-healed surgical scar in the right frontal and right parietal area with round indentation over post surgical holes in his skull. There was a hint of right bearing nystagmus without diplopia. Hearing was preserved bilaterally, Weber and Rinne tests were normal. The diagnoses have included head injury with cerebral concussion and right subdural hematoma, surgically evacuated; post-traumatic syndrome with frequent headache and cognitive impairment and post-traumatic vestibulopathy. PR2 dated 9/15/14 noted that there is no evidence of effusion otitis noted. According to the utilization review performed on 11/20/14, the requested DME: Binaural Digital Amplification has been non-certified. Ca reveals that is silent regarding hearing aids. The ODG Head Chapter for hearing aids was used during the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Binaural Digital Amplification:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head (trauma, headaches, etc., not including stress & mental disorders) Hearing aids

**Decision rationale:** The claimant is more than four years status post work-related injury and continues to be treated for the residual sequela of a significant traumatic brain injury. A hearing aid is recommended when there is documented conductive hearing loss unresponsive to medical or surgical interventions, sensorineural hearing loss due to damage to the inner ear or the 8th cranial nerve which can be caused by multiple etiologies including head trauma, or mixed hearing loss. In this case, audiologic testing on 07/09/14 showed mild bilateral sensory hearing loss and therefore the requested hearing aids are medically necessary.