

Case Number:	CM14-0203985		
Date Assigned:	12/16/2014	Date of Injury:	06/16/2012
Decision Date:	02/03/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/05/2014

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 Internal Medicine 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 43 year old male with a date of injury as 06/16/2012. The cause of the injury was related to being assaulted by another person while working. The current diagnoses include tinnitus, cervicgia/neck pain, depression, and cervical sprain/strain. Previous treatments include oral medications, topical medications, hot packs, chiropractic care, acupuncture, physical therapy, and TENS unit. Primary treating physician's reports dated 07/18/2014 through 11/13/2014 and a Permanent & Stationary report dated 08/21/2014 were included in the documentation submitted for review. Report dated 11/13/2014 noted that the injured worker presented with complaints that included increased neck pain, headache, and continued ringing in the ears. Physical examination revealed tenderness to palpation in the cervical and bilateral paraspinous muscles. This report indicates that the injured worker has seen an ENT for evaluation of ringing in the ears, but no report was submitted for review. The injured worker is working full duty. The utilization review performed on 11/24/2014 non-certified a prescription for XINO hearing aid, bilateral ears based on no records to support that the injured worker has been seen by an ENT physician or had an evaluation by an audiologist. The reviewer referenced the Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xino hearing aid, bilateral ears: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Head, Hearing Aids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG), Head, Hearing Aids

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), Xino hearing aids, bilateral ears are not medically necessary. Hearing aids are recommended for any of the following: 1) conductive hearing loss unresponsive to medical or surgical intervention; 2) sensorineural hearing loss; and 3) mixed hearing loss. Hearing aids it should be recommended by otolaryngologist (ENT) or qualified audiologist. In this case, July 8, 2014 progress note indicates the primary care treating physician was requesting hearing aids according to a recommendation by otolaryngologist. However, there was no documentation in the medical record of a formal recommendation and evaluation by the otolaryngologist. On November 18, 2014 progress note indicates the same request for bilateral hearing aids according to an otolaryngologist's recommendation. There was no documentation from the otolaryngologist with a hearing evaluation which the guidelines require hearing aids be recommended by an otolaryngologist. The injured worker, according to the documentation, complained of tinnitus. There is no documentation of hearing loss with a formal or informal hearing evaluation. Consequently, absent the appropriate clinical documentation for hearing aids, this request is not medically necessary.