

<b>Case Number:</b>	CM14-0207010		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	02/11/2011
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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: California  
Certification(s)/Specialty: Otolaryngology

### 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 a 65-year-old female with 02/11/11 date of injury. 09/29/14 evaluation report in otorhinolaryngology discusses an audiology evaluation performed on 09/29/14, indicating that speech reception threshold is 35 dB bilaterally and speech discrimination is at 88%. The normal upper intensity level in adults is considered at 25 to 30 dB and therefore, 35 dB is an indicator of a mild hearing loss. In addition, the discrimination is stated to be at 88%. Additionally, the report states that according of no ear function reveals no evidence of ear canal obstruction or perforation, ossicular discontinuity or fluid within the middle ear space. Lastly, tinnitus test match was done, confirming constant tinnitus at 2000 Hz and intensity of 45 dB bilaterally. The request is for 1. Binaural unitron Moxi2 Pro Hearing Aids: 2. Programming & Batteries

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Binaural unitron Moxi2 Pro Hearing Aids:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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);  
<http://www.unitronhearing.com/content/dam/unitron/documents/englishus/stratus/era/New%20Era%20Unitron%20Innovative%20Product%20Family.pdf>.

**Decision rationale:** The patient has been diagnosed with a sensorineural hearing loss pattern, evident in both ears. Although the documented values actually to a mild hearing loss, the pathology is nevertheless present and the patient could benefit from binaural amplification. Recommend hearing aid model incorporates amplification as well as a tinnitus masker. This is medically appropriate, recommend certification.

**Programming & Batteries:** Overturned

**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).

**Decision rationale:** Since the requested hearing aid is recommended for certification, the programming and batteries are also recommended, since the unit is ineffective without appropriate programming and batteries. Certify.