

<b>Case Number:</b>	CM14-0207036		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	03/02/2010
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/20/2014
<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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 patient is a 56 year old male with date of injury 3/2/10. The mechanism of injury is not stated in the available medical records. The patient has complained of bilateral hearing loss since the date of injury. Audiology reports revealed bilateral sensorineural hearing loss. Objective: left ear pinpoint perforation tympanic membrane, right ear large perforation tympanic membrane. Diagnosis: bilateral sensorineural hearing loss. Treatment plan and request: 2 binaural Unitron MOXL2 PRO hearing aids, programming and batteries.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Binaural Unitron MOXL2 PRO hearing aids, programming and batteries:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.UpToDate.com, sensorineural hearing loss

**Decision rationale:** This 56 year old male w has complained of bilateral hearing loss since date of injury 3/2/10. The current request is for 2 binaural Unitron MOXL2 PRO hearing aids,

programming and batteries. The evidenced based medical guidelines cited above do not specify that the specific type of hearing aids requested (Unitron MOXL2 PRO hearing aids) are recommended or indicated as medically necessary. On the basis of the evidenced based medical literature, 2 binaural Unitron MOXL2 PRO hearing aids, programming and batteries are not indicated as medically necessary.