

Case Number:	CM14-0207743		
Date Assigned:	12/19/2014	Date of Injury:	07/10/2001
Decision Date:	02/27/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/11/2014

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 77-year-old male with 7/10/01 date of injury. 05/13/14 audiological evaluation report states that the patient has a large dropping hearing sensitivity and speech comprehension. There is moderate to profound hearing loss with very poor speech discrimination to both ears. The provider indicates that the patient cannot function in his day-to-day activities without amplification. He requests replacement of his stolen hearing devices with Starkey 3 series RIC type hearing aids with custom ear molds, surflink connectivity and batteries to operate the hearing aids. The audiological evaluation states that the patient has a speech reception threshold of 85 dB on the right than 55 dB on the left. Speech discrimination is 32% on the right and 44% of the left. The provider states that patient will benefit from binaural amplification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surflink remote: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Surflink remote <http://www.starkey.com/hearing-aids/surflink-wireless-accessories/surflink-mobile>

Decision rationale: The medical necessity for this request has not been established. There is no rationale establishing medical necessity for the surflink remote. The patient has sensorineural hearing loss, has been using hearing aids, however his current hearing aids have been stolen. MTUS does not address this specific hearing aid. Official Disability Guidelines address hearing aids in general, not this specific wireless bluetooth remote. There is no rationale substantiating the necessity for these features and explaining why the patient is unable to perform his daily activities with an appropriate hearing amplification device without these features. This remote is used to adjust volume, change memory modes and more. There is no rationale establishing that these features are medically necessary. Therefore, this request is not medically necessary.

Surflink media TV streamer: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Surflink media TV streamer <http://www.starkey.com/hearing-aids/surflink-wireless-accessories/surflink-mobile>

Decision rationale: The medical necessity for this request has not been established. There is no rationale establishing medical necessity for the Surflink media TV streamer, a wireless transmitter of TV sounds or stereo to the patient's ears. The patient has sensorineural hearing loss, has been using hearing aids, however his current hearing aids have been stolen. There is no rationale substantiating the necessity for these features and explaining why the patient is unable to perform his daily activities with an appropriate hearing amplification device without these features. MTUS does not address this specific hearing aid. Official Disability Guidelines address hearing aids in general, not this specific media streamer. It does not appear that these features are medically necessary. Therefore, this request is not medically necessary.