

Case Number:	CM15-0007835		
Date Assigned:	01/26/2015	Date of Injury:	03/12/2002
Decision Date:	03/17/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/14/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64 year old male patient, who sustained an industrial injury on March 12, 2002. He has reported injury to his ears. The diagnoses include sensorineural hearing loss, bilateral. Currently, the he had complains of continued hearing loss. Hearing evaluation completed on March 14, 2011, indicates there is evidence of hearing loss and makes a recommendation for hearing aids. Recent audiometric evaluation (unspecified date) revealed moderate sloping to severe sensory neural hearing loss in the right ear and mild sloping to severe sensoryneural hearing loss in the left ear. Per the records provided bilateral hearing aids were certified in 2011. Treatment to date has included audiogram testing. On December 31, 2014, Utilization Review non-certified digital binaural CIC hearing aids, quantity #2, and replacement batteries, quantity #80, based on ODG guidelines. On January 6, 2015, the injured worker submitted an application for IMR for review of digital binaural CIC hearing aids, quantity #2, and replacement batteries, quantity #80.

IMR ISSUES, DECISIONS AND RATIONALES

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

Digital binaural CIC hearing aids, qty: 2: 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), 9th

edition (web); California Speech-Language Pathology and Audiiology and Hearing Aid Dispensers Board Laws and Regulations: http://www.speechandhearing.ca.gov/board_activity/lawsregs/index.shtml; American Academy of Audiology: Guidelines for the Audiological Management of Adult Hearing Impairment, http://audiology-web.s3.amazonaws.com/migrated/haguidelines.pdf_5399487Ge92e42.70908344.pdf

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Head (updated 01/21/15) Hearing aids

Decision rationale: Request: Digital binaural CIC hearing aids, qty: 2. CA MTUS does not address this request. Per the ODG cited below hearing aids are Recommended as indicated below. Hearing aids are recommended for any of the following: (1) Conductive hearing loss unresponsive to medical or surgical interventions. (Conductive hearing loss involves the outer and middle ear and is due to mechanical or physical blockage of sound. Usually, conductive hearing loss can be corrected medically or surgically.) (2) Sensorineural hearing loss. (Sensorineural or "nerve" hearing loss involves damage to the inner ear or the 8th cranial nerve. It can be caused by aging, prenatal or birth-related problems, viral or bacterial infections, heredity, trauma, exposure to loud noises, the use of certain drugs, fluid buildup in the middle ear, or a benign tumor in the inner ear.) or (3) Mixed hearing loss (conductive hearing loss coupled with sensorineural hearing loss). (Cigna, 2006) (Chisolm, 2007). A recent detailed clinical evaluation note is not specified in the records provided. A detailed ear examination is not specified in the records provided. His hearing ability with the currently available hearing aid, is not specified in the records provided. Problems with previous hearing aids and the current condition of his hearing aids is not specified in the records provided. The medical necessity for Digital binaural CIC hearing aids, qty: 2 is not fully established for this patient at this juncture.

Replacement batteries, qty: 80: 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), 9th edition (web); California Speech-Language Pathology and Audiiology and Hearing Aid Dispensers Board Laws and Regulations: http://www.speechandhearing.ca.gov/board_activity/lawsregs/index.shtml; American Academy of Audiology: Guidelines for the Audiological Management of Adult Hearing Impairment, http://audiology-web.s3.amazonaws.com/migrated/haguidelines.pdf_5399487Ge92e42.70908344.pdf

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Head (updated 01/21/15) Hearing aids.

Decision rationale: Request: Replacement batteries, qty: 80. CA MTUS does not address this request. Per the ODG cited below hearing aids are Recommended as indicated below. Hearing aids are recommended for any of the following: (1) Conductive hearing loss unresponsive to medical or surgical interventions. (Conductive hearing loss involves the outer and middle ear and is due to mechanical or physical blockage of sound. Usually, conductive hearing loss can be

corrected medically or surgically.) (2) Sensorineural hearing loss. (Sensorineural or "nerve" hearing loss involves damage to the inner ear or the 8th cranial nerve. It can be caused by aging, prenatal or birth-related problems, viral or bacterial infections, heredity, trauma, exposure to loud noises, the use of certain drugs, fluid buildup in the middle ear, or a benign tumor in the inner ear.) or (3) Mixed hearing loss (conductive hearing loss coupled with sensorineural hearing loss). (Cigna, 2006) (Chisolm, 2007). A recent detailed clinical evaluation note is not specified in the records provided. A detailed ear examination is not specified in the records provided. His hearing ability with the currently available hearing aid, is not specified in the records provided. Problems with previous hearing aids and current condition of his hearing aids is not specified in the records provided. As medical necessity of new digital binaural CIC hearing aids is not fully established, the medical necessity of accessory that goes with it is also not fully established. The medical necessity for Replacement batteries, qty: 80 is not fully established for this patient at this juncture.