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| Case Number: | CM15-0008159 | | |
| Date Assigned: | 01/23/2015 | Date of Injury: | 10/09/2006 |
| Decision Date: | 04/10/2015 | UR Denial Date: | 12/19/2014 |
| 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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36-year-old male who reported injury on 10/09/2006. The mechanism of injury was: the injured worker was electrocuted and thrown off a ladder. The medications included ibuprofen, omeprazole, bupropion and topiramate. The injured worker was noted to undergo a surgical left ear repair. The documentation of 11/17/2014 revealed the injured worker had a tympanic membrane rupture. Documentation indicated the injured worker had an audiometric study 4 years prior to the examination that showed no dramatic change. On the left side there was a small air gap in the mid and low frequencies, and a precipitous high frequency loss starting at 3,000 Hz. The Tympanograms were adequate. The SRT on the left side was 25 with good discrimination score of 96%. The physical examination revealed the canal was normal on the left side. Mobility was diminished. The drum head was dull and intact. There was no excessive hyperemia noted. The physician documented that the injured worker's audiometric study was reviewed with the injured worker. The documentation indicated the audiometric examination revealed a fairly precipitous mid and high frequency loss on the left ear. The injured worker had good preservation of discrimination. The physician opined the injured worker would be a good candidate for a hearing aid trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hearing Aid: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (updated 12/05/14) Hearing Aids.

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

Decision rationale: The Official Disability Guidelines indicate a hearing aid is recommended for a sensorineural hearing loss, a conductive hearing loss or a mixed hearing loss. Hearing aids should be recommended by an otolaryngologist or a qualified audiologist. The clinical documentation submitted for review indicated the injured worker had a hearing test 4 years prior to the hearing aid recommendation. There was a lack of documentation of a recent audiologic examination. Additionally, there was a lack of documentation indicating whether the loss was a conductive hearing loss or a sensorineural hearing loss or a mixed hearing loss. There was a lack of documentation indicating the specific hearing aid that was being requested to be trialed. Given the above and the lack of documentation, the request for hearing aid is not medically necessary.