

Case Number:	CM15-0135697		
Date Assigned:	07/23/2015	Date of Injury:	12/16/1986
Decision Date:	08/24/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/14/2015

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

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:

The injured worker 70 year old male with an industrial injury dated 12/16/1986. His diagnosis was hearing loss. Prior treatment included hearing devices. The injured worker had a history of significant noise exposure at work. He notes occasional "ocean sound" in bilateral ears mostly in am for about 6 months plus nasal congestion. Physical exam noted B external auditory canal meati with diffuse mild erythema and moderate cerumen which was debrided with micro instruments. The injured worker tolerated debridement well. Left external auditory canal and tympanic membrane were clear. The treatment request is for comprehensive audio evaluation and tymp and reflexes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive audio evaluation: Upheld

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) Head/Audiometry.

Decision rationale: Guidelines state that audiometry is recommended following brain injury or when occupational hearing loss is recommended. Once diagnosis is established re-assessment is recommended at approximately 3 year intervals. This patient underwent testing in 2014 that shows bilateral moderately severe to severe SNHL with very poor discrimination. There is no indication in the records that any change has occurred which would warrant repeat testing at this short interval. The request is not medically necessary.

Tymp and reflexes: Upheld

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) Head/Audiometry and Other Medical Treatment Guidelines Arts HA. Sensorineural hearing loss: evaluation and management in adults. Chp 155 in Cummings Otolaryngology Head and Neck Surgery. pp.3536-7.

Decision rationale: This patient has known sensorineural hearing loss. The addition of tympanometry and acoustic reflex testing is not useful in his evaluation unless there is some notable documented change in his condition - there is none in this case. ODG has no language to support this testing either. The request is not medically necessary.