

<b>Case Number:</b>	CM15-0140611		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 65 year old female who sustained an industrial injury on 06/10/2008 when a ball was kicked hitting the left side of her head resulting in left eye and left ear injury with bilateral hearing loss. The injured worker was diagnosed with permanent sensorineural hearing loss. Treatment to date has included audiology testing with hearing aid evaluations and fittings.' According to an audiology progress report on July 2, 2015, the injured worker was fitted for new hearing aids in October 2014 and continues to experience sensitivity in the left ear canal and vertigo affecting her balance. Over a period of approximately a year from 2013 to 2014, a decrease in speech discrimination and hearing was documented requiring the new hearing aids. With the new aids, the injured worker's speech discrimination was noted to be fairly good with 86% bilaterally as measured in quiet at optimally amplified levels. Current medications were not listed. Treatment plan consists of an evaluation and treatment by a physical therapist specializing in balance and vertigo issues and the current request for purchase of a Connect line kit for television and remote cell phone usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of TV adapter and remote for cell phone use: 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), hearing aids, head.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, DME.

**Decision rationale:** Pursuant to the Official Disability Guidelines, purchase TV adapter and remote for cell phone use is not medically necessary. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serve medical purpose and are primarily used for convenience in the home. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured worker's working diagnosis is sensorineural hearing loss. The date of injury is June 10, 2008. Request for authorization is dated July 7, 2015. According to a progress note dated July 2, 2015, each worker received new hearing aids in October 2014. The injured worker continues to experience vertigo and balance difficulties. The treating provider is requesting a TV adapter and remote for cell phone use. A TV adapter and remote is classified as durable medical equipment. A TV adapter and remote does not primarily and customarily serve several medical purpose and is generally useful to a person in the absence of illness or injury. A TV adapter and remote does not meet the definition for DME. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, purchase TV adapter and remote for cell phone use is not medically necessary.

**Physical therapist who specializes in balance/vertigo issue for evaluation and treatment (frequency/duration not indicated):** 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 Official Disability Guidelines (ODG) Head section, Vestibular PT rehab and Other Medical Treatment Guidelines ACOEM Guidelines, Chapter 7, Page 127.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, physical therapist who specializes in balance/vertigo issues for evaluation and treatment (frequency/duration not indicated) is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the

patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. Vestibular physical therapy rehabilitation is recommended for patients with vestibular complaints (dizziness and balance dysfunction). See the guidelines (ODG) for additional details. In this case, the injured worker's working diagnosis is sensorineural hearing loss. The date of injury is June 10, 2008. Request for authorization is dated July 7, 2015. According to a progress note dated July 2, 2015, each worker received new hearing aids in October 2014. The injured worker continues to experience vertigo and balance difficulties. The treating provider requested vestibular physical therapy rehabilitation evaluation and treatment. Based on the clinical symptoms, a vestibular physical therapy rehabilitation evaluation is clinically indicated. Treatment, however, will be based upon the evaluation and is not clinically indicated at the time of the request for authorization. Additionally, the frequency and duration of physical therapy is to be recommended by the vestibular physical therapy rehabilitation provider. Based on clinical information in the medical record, the peer-reviewed evidence-based guidelines and a premature treatment request, physical therapist who specializes in balance/vertigo issues for evaluation and treatment (frequency/duration not indicated) is not medically necessary.