

<b>Case Number:</b>	CM15-0162772		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	05/29/2015
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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 is a 55-year-old male who reported an industrial injury on May 29, 2015 of hearing loss. His diagnosis is hearing loss unspecified, with left being worse. Audiology report of August 11, 2015 recommends bilateral hearing aids and accessories including one Streamer Pro telephone amplification device. Work status is with restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Streamer Pro QTY: 1:** 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 chapter, hearing aids.

**Decision rationale:** This specific device is not covered in MTUS or ODG guidelines. This is a device that allows the wearer to connect with other devices through blue tooth for improved hearing of specific input. This is an electronic device that would augment the hearing aid user's experience, but is completely elective. ODG guidelines state that hearing aids are indicated for this patient, but no coverage is mentioned for other hearing devices. Therefore, the request is not medically necessary.