

Case Number:	CM15-0189144		
Date Assigned:	10/01/2015	Date of Injury:	06/30/2004
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/25/2015

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 67 year old male who sustained an industrial injury on 6-30-2004. A review of medical records indicates the injured worker is being treated for severe bilateral sensorineural type hearing impairment and constant tinnitus. Medical record dated 8-7-2015 noted he was seen for frequent hearing loss. His otoscopic exam was clear bilaterally. Treatment has included hearing aids. Utilization review form dated 9-1-2015 noncertified hearing test, Tympanometry, and hearing aid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hearing test #1: Overturned

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-Audiometry.

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: Above guidelines state that audiometric evaluation is indicated in the setting, among others, of suspected industrial noise induced hearing loss. Records provided from 2005 support that this patient have steeply sloping bilateral mild to severe hearing loss secondary to many cumulative years of working in construction capacity. There are no records of care provided between 2005 and 2015. It is not known if/when new hearing aids were last provided. As such, an update on this patient's condition is indicated at this time as evaluation for possible need for new hearing aids is indicated every 4 years.

Tympanometry: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15554489>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dirks D and Morgan DE, Tympanometry and Acoustic Reflex Testing, Chp 12 in The Ear -Comprehensive Otology, 2000, pp 225-6.

Decision rationale: Per citation above, Tympanometry is used to determine the status up the middle ear. This patient has known noise induced sensorineural hearing loss with no other history of ear disease given. As such, Tympanometry adds nothing to his care and is not medically necessary.

Hearing aid #2: Overturned

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-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/Hearing aids.

Decision rationale: ODG states that hearing aids are indicated in, among other situations, the presence of sensorineural hearing loss. It is also stated that new hearing aids are indicated when prescribed on a schedule of 4-year intervals. There is no documentation that this patient has had new testing or new hearing aids in the past 10 years. As such, it is appropriate that he undergo this process at this time making the requested treatment medically necessary.