

Case Number:	CM15-0198787		
Date Assigned:	10/14/2015	Date of Injury:	05/12/2003
Decision Date:	11/20/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/09/2015

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 79-year-old male, with a reported date of injury of 05-12-2003. The diagnoses include sensorineural hearing loss, bilateral hearing nerve loss, with a slight extra hearing change in the left ear and moderate tinnitus. Treatments and evaluation to date have included hearing aids. The diagnostic studies to date have included a hearing test on 08-19-2008; and an audio logical evaluation on 10-10-2014, which recommended periodic check of hearing and hearing aids. The audio logical evaluation report dated 09-22-2015 indicates that the injured worker was seen for diagnostic audio logical and hearing aid evaluation testing. The injured worker has a long-standing history of bilateral hearing loss associated with noise exposure. He reported intermittent tinnitus (ringing) in both ears. The objective findings included evidence of bilateral mild to severe sensorineural hearing loss, normal middle ear function in both ears, decrease in hearing sensitivity since the last evaluation in 10-2014, and significant improvement with use of Unitron hearing aids. It was noted that the test results showed an expected 40-50% improvement in communication ability while using the new circuits. The Unitron Moxi Dura Pro North RIC hearing aids with connectivity and fit binaurally was recommended. The request for authorization was dated 09-25-2015. The treating physician requested one pair of Unitron Moxi Dura Pro North RIC hearing aids with connectivity and fit binaurally and one uDirect 3 and UTV. On 10-02-2015, Utilization Review (UR) non-certified the request for one uDirect 3 and UTV and modified the request for one pair of Unitron Moxi Dura Pro North RIC hearing aids with connectivity and fit binaurally to one pair of hearing aids.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pair of Unitron Moxi Dura Pro North RIC hearing aids with connectivity and fit binaurally: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; 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 section, Hearing aids.

Decision rationale: Pursuant to the Official Disability Guidelines, one pair Unitron Moxi Dura Pro North RIC hearing aids with connectivity and fit binaurally is not medically necessary. Hearing aids are recommended for any of the following: conductive hearing loss unresponsive to medical or surgical intervention; or sensorineural hearing loss. It can be caused by aging, prenatal or birth related problems, viral or bacterial infections, heredity, trauma, loud noise exposure, certain drugs, fluid buildup or benign tumor of the interview; or mixed hearing loss. Hearing aids should be recommended by an otolaryngologist or a qualified audiologist, and prior authorization should be required for hearing aids costing more than [REDACTED], including hearing evaluation, fitting and purchase of hearing aids once every four years. In this case, the injured worker's working diagnosis is sensorineural hearing loss. Date of injury is May 12, 2003. Request for authorization is September 25, 2015. According to a September 22, 2015 audiology evaluation, the findings were consistent with a bilateral mild to severe sensorineural hearing loss. The injured worker demonstrated significant improvement with the Unitron Moxi Dura Pro hearing aid. The documentation indicates the injured worker requires a new set of hearing aids. There are no guidelines however, to support or state the specific make and model requested is the only suitable appliance for the injured worker. Based on the clinical information in the medical record, peer-reviewed evidence-based guideline and no specific guidelines for the specific make and model and the request for authorization, one pair Unitron Moxi Dura Pro North RIC hearing aids with connectivity and fit binaurally is not medically necessary.

1 uDirect 3 and UTV: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Hearing aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://unitron.com/content/dam/unitron-2014/documents/english/moxi-north/datasheet/english-crossproduct-datasheet-udirect3.pdf>.

Decision rationale: Pursuant to Unitron Datasheet, 1 uDirect 3 and UTV is not medically necessary. The Unitron uDirect™ 3 has the convenience of wireless streaming of audio input sources together with remote control functionality for Unitron hearing instruments. uDirect 3

connects Unitron hearing instruments to Bluetooth devices such as cellular phones, uTVTM3, uTV 2, MP3 players and FM receivers and offers spoken voice notifications. 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. Date of injury is May 12, 2003. Request for authorization is September 25, 2015. According to a September 22, 2015 audiology evaluation, the findings were consistent with a bilateral mild to severe sensorineural hearing loss. The injured worker demonstrated significant improvement with the Unitron Moxi Dura Pro hearing aid. The documentation indicates the injured worker requires a new set of hearing aids. There are no guidelines however, to support or state the specific make and model requested is the only suitable appliance for the injured worker. Hearing aid accessories are not supported by the guidelines. Stated differently, one pair Unitron Moxi Durapro North RIC hearing aids with connectivity and fit binaurally is not medically necessary and, as a result, 1 uDirect 3 and UTV is not medically necessary.