

<b>Case Number:</b>	CM15-0200402		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	03/23/2015
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 58 year old male with an industrial injury dated 03-23-2015. A review of the medical records indicates that the injured worker is undergoing treatment for pain in limb, cervical radiculopathy, lumbosacral radiculopathy and shoulder impingement. In an agreed medical legal evaluation report dated 07-23-2015, the injured worker reported concerns regarding hearing loss and noise in ears. Physical exam of the bilateral ears (07-23-2015) revealed no abnormalities. Tinnitus test match revealed ringing in his ears. Documentation also noted a significant sensori-neural loss for both ears. The diagnoses included bilateral hearing nerve loss secondary to industrial noise exposure and mild tinnitus secondary to industrial noise exposure. Diagnostic otolaryngology report dated 07-23-2015 indicates that the injured worker will benefit from amplification due to the type and configuration of hearing loss. Hearing aids were recommended for both ears. Some of the information in report (07-23-2015) was difficult to decipher. According to the progress note dated 09-21-2015, the injured worker reported pain. The injured worker complained of difficulty, lifting, pushing, pulling and bending. The treating physician reported that the injured worker's examination was not significantly changed. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. The treating physician prescribed hearing aids, now under review. The utilization review dated 10-05-2015, non-certified the request for hearing aids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hearing aids:** 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 Chapter, 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) Hearing loss.

**Decision rationale:** Guidelines recommend hearing aids for conductive hearing loss unresponsive to medical or surgical interventions. In this case, there is no documentation of the results of an audiology hearing exam. The request for hearing aids is not medically appropriate and necessary.