

Case Number:	CM15-0202933		
Date Assigned:	11/06/2015	Date of Injury:	03/13/2008
Decision Date:	12/28/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/15/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 sustained an industrial injury on 3-13-2008. The medical records indicate that the injured worker is undergoing treatment for binural sensorineural severe high frequency hearing loss. According to the progress report dated 9-8-2015, the injured worker suffers from tinnitus which has increased significantly and has become a distraction. The audiometric results showed a significant decrease in hearing in the left ear. Visual inspection found the ears clear and tympanic membranes intact. Treatments to date include audiological evaluation and audiogram. The original utilization review (9-15-2015) had non-certified a request for hearing aids with remote #2, multiple follow-ups, and retest in one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hearing aids with remote (x2): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [Http://www.odg-twc.com/odgtwc/head.htm](http://www.odg-twc.com/odgtwc/head.htm).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hearing aids.

Decision rationale: MTUS/ACOEM Guidelines do not address, therefore ODG was referenced. The claimant is a 55 year-old male with hearing loss and tinnitus. The request is for new hearing aids due to a change in hearing loss and increased tinnitus. The records submitted do not specify the age of the current hearing aids. There is also no documentation of testing with the present hearing aids to demonstrate significant changes in hearing loss. Therefore, due to lack of information, the request is not medically necessary or appropriate at this time.

Multiple follow-ups: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: CA MTUS Guidelines do support specialty consultations/reevaluations when the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of action may benefit from additional expertise. In order to authorize specific treatment methods, there must be sufficient documentation supporting medical necessity. In this case, the audiologist has not provided the medical necessity for this open-ended request for "multiple follow-ups." The request is not medically necessary.

Retest (in 1 year): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: CA MTUS Guidelines do support specialty consultations/reevaluations when the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of action may benefit from additional expertise. In order to authorize specific treatment methods, there must be sufficient documentation supporting medical necessity. In this case, the audiologist has not provided the medical necessity for retesting in one year. The request is not medically necessary.