

<b>Case Number:</b>	CM15-0208130		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	04/22/2002
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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 68 year old male who sustained an industrial injury on 4-22-02. The injured worker reported "difficulty hearing and understanding speech". A review of the medical records indicates that the injured worker is undergoing treatments for bilateral hearing loss. Treatment has included otoscopy, tympanometry, pure tone air conduction, bone conduction and speech testing. Provider documentation dated 10-28-15 noted testing revealed "bilateral, precipitously-sloping, mild to-severe sensorineural hearing loss from 1000Hz; with significantly-reduced speech discrimination abilities bilaterally." The original utilization review (10-8-15) denied a request for Hearing aids and Surfink mobile.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hearing aids:** Overturned

**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/hearing aids.

**Decision rationale:** ODG states that hearing aids are recommended for SNHL, as this patient has believed to be secondary to chronic vocational noise exposure. Guidelines further state that hearing aid should be recommended by an otolaryngologist or certified audiologist - [REDACTED] is a certified audiologist. Thus this patient meets this requirement for hearing aids. The request is medically necessary.

**Surflink mobile:** 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/hearing aids.

**Decision rationale:** Guidelines do not specifically address provision of added equipment (i.e. bluetooth, etc) in order to maximize use of hearing aids. These additional devices are convenient and beneficial to a hearing impaired person's lifestyle. However, they are not medically necessary.