

Case Number:	CM15-0208295		
Date Assigned:	10/27/2015	Date of Injury:	01/10/2008
Decision Date:	12/08/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old male who sustained an industrial injury on 1-10-08. A review of the medical records indicates that the worker is undergoing treatment for bilateral hearing nerve loss and mild tinnitus. A follow up report and request for authorization dated 7-27-15 notes future medical care (supplemental report 6-26-15) recommended hearing aids in both ears replacement battery and the device itself when necessary. "At this point, he is recommending replacement of batteries." and "formally requesting authorization for replacement of the hearing aid batteries at this juncture." The requested treatment of batteries x80 was modified to batteries x40 on 9-29-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Batteries x 80: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Aetna Clinical Policy, National Library of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), Hearing aids.

Decision rationale: The sustained, work injury with date of injury in January 2008. He is being treated for right knee and low back pain and has chronic tinnitus due to noise exposure. He was seen for a comprehensive otolaryngology evaluation on 08/13/15. He had been awarded hearing aids, which had not been replaced for at least seven years and were not working as well as previously. He was assessed for new hearing aids and programmable digital hearing aids were recommended. Authorization is being requested for batteries for his new hearing aids. In this case, replacement batteries are medically necessary. However, the quantity being requested is excessive. Battery life would be expected to depend on several factors including frequency and duration of use as well as the environment in which the hearing aids are being used. Without a pattern of expected battery life use, the requested number of batteries is not medically necessary. Once a pattern of use is established, a more accurate need for the number of batteries can be determined and additional batteries can be requested.