

Case Number:	CM15-0216111		
Date Assigned:	11/05/2015	Date of Injury:	08/04/1989
Decision Date:	12/22/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/03/2015

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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 75 year old male, who sustained an industrial injury on 08-04-1989. A review of the medical records indicates that the worker is undergoing treatment for severe sensori-neural hearing loss in both ears. A letter from an audiologist dated 07-30-2015 noted that the worker was seen that day for an audiological evaluation due to a long history of hearing loss in both ears. The audiologist noted that the worker's hearing instruments were five years old, and although they had been recently repaired the worker was using them at full volume. The results of audiological evaluation on that date were noted to show a significant decrease in hearing at both ears. An audiometric evaluation report from that day was submitted along with previous audiometric reports from 2010 and 2013. A letter from the audiologist dated 08-17-2015 again noted that the worker's hearing instruments were five years old and that the normal life of a hearing instrument was 3-5 years. The worker was noted to use the instruments every hour and was in need of replacement, as using them at full volume presented an issue of distortion. Test results were noted to show moderate to severe sensori-neural hearing loss at both ears with dependence upon amplification for safety and communication. A request for Starkey Z Series i90 was submitted. Treatment has included bilateral hearing instruments. A utilization review dated 10-20-2015 non-certified a request for right and left hearing aids - Starkey Z.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right and left hearing aids - Starkey Z: 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).

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: MTUS is silent on this, but ODG states: "Recommended as indicated below. Hearing aids are recommended for any of the following: (1) Conductive hearing loss unresponsive to medical or surgical interventions. (Conductive hearing loss involves the outer and middle ear and is due to mechanical or physical blockage of sound. Usually, conductive hearing loss can be corrected medically or surgically.) (2) Sensorineural hearing loss. (Sensorineural or "nerve" hearing loss involves damage to the inner ear or the 8th cranial nerve. It can be caused by aging, prenatal or birth-related problems, viral or bacterial infections, heredity, trauma, exposure to loud noises, the use of certain drugs, fluid buildup in the middle ear, or a benign tumor in the inner ear.) or (3) Mixed hearing loss (conductive hearing loss coupled with sensorineural hearing loss). (Cigna, 2006) (Chisolm, 2007) Hearing aids should be recommended by an otolaryngologist or a qualified audiologist, and prior authorization should be required for hearing aids costing more than \$█████ per ear, including hearing aid evaluation, fitting and purchase of hearing aids, once every four years." The cost exceeds \$█████ per year, but there is no ENT consult. Therefore, the request is not medically necessary.