

<b>Case Number:</b>	CM15-0220594		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	10/21/2014
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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 57-year-old male, with a reported date of injury of 10-21-2014. The diagnoses include closed head injury with subdural hematoma, and presumptive ear trauma. The medical report dated 05-05-2015 indicates that the injured worker complained of tinnitus (ringing in the ears) bilaterally. It was noted that there was some hearing loss noted. The tinnitus keeps the injured worker awake if he does not use background noise like television or radio. The physical examination showed normal tympanic membranes and ear canals; no signs of ear drainage; no evidence of chronic infection or perforation in the ears; and normal neurological evaluation of the head and neck, except for the 8th cranial nerve. The audiometric studies showed moderate sensorineural hearing loss on the right, mild to moderate sensorineural hearing loss on the left, normal middle ear and Eustachian tube functions, and pure-tone testing. It was noted that the injured worker had post-traumatic tinnitus immo. The diagnostic studies to date have included CT scan of the head on 08-17-2015 which showed no sizable residual or acute subdural hematoma. Treatments and evaluation to date have included and audiogram on 05-04- 2015 and 09-28-2015. The treating physician requested one box of batteries, two ear molds, and one set of binaural hearing aids. On 10-28-2015, Utilization Review (UR) non-certified the request for one box of batteries, two ear molds, and one set of binaural hearing aids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Binaural Hearing aids #1 set:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head, 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) Head, hearing aids.

**Decision rationale:** ODG section on hearing aids states they are indicated in the setting of hearing loss, whether it be sensorineural, conductive, or mixed. While this worker does have hearing loss, his complaint is regarding tinnitus. The single ENT evaluation note provided in the records states that the patient is bothered by constant tinnitus and has not had any complaints regarding his hearing. While it is true that some patients experience less tinnitus with the use of hearing aids, this is not a standard treatment for tinnitus. As such, as there is no complaint of hearing loss, the provision of hearing aids in this case is not medically necessary.

**Associated service: Ear Mold #2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head, 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) Head, hearing aids.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated service: Batteries #1 box:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head, 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) Head, hearing aids.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.