

Case Number:	CM15-0080396		
Date Assigned:	05/04/2015	Date of Injury:	05/20/2014
Decision Date:	06/02/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/27/2015

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: Emergency 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 48-year-old male, who sustained an industrial injury on 05/20/2014. The initial complaints or symptoms included neck pain/injury resulting from a metal plate hitting him in the head. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, audiological evaluation (03/26/2015), x-rays, MRIs, conservative therapies, psychological evaluation, and trigger point injections. Currently, the injured worker complains of problems with hearing, tinnitus in both ears, and dizziness. The injured worker underwent an audiological evaluation on 03/26/2015, which revealed abnormal findings, and amplification was suggested of the left ear. The diagnoses include thoracic sprain, and contusion of the face, scalp and neck. The request for authorization included left hearing aid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hearing aid: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head (updated 01/21/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Head: Hearing Aids.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines Hearing, aids are recommended for specific criteria. Patient meets recommended criteria after assessment by audiology, which detected sensorineural hearing loss. While patient has other workup being done concerning dizziness, this additional testing is not likely going to change recommendation concerning need or type of hearing aid requested. Hearing aid is medically necessary.