Case Number:	CM15-0085142		
Date Assigned:	05/07/2015	Date of Injury:	01/29/2015
Decision Date:	06/22/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/04/2015

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: Internal 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 55 year old male, who sustained an industrial injury on 01/29/2015. He has reported subsequent hearing loss and ringing in the ears and was diagnosed with bilateral high frequency sensorineural hearing loss. There was no other past medical history as per the submitted documentation. In an audiologic report dated 10/30/2014, the injured worker was noted to have moderate hearing loss and was stated to be a good candidate for binaural amplication. A recommendation for hearing aid was made. In a progress note dated 03/19/2015, the injured worker complained of constant low level tinnitus. Objective findings were notable for clear tympanic membranes bilaterally and air conduction that was greater than bone in both ears. The physician noted that the audiogram that was performed had revealed moderate-severe sloping high frequency hearing loss in both ears. A request for authorization of bilateral hearing aids was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hearing Aid Right: Overturned

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: Medical Treatment Utilization Schedule (MTUS) does not address hearing aids. Official Disability Guidelines (ODG) indicate that hearing aids are recommended for any of the following: (1) conductive hearing loss unresponsive, (2) sensorineural hearing loss, or (3) mixed hearing loss. Hearing aids should be recommended by an otolaryngologist or a qualified audiologist. Audiologic report dated 10/30/14 documented bilateral moderate high frequency sensorineural hearing loss. The patient is good candidate for binaural amplification. Recommendation of ReSound LiNX 961 was made. It is further recommended that he would benefit from custom earmolds with cord. Otolaryngology visit note dated 2/2/15 documented that the patient has been medically evaluated and may be considered a candidate for a hearing aid, and the patient was given a prescription for hearing aids. Otolaryngology report dated March 19, 2015 documented that the patient had progressive hearing loss. The patient notes constant low-level tinnitus. A comprehensive audiogram was performed which revealed a moderate to severe sloping high-frequency hearing loss in both ears. The hearing loss peaked at 55 decibels in the right ear at 4000 hertz and 50 decibels in the left ear at 4000 hertz. Speech reception thresholds were 15 decibels in the left, 5 decibels in the right. Discrimination was 88% left and 88% right. Impedance audiometry was type A bilaterally. The patient does have a hearing loss which is compatible with cumulative noise exposure over many years. The patient is a candidate for binaural amplification. The patient has a binaural sensorineural hearing loss compatible with cumulative noise exposure. He is a candidate for binaural amplification. Official Disability Guidelines (ODG) indicate that hearing aids are recommended for conductive hearing loss, sensorineural hearing loss, or mixed hearing loss. Hearing aids were recommended by two otolaryngologists and an audiologist. Therefore, the request for hearing aid (right) is medically necessary.

Hearing Aid Left: Overturned

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: Medical Treatment Utilization Schedule (MTUS) does not address hearing aids. Official Disability Guidelines (ODG) indicate that hearing aids are recommended for any of the following: (1) conductive hearing loss unresponsive, (2) sensorineural hearing loss, or (3) mixed hearing loss. Hearing aids should be recommended by an otolaryngologist or a qualified audiologist. Audiologic report dated 10/30/14 documented bilateral moderate high frequency sensorineural hearing loss. The patient is good candidate for binaural amplification. Recommendation of ReSound LiNX 961 was made. It is further recommended that he would benefit from custom earmolds with cord. Otolaryngology visit note dated 2/2/15 documented

that the patient has been medically evaluated and may be considered a candidate for a hearing aid, and the patient was given a prescription for hearing aids. Otolaryngology report dated March 19, 2015 documented that the patient had progressive hearing loss. The patient notes constant low-level tinnitus. A comprehensive audiogram was performed which revealed a moderate to severe sloping high-frequency hearing loss in both ears. The hearing loss peaked at 55 decibels in the right ear at 4000 hertz and 50 decibels in the left ear at 4000 hertz. Speech reception thresholds were 15 decibels in the left, 5 decibels in the right. Discrimination was 88% left and 88% right. Impedance audiometry was type A bilaterally. The patient does have a hearing loss which is compatible with cumulative noise exposure over many years. The patient is a candidate for binaural amplification. The patient has a binaural sensorineural hearing loss compatible with cumulative noise exposure. He is a candidate for binaural amplification. Official Disability Guidelines (ODG) indicate that hearing aids are recommended for conductive hearing loss, sensorineural hearing loss, or mixed hearing loss. Hearing aids were recommended by two otolaryngologists and an audiologist. Therefore, the request for hearing aid (left) is medically necessary.