

Case Number:	CM14-0122763		
Date Assigned:	08/08/2014	Date of Injury:	04/26/2005
Decision Date:	10/24/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Otolaryngologist and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 72 year old male who reported hearing loss and tinnitus bilaterally on April 26, 2005. The clinical note dated July 01, 2013 indicates the injured worker having undergone audiometric testing which revealed a decrease in hearing levels since the last evaluation in 2008. Bilateral moderate to severe sensorineural hearing loss was identified. A hearing aid test was performed with the injured worker's current hearing aids which revealed significant improvement in speech understanding. The injured worker's family reported an increase in difficulties with the injured worker's ability to hear and communicate. The injured worker was being recommended for new hearing aids at that time. The audiogram dated March 10, 2014 indicates the injured worker demonstrating hearing loss. The injured worker was able to discern hearing at 80% at 65 decibels on the right and at 60 decibels on the left. The clinical note dated March 11, 2014 indicates the injured worker demonstrating considerable changes in his hearing. There is an indication the injured worker had lost his left hearing aid and was having difficulty with understanding. The utilization review dated July 25, 2014 resulted in denials for new hearing aids as insufficient information had been submitted confirming the injured worker's continued need for hearing aids.

IMR ISSUES, DECISIONS AND RATIONALES

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

OTICON ALTA PRO MINI RECEIVER IN-THE-EAR HEARING AIDS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Hearing aids

Decision rationale: The request for an Oticon Alta Pro mini receiver in the ear hearing aids is certified. The documentation indicates the injured worker having significant sensorineural hearing loss bilaterally. It appears that the injured worker's current hearing aids are greater than 5 years of age. Given these factors, the requested hearing aids are appropriate.

STREAMER PRO: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Hearing aids

Decision rationale: No information was submitted regarding the injured worker's need for the Streamer Pro. While the injured worker is indicated for new hearing aids given the age of the old hearing aids, it is unclear if the injured worker would benefit from the use of the Streamer Pro.

PHONE ADAPTER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Hearing aids

Decision rationale: No information was submitted regarding the injured worker's inability to utilize the requested hearing aids while utilizing the telephone. Therefore, an adapter is not fully indicated.

TV ADAPTER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Hearing aids

Decision rationale: No information was submitted regarding the injured worker's inability to discern the ability to hear the TV without an adapter. Therefore, this request is not indicated as medically necessary.