

Case Number:	CM14-0192617		
Date Assigned:	11/26/2014	Date of Injury:	02/01/2011
Decision Date:	01/23/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/18/2014

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 Otolaryngology (ENT), has a subspecialty in Head & Neck Surgery and is licensed to practice in California. 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:

Patient is a 72-year-old female with a 02/01/11 date of injury. The patient fell on concrete floor and hit her head, with a few seconds of LOC. 10/28/14 progress report states Patient has been complaining about neck pain and decreased hearing. The physician states that "she has reduced that she lost hearing on the right-hand side, but after further questioning about her hearing on the left hand side, she feels that her hearing on the left-hand side is diminished since the accident as well." On physical exam, normal pinna ear canal, tympanic membrane. No wax was seen blocking the canal, nasal cavity is normal, unremarkable oral cavity. Neck exam reveals tightness in the trapezius muscles. An audiogram was performed and revealed symmetrical hearing loss with speech reception threshold of 35 dB in both ears. The tympanograms were normal. Patient has been receiving care for the following diagnoses: Psychophysiologic disorder, shoulder joint pain on the right, degeneration of cervical intervertebral disc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral hearing aids: 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 Chapter Hearing aids

Decision rationale: The physician states that the patient has suffered hearing loss, stating that speech reception thresholds in this patient are 35 dB in both ears. This attributes to a mild hearing loss. Despite the fact that an audiogram has not been presented with the documentation, the patient's age, unremarkable physical examination of the ear, indicate the likelihood of sensorineural hearing loss in this patient and therefore, hearing aid might be helpful. However, the patient was injured when she hit her head on concrete floor. There is no discussion aimed to exclude a structural abnormality obtained from the trauma. The hearing aid is helpful if the issue is isolated at the auditory nerve, however no discussion involving possible lesions of the cochlear and/or retrocochlear area have been submitted. The patient is diagnosed with psychophysiologic disorder. The impact of this disorder on the audiogram results is also not discussed. The patient stated that she "can't hear anything going on" whereas the audiogram had concluded mild hearing loss. Lastly, ODG states that prior authorization should be required for hearing aids costing more than \$1,500 per ear, including hearing aid evaluation, fitting and purchase of hearing aids, once every four years. This is not addressed per the documentation provided. This request is not medically necessary.