

<b>Case Number:</b>	CM14-0087169		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/10/2001
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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. 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, North Carolina

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 76 year old male sustained an industrial injury to both ears on 7/10/01. The injured worker received hearing aids in 2002. In an audiological evaluation report dated 5/13/14, the injured worker reported that his current hearing aids had been stolen. The injured worker reported having extreme difficulty communicating without his hearing aids. Audiological evaluation revealed moderate to profound hearing loss with very poor speech discrimination for both ears. The physician noted that the injured worker could not function in his daily living without amplification. Current diagnoses included sensorineural hearing loss. The physician recommended replacement hearing aids with an accompanying three year warranty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two (2) ap receivers with ear molds:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, 7/24/14 and Other Medical Treatment Guidelines Medscape Reference, 6/19/15, Hearing Impairment Treatment & Management Author: Rahul K Shah, MD; Chief Editor: Glenn C Isaacson, MD.

**Decision rationale:** The cited guideline recommends hearing aids for sensorineural hearing loss, a condition found in this injured worker. The guidelines do not mention any of several possible associated items, including these ear molds. The treating physician has provided an adequate description of the problem (feedback) which occurs due to noise escape around the hearing aids. The ear molds are to remedy this problem and are medically necessary to allow for proper use of the indicated hearing aids. (It appears from the medical records that these ear molds were already authorized on 4/21/15.) The Utilization Review did not discuss the specific indications for these ear molds as presented by the treating physician and did not base the Utilization Review decision on a specific guideline. The Utilization Review is thus overturned. Therefore, the request is medically necessary.

**Surflink media/remote program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, 7/24/14 and Other Medical Treatment Guidelines Medscape Reference, 6/19/15, Hearing Impairment Treatment & Management Author: Rahul K Shah, MD; Chief Editor: Glenn C Isaacson, MD.

**Decision rationale:** The treating physician has stated that the Surflink device is for managing family issues regarding TV volume settings. The specific medical indications, if any, were not discussed. The cited guidelines do not make any recommendation for this device. The vendor website states: SurfLink Mobile 2 is a cell phone transmitter, assistive listening device, media streamer, and hearing aid remote all rolled into one. If the hearing aids were to not function without this device, it would be medically necessary. However, the reports do not describe this as the indication for the device. As per the available records, it is a convenience item and not a medical treatment. It is therefore not medically necessary.