

Case Number:	CM15-0120795		
Date Assigned:	07/01/2015	Date of Injury:	10/10/1991
Decision Date:	08/05/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/22/2015

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, 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:

The injured worker is a 72 year old male, who sustained an industrial injury on 10/10/1991. The mechanism of injury is unknown. The injured worker was diagnosed as having bilateral severe hearing loss. There is no record of a recent diagnostic study. Treatment to date has included hearing aids. In an audiology note dated 6/5/2015, the injured worker complains of inability to hear the television. Physical examination showed continued hearing loss. The treating physician is requesting Unitron U TV2 and Unitron U Direct 2 (hearing aid supplements).

IMR ISSUES, DECISIONS AND RATIONALES

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

Unitron U TV2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines clinical chapter guidelines regarding hearing aids and or accessories.

Decision rationale: The claimant has a date of injury of 1991 involving bilateral hearing loss. The devices now requested allow transmission of a wireless signal via Bluetooth from the TV to a device that then transmits the signal to a hearing aid. The express purpose is to listen to the television. The request does not document the medical necessity of listening to the television. Therefore, the request for this device is deemed not medically necessary or appropriate.

Unitron U Direct2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines clinical chapter guidelines regarding hearing aids and or accessories.

Decision rationale: The claimant's date of injury was in 1991 with bilateral hearing loss. The request is now for hearing devices, which allow transmission of a wireless signal via Bluetooth from the TV to a device that then transmits a signal to the hearing aid. The express purpose is to listen to the television. The request does not document the medical necessity of listening to the television. Therefore, the request is deemed not medically necessary or appropriate at this time.