

Case Number:	CM15-0172562		
Date Assigned:	09/14/2015	Date of Injury:	05/31/2012
Decision Date:	10/15/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/01/2015

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: Otolaryngology

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 was a 62 year old female, who sustained an industrial injury, May 31, 2012. According to progress note of August 14, 2015, the injured worker's chief complaint was hearing loss. The exam noted audiometric testing showed bilateral moderate sloping high frequency sensorineural hearing loss. According to the progress note of May 6, 2015, the injured worker had difficulty with group conversation. The injured worker felt the hearing was worse. The injured worker had hearing aids already. The injured worker was undergoing treatment for sensorineural hearing loss bilaterally and for cerumen impaction. The injured worker previously received the following treatments bilateral hearing aids and follow-up testing in one year for August 14, 2015, Tramadol, Naproxen and Pantoprazole. The RFA (request for authorization) dated August 14, 2015 the following treatments were requested an Oticon Connection for hearing loss. The UR (utilization review board) denied certification on August 26, 2015: not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oticon Connection Kit: 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), Head (updated 07/24/15) Online Version.

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: Patient has bilateral moderate to severe high frequency sensorineural hearing loss secondary to cumulative acoustic trauma. Injury has been determined to be work related as he works as a mechanic, although there is some history of exposure to ammunition noise. Patient has bilateral hearing aids, but continues to have difficulty in group conversation. ODG guidelines provides support that hearing aids for this worker are medically necessary. However, the provision of equipment to enhance experience through use of hearing aids, while desirable, is not medically necessary.