

Case Number:	CM15-0178762		
Date Assigned:	09/21/2015	Date of Injury:	02/07/2003
Decision Date:	10/27/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/11/2015

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 is a 76 year old male, who sustained an industrial injury on 2-7-03. He reported a neck and back injury and diminished hearing. The injured worker's diagnoses were not discussed in the submitted medical records. Treatment to date has included use of hearing aids. On 7-8-15 the treating physician noted the injured worker "is eligible to replace his current hearing aids. He is seeking current technology that will help give him at least some temporary relief from the tinnitus he has been suffering since the accident." An annual hearing test report dated 6-30-15 noted minimal change. Currently, the injured worker complains of tinnitus. The treating physician requested authorization for bilateral Starkey Halo L110S behind the ear hearing aids. On 8-13-15 the request was non-certified; the utilization review physician noted "the submitted records did not include any clinical evaluation from the requesting provider to indicate the current complaints and or any ongoing hearing aid malfunction to justify this request."

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Starkey Halo I110S behind the ear 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) Treatment in Workers Compensation (TWC), Online Edition, Chapter: Head, Hearing aids.

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: ODG states that hearing aids should be recommended by an otolaryngologist or audiologist "once every 4 years". There is no mention in provided medical records that current aids are malfunctioning and from recent note it appears that the current pair of aids is between 2-3 years old. Although a decrease in perceived tinnitus would be beneficial to the patient, this type of device is not medically necessary.