

Case Number:	CM15-0067850		
Date Assigned:	04/15/2015	Date of Injury:	06/25/2012
Decision Date:	05/14/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/09/2015

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: Emergency Medicine

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 40-year-old male sustained an industrial injury on 6/25/12. He subsequently reported depression, headache, hearing loss, neck, arm and hand pain. Diagnoses include subjective tinnitus, dizziness and giddiness and unspecified hearing loss. Treatments to date have included prescription medications. The injured worker continues to experience headache and tinnitus. A request for a tympanogram was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

TYMPANOGRAM (UNSPECIFIED): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/ency/article/003390.htm>.

Decision rationale: The requested TYMPANOGRAM (UNSPECIFIED) is not medically necessary. CA MTUS and ODG are silent on this issue.

<http://www.nlm.nih.gov/medlineplus/ency/article/003390.htm> notes that a tympanogram is useful to further diagnose middle ear pathology. The injured worker has depression, headache, hearing loss, neck, arm and hand pain. The treating physician has documented noise-induced hearing loss. The treating physician has not documented physical exam evidence of tympanic membrane bulging, loss of light reflex or other evidence of middle ear pathology. The criteria noted above not having been met, TYMPANOGRAM (UNSPECIFIED) is not medically necessary.