

<b>Case Number:</b>	CM17-0002551		
<b>Date Assigned:</b>	01/17/2017	<b>Date of Injury:</b>	10/25/2016
<b>Decision Date:</b>	02/17/2017	<b>UR Denial Date:</b>	12/05/2016
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2017

### 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: Preventive Medicine, Occupational 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:

The injured worker is a 60 year old male, who sustained an industrial injury on 10-25-2016. The injured worker is undergoing treatment for hearing loss. Mechanism of injury is from working around loud noises. Current work status is unclear. The treatment and diagnostic testing to date has included: medications and evaluations. Medications have included: list not provided. Physician progress notes dated 10-26-16, reported the injured worker presented with hearing loss over the past year that they attribute to loud noises while working around loud machinery. The injured worker does not recall an acute loud event. The injured worker denied tinnitus, ear discharge, nausea, vomiting, dizziness, fevers, abdominal pain, chest pain, shortness of breath of any other symptoms. The injured worker has worked with the current employer for 30 years. Objective findings: no apparent distress, ear canals clear with no tenderness to palpation, tympanic membranes normal, no ear discharge and able to hear dinger rubbing. Physician progress notes dated 11-22-16, reported the injured worker presented with bilateral hearing loss and based on the calculations there was some hearing loss beyond the age expected losses therefore the request for authorization for bilateral hearing aids will be made. Audiological hearing evaluation notes dated 1-7-17, reported the injured worker presented to the office on 12-28-16 for a hearing evaluation and assessment of hearing needs. The physician documented the otoscopy findings were: both of the injured workers ear canals appeared normal, there was no excessive cerumen, and the tympanic membrane appeared normal and they did not see any indications of infections of other conditions requiring medial referral. The physician documented pure tone air test revealed a sloping normal to moderate symmetrical sensorineural hearing loss,

pure tone bone score of the left ear validated this and this equates to 49 percent clear speech reception on the Speech Articulation Index. The physician documented the assessment of the injured workers needs includes: would like to hear family better, understand orders from the boss in the mornings, asking people to repeat open, needs to be able to understand the phone in a vehicle in a hands free mode, needs to hear environmental sounds (person, animal, warning sign, etc.) when running the sweeper and getting frustrated with their significant other due to not understanding what they are saying. The physician documented the injured worker is a good candidate for a set of receiver-in-the-canal hearing aids, with an accessory to hermit hands-free phone use in vehicles. The request for authorization is for bilateral hearing aids. The UR dated 12-5-16 non-certified the request for bilateral hearing aids.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Bilateral hearing aids:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders) Hearing aids.

**Decision rationale:** Hearing aids are recommended for any of the following: (1) Conductive hearing loss unresponsive to medical or surgical interventions. (Conductive hearing loss involves the outer and middle ear and is due to mechanical or physical blockage of sound. Usually, conductive hearing loss can be corrected medically or surgically.) (2) Sensorineural hearing loss. (Sensorineural or "nerve" hearing loss involves damage to the inner ear or the 8th cranial nerve. It can be caused by aging, prenatal or birth-related problems, viral or bacterial infections, heredity, trauma, exposure to loud noises, the use of certain drugs, fluid buildup in the middle ear, or a benign tumor in the inner ear.) or (3) Mixed hearing loss (conductive hearing loss coupled with sensorineural hearing loss). (Cigna, 2006) (Chisolm, 2007) Hearing aids should be recommended by an otolaryngologist or a qualified audiologist, and prior authorization should be required for hearing aids costing more than [REDACTED] per ear, including hearing aid evaluation, fitting and purchase of hearing aids, once every four years. The Official Disability Guidelines recommend hearing aids for sensorineural hearing loss. However, hearing aids should be recommended by an otolaryngologist or a qualified audiologist, and prior authorization should be required for hearing aids costing more than [REDACTED] per ear, including hearing aid evaluation, fitting and purchase of hearing aids, once every four years. The type of hearing device requested is not specified. It is recommended that the patient be referred to an audiologist evaluation to clarify the specific hearing loss needs. The clinical information submitted for review meets the evidence based guidelines criteria for the requested service. At present, based on the records provided, and the evidence-based guideline review, the request is not medically reasonable. Bilateral hearing aids is not medically necessary.