MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: **11/25/2013**

Employee:	
Claim Number:	
Date of UR Decision:	8/12/2013
Date of Injury:	3/28/1999
IMR Application Received:	8/23/2013
MAXIMUS Case Number:	CM13-0015632

1) MAXIMUS Federal Services, Inc. has determined the request for **pair of hearing aids** is **medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **follow up in one year for audiogram** is not **medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/23/2013 disputing the Utilization Review Denial dated 8/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/9/2013. A decision has been made for each of the treatment and/or services that were in dispute:

1) MAXIMUS Federal Services, Inc. has determined the request for **pair of hearing aids** is **medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **follow up in one year for audiogram** is not **medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Otolaryngonology, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:
Patient is a 63 year old female with a 10-15 year history of tinnitus. She also notes more recent decline in her hearing. Audiologic report states that patient reported significant history of noise exposure – does not say what activities involved this. Audiometric evaluation reveals the presence of a fairly symmetric downsloping mild to moderate SNHL.

Documents Reviewed for Determination:
The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for pair of hearing aids:**

<u>Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision</u>
The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Head Chapter, Hearing Aids.

Rationale for the Decision:
Official Disability Guidelines state that hearing aids are recommended for conductive hearing loss that is not surgically remediable, sensorineural hearing loss or mixed hearing loss. Hearing impairment is defined as hearing levels greater than 20 dB at frequencies 1000, 2000 and 4000 Hz. This employee has sensorineural hearing loss with thresholds of 35 dB at 1000 and 2000 Hz and of 40-45 dB at 4000 Hz. As such, the employee meets medical criteria for binaural hearing aid use. **The request for a pair of hearing aids is medically necessary and appropriate.**

2) Regarding the request for follow up in one year for audiogram :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Head Chapter, audiometry.

Rationale for the Decision:
Official Disability Guidelines state that audiometric testing is recommended when occupational hearing loss is suspected. It is recommended additionally that screening be done every decade through age 50 and at 3 year intervals thereafter. Per these guidelines, it is not medically necessary for the employee to have a follow up audiogram in one year. **The request for follow up in one year for audiogram is not medically necessary and appropriate.**

Effect of the Decision:
The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/ldh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.