

Case Number:	CM14-0127894		
Date Assigned:	08/15/2014	Date of Injury:	05/09/2007
Decision Date:	11/04/2015	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/11/2014

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 61 year old male, who sustained an industrial injury on May 9, 2007. He reported headaches, neck pain described as aching, sore and stiff with a cracking sensation, right shoulder pain with some improvement since the surgical intervention, aching and numbness of the hands, low back pain described as aching, stiff, sore and throbbing with posterior radiation of symptoms to the left lower extremity and left hip pain. There were no noted diagnoses related to hearing difficulties in the provided documentation. Treatment to date has included diagnostic studies, right shoulder surgery, physical therapy for the right shoulder, left hip and low back, multiple epidural injections with "no significant relief", medications and work restrictions. Currently, the injured worker continues to report headaches, neck pain described as aching, sore and stiff with a cracking sensation, right shoulder pain with some improvement since the surgical intervention, aching and numbness of the hands, low back pain described as aching, stiff, sore and throbbing with posterior radiation of symptoms to the left lower extremity and left hip pain. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. He was noted to be without resolution of the pain. Evaluation on March 3, 2014, revealed continued pain as noted however there was no hearing assessment noted. A letter from the hearing aid office dated July 15, 2014, revealed the injured worker was "doing well with his new hearing devises" on examination on July 14, 2014. It was noted he had concern about hearing his wife in noisy conditions and noted concern about cell phone usage. The RFA included requests for ComPilot for purchase, Remote Microphone for purchase and TV Link for purchase and was non-certified on the utilization review (UR) on July 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ComPilot for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC - 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, as pertinent to this case, that hearing aids are recommended for hearing loss (whether conductive or sensorineural) is present and documented. There is no objective documentation in medical records provided of what type of hearing loss this patient has and, further, no objective documentation of failure of hearing aid use in specific situations. It is stated that he "is doing well with his new hearing devices". The fact that function is not perfect in noisy situations or on the cell phone does not support that it is medically necessary that the patient be provided with special equipment to enhance/augment his use of hearing aids. Therefore, the request for ComPilot for purchase is not medically necessary.

TV Link for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC - 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: There is no support in ODG to indicate medical necessity of equipment designed to enhance the use of hearing aids. There is no objective documentation in medical records provided of what type of hearing loss this patient has and, further, no objective documentation of failure of hearing aid use in specific situations. It is stated that he "is doing well with his new hearing devices". The fact that function is not perfect in noisy situations or on the cell phone does not support that it is medically necessary that the patient be provided with special equipment to enhance/augment his use of hearing aids. Therefore, the request for TV Link for purchase is not medically necessary.

Remote Microphone for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC - 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: There is no support in ODG to indicate medical necessity of equipment designed to enhance the users experience with hearing aids. There is no objective documentation in medical records provided of what type of hearing loss this patient has and, further, no objective documentation of failure of hearing aid use in specific situations. It is stated that he "is doing well with his new hearing devices". The fact that function is not perfect in noisy situations or on the cell phone does not support that it is medically necessary that the patient be provided with special equipment to enhance/augment his use of hearing aids. Therefore, the request for Remote Microphone for purchase is not medically necessary.