

**C-IRO, Inc.**  
**An Independent Review Organization**  
7301 Ranch Rd. 620 N, Suite 155-199  
Austin, TX 78726

Notice of Independent Review Decision

**DATE OF REVIEW: NOVEMBER 15, 2007**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Phonak Savia Art half shell in hearing aids with dual microphones.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

MD, Otolaryngologist  
Board Certified by American Board of Otolaryngology- Head and Neck Surgery

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The reviewer disagrees with the previous denials, and finds that medical necessity exists for Phonak Savia Art half shell in hearing aids with dual microphones.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 8/8/07, 9/6/07  
Audiology Evaluations, 7/19/06, 1/22/07, 5/23/07  
Medical Records from /Injury, 7/17/06, 8/7/06  
Licensed Hearing Instrument Specialist, 5/23/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The records indicate a date of injury of xx/xx/xx after the patient was exposed to a loud noise while placing high voltage fuses in a transformer. He reported headache and tinnitus after his injury with a noticeable decrease in hearing acuity. Subsequent audiograms of 7/19/06 and 1/22/07 revealed a moderate to severe downsloping sensorineural hearing loss with a notch at 4000 Hz. From my review of the medical records, it appears that there are no available audiograms prior to this patient's reported injury. The patient does not appear to have a history of otologic disease and there is no prior history of ringing in the ears, ear surgery, or head trauma. His history of prior noise exposure is unknown.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The 2002 ACOEM statement (<http://www.aceoem.org/guidelines>) on noise induced hearing loss recognizes that most noise induced hearing loss is secondary to prolonged, chronic noise exposure but that brief intense noise exposure can produce significant loss. Per the ACEOM statement, noise induced hearing losses tend to have 'notching' of the audiogram at 3000, 4000, or 6000 Hz with improvement of hearing at 8000 Hz. Noise induced hearing loss typically does not extend 40dB in lower frequencies and 75dB in higher frequencies. The patient's audiogram meets these criteria. Without additional information regarding the patient's hearing prior to his history I am unable to otherwise explain his hearing loss. There are no specific ACOEM or ODG Guidelines for hearing aids in regards to noise induced hearing loss, however, a digital, programmable hearing aid, such as the Phonak Savia is an appropriate choice for this type of loss. I would at this time disagree with the previous denials, and find that medical necessity exists for Phonak Savia Art half shell in hearing aids with dual microphones.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**

- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)