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Notice of Independent Review Decision

DATE OF REVIEW: 11/17/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: 1 Purchase of a Pair of Siemens Pure 700 Behind The Ear Hearing Instruments between 9/25/2009 and 11/24/2009

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

Texas Board Certified Internal Medicine

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Audiogram report performed by dated 06/08/09.
2. Impairment rating Dr. dated 09/11/09.
3. Utilization review determination dated 09/30/09.
4. Utilization review determination dated 10/08/09.
5. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who was reported to have had work related exposure to very loud environmental noises to include metal banging on metal, smelting furnaces and other large machinery.

On 09/11/09, the employee was evaluated by his treating physician, Dr. The employee was currently on blood pressure medications, and the physical examination showed him

to be hypertensive. He had complaints of loss of hearing with most everything he does and everyone, especially when background noise was involved. He reported ringing in both ears and reported having to wear some sort of noise generator to sleep at night. On physical examination, the external auditory canals were occluded bilaterally with cerumen and there was no discharge, no pain, or other

problems noted at that time. It was opined that the employee had a sensorineural hearing loss and tinnitus. Records indicated that at low frequencies, the employee had 20 db on the left and 15 on the right. Mid frequencies were 25 db bilaterally. At 3000 hertz, the employee was 45 db on the left and 50 db on the right. Subsequently, the employee was assessed with a 6% whole person impairment. The submitted clinical records contain an audiogram performed on 08/06/09 from which the employee's clinical information was submitted. This test performed by an audiologist reported that the employee's ear inspection was clear bilaterally.

On 09/30/09, a request for bilateral Siemens' pure 700 behind the ear hearing instruments was non-certified by Dr. Dr. reported having reviewed the clinical information and **Official Disability Guidelines** and reported there was minimal objective clinical information regarding the type of hearing loss sustained. She noted that the physical examination by Dr. did not include a complete examination of the ears, and there was a notation that the canals were occluded with cerumen which placed the validity of the supplied audiogram in question. There has been no evaluation of the employee's tinnitus. She noted there was a letter from a hearing aid dispenser and that the hearing evaluation report did not include an official reading by an audiologist. She noted that Mr. who performed the audiogram was a hearing aid specialist. She noted the anticipated advantages and specific hearing problems to be addressed in relation to the proposed devices was not indicated and she non-certified the request.

On 10/08/09, the case was reviewed by Dr. Dr. noted that the medical correspondence dated 10/01/09 indicated that a consumer study was conducted and found that high performance instruments achieved consistently higher than average rating on key outcome factors. He noted recent evidence-based literature indicated that no cost effectiveness studies had been performed directly comparing digital and non-digital devices. Subsequently with this, the medical necessity of the request was not fully established.

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

The request for purchase of a pair of Siemens' pure 700 behind the ear hearing instruments is not supported by the submitted clinical information. The employee is reported to have sensorineural hearing loss and tinnitus as a result of work related exposure to noise. It was noted at impairment rating that the employee had impacted cerumen in the bilateral external auditory canals which clearly would invalidate any findings on that date. The validity of the assignment of impairment is clearly questionable. It is further noted that there is clearly a lack of peer reviewed literature

which would establish that the utilization of the Siemens' pure 700 behind the ear hearing instruments provides greater efficacy for the employee than a more standard hearing device. The employee has mild-to-moderate loss in the speech ranges and was noted to have severe loss in the high frequencies.

I would concur with the two previous reviewers and uphold their denials. There is insufficient peer reviewed literature to establish that the pair of Siemens' pure 700 behind the ear hearing instruments are superior to other less costly devices.

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

The **2009 Official Disability Guidelines**, 14th Edition, The Work Loss Data Institute. Online Edition.

Hearing aids

Recommended as indicated below. 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](#))

Systematic review of the clinical and cost effectiveness of digital hearing aids.

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The aim of the present study was to systematically review the clinical and cost effectiveness of hearing aids which use digital signal processing relative to other forms of hearing aid technology, in particular analogue-based aids. A comprehensive search for randomized controlled trials, randomized crossover trials and economic studies was undertaken. Trial quality assessment and data extraction were undertaken by two independent reviewers. Eight trials comparing digital to non-digital devices were identified--one randomized controlled trial and seven randomized crossover trials. The majority of these studies were of small sample size and of poor methodological quality. In the majority of cases (nine out of 13), there was no evidence of a significant difference in either laboratory scores (nine out of 13 outcomes assessed) or user function/quality of life scores (six out of nine outcomes assessed) between digital and

non-digital devices. In addition, there was no significant difference in patient preference for digital compared to control aids (relative risk 1.93; 95% CI 0.70-5.35) when pooled across studies. No cost-effectiveness studies directly comparing digital to non-digital devices were identified. In conclusion, the evidence identified by this review provides no significant evidence of the clinical benefit of digital devices compared to analogue-based aids. However, these results are difficult to generalize to current UK practice as the analogue aids and types of fitting in the trials are not those typically used in the NHS.

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