



One Sansome Street, Suite 600
 San Francisco, CA 94104-4448
 415.677.2000 Phone
 415.677.2195 Fax
 www.lumetra.com

Notice of Independent Review Decision

DATE OF REVIEW: 11/16/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Purchase of a Pair of Digital Binaural Hearing Instruments

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

Certified by the American Board of Family Practice

REVIEW OUTCOME

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

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

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	38910		Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Correspondence throughout appeal process, including first and second level decision letters, reviews, letters and requests for reconsideration, and request for review by an independent review organization.

Practitioners' letters dated 9/14/09, 9/23/09, 10/1/09

Impairment Rating report dated 9/9/09

Audiology test result dated 8/6/09

Article-Customer Satisfaction & Subjective Benefit with High Performance Hearing Aids

Official Disability Guidelines cited: ODG Chapter: Head

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PATIENT CLINICAL HISTORY:

The patient is a male who is reported to have work related noise exposure. The patient's date of injury is xx/xx/xx. On 09/09/09 the patient was evaluated. It is reported that the patient has had work related exposures over the past 39 years. He has ringing in both ears, left worse than right, with some hearing loss. He was previously been seen for an audiogram and evaluation of his hearing. He has co-morbid medical conditions of hypertension, non-insulin diabetes mellitus and elevated cholesterol. The patient's physical examination is unremarkable. The external auditory canals are clear and patent and the tympanic membranes are intact. Audiogram was subsequently performed and the patient is reported to have sensorineural hearing loss, was put at MMI and provided 9 percent impairment rating.

On 09/14/09 a peer review was performed. It is reported that the patient's base-line audiogram from 1972 revealed normal hearing in the left ear and a mild hearing loss in the right ear at 4000 hertz. His left ear remained normal until 1976 at which time testing indicated a hearing loss to 4000 hertz consistent with noise induced etiology. On his audiogram his right ear showed additional decrease in hearing loss at the 4000 hertz. In 1985 his hearing further declined in each ear. However, the left ear revealed a greater decrease than the right. From this point on, the left ear continued to decrease more rapidly than the right. The pattern of asymmetrical hearing loss, tinnitus and dizziness is not consistent with noise induced etiology. It was further noted that the patient has co-morbid medical conditions that can result in potential hearing loss including diabetes, hypercholesterolemia, and non-workplace noise exposure. The patient was subsequently recommended to receive Siemens' Pure 700 behind-the-ear hearing instruments for both ears.

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

In the Reviewer's opinion, the request for purchase of a pair of digital binaural hearing instruments is not certified as medically necessary. The available medical record does not clearly establish that the patient has work related hearing loss. Peer review performed indicated that the patient's hearing loss is not work related, therefore, the medical necessity of the request is not established. Additionally, there are no submitted studies which establish digital hearing aids as being clinically superior to analog hearing aids. Based upon the submitted clinical records, medical necessity for the requested service is not established.

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REFERENCES:

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.

Taylor RS, Paisley S, Davis A. Department of Public Health and Epidemiology,
University of Birmingham, UK. r.s.taylor@bham.ac.uk

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.

PMID: 11824530 [PubMed - indexed for MEDLINE]

**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)