SENT VIA EMAIL OR FAX ON
Nov/09/2009

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Nov/09/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Purchase of a Pair of Upper Level Binaural Hearing Aids with Evaluation and Trial

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Clinical audiologist holding a Master's Degree in Audiology since 1977.
Licensed by the Texas State Committee of Examiners for Speech-Language Pathology and Audiology
Certified by the American Speech Language and Hearing Association.
Fellow of the American Academy of Audiology.
32 years of experience diagnosing hearing loss and prescribing and fitting hearing aids.

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

[ ] Upheld (Agree)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Denial Letters 9/28/09, 9/15/09, 9/30/09
Audiology-Hearing Aid Associates 8/20/08
Letter from Patient 10/7//09
Dr. 11/8/1988
Physical Exam 4/5/1994
Hearing Summary 1/14/03
Hearing Tests 9/18/00 through 8/20/09

PATIENT CLINICAL HISTORY SUMMARY
The injured employee's records indicated that he suffered an injury xx/xx/xx. Copies of hearing tests dated 9-18-00 through 8-20-09 documented a progressive severe sensorineural high frequency hearing loss. A letter from Dr., dated 11-08-1988, confirmed that the injured employee sustained a Standard Threshold Shift which was defined as an average hearing loss of at least 10 decibels in

either ear. A recommendation was made for a hearing aid evaluation and trial as was a specific recommendation made for 2 Phonak Versata M BTE Hearing aids with #3micro tubes and double domes was made by Dr. AuD, FAAA.

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

The injured employee has documentation of a hearing standard threshold shift, and a severe sensorineural hearing loss in both ears

Sensorineural hearing loss involves damage to the inner ear and there is no medical or surgical intervention that can correct sensorineural hearing loss

He has medical necessity for hearing aids.

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

[ ] ACOEM-AMERICA 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)