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Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 02/15/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Purchase of a pair of digital binaural hearing aids

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

Board Certified in Otorhinolaryngology

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.

Purchase of a pair of digital binaural hearing aids - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An ear test with B.C., H.I.S. dated 09/03/09

An impairment rating evaluation with, D.O. on 10/26/09

A letter from Dr. and Mr. dated 11/16/09

A letter of non-certification, according to the Official Disability Guidelines (ODG), from, D.O. dated 11/23/09

A letter of non-certification, according to the ODG, from, M.D. dated 01/14/10

A request for treatment authorization form from Dr. on an unknown date

The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

On 10/26/09, Dr. diagnosed sensorineural hearing loss and tinnitus and placed the patient at Maximum Medical Improvement (MMI) at that time with a 3% whole person impairment rating. On 11/16/09, Dr. and Mr. recommended hearing instruments for both ears. On 11/23/09, Dr. wrote a letter of non-certification for purchase of a pair of digital binaural hearing aid instruments. On 01/14/10, Dr. also wrote a letter of non-certification for the hearing aids.

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

The records provided indicate the patient has a mild to moderate high frequency sensory neural hearing loss. This type of hearing loss certainly can be assisted with amplifiers. However, there is no documentation throughout the records provided to indicate a mode of injury. It is unknown as to whether this patient has exposed acoustic trauma from other sources outside of his work. Therefore, the requested purchase of a pair of digital binaural hearing aids is neither reasonable nor necessary and the previous adverse determinations are upheld.

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 AND KNOWLEDGE BASE
- 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)