

SENT VIA EMAIL OR FAX ON
Feb/16/2010

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/16/2010

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Purchase of a Pair of Digital Binaural Hearing Aid Instrument

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

Master of Science degree in Audiology 1977

Certified by American Speech Language and Hearing Assn.

Licensed to practice audiology by TX State Committee of Examiners in Speech Language Pathology and Audiology

32 years experience as clinical audiologist and fitter and dispenser of hearing aids

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial letters from, D.O., DPM, dated 11/20/09 and 11/23/09

Denial letter from, M.D., dated 1/13/10

Dr., D.O. 11/16/09

Care 9/3/09, 10/20/09

Dr. 10/31/09

PATIENT CLINICAL HISTORY SUMMARY

The injured party worked in a high noise environment. He had a pre-employment audiogram that showed normal hearing. He had annual employment audiograms. The results were reported in the letters reviewed from the physicians, but no actual audiograms were provided for review. According to the reports, the injured party has suffered a gradual decrease in hearing over the years. The most recent hearing test was consistent with a mild-moderate sloping hearing loss.

Physical examinations by physicians who did not specialize in diseases of the ears of hearing were done. Oscopic examinations of the ear showed no infection, no wax impaction, and intact eardrums. There was no testing of the middle ear or inner ear.

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

The annual employment hearing tests showed a progressive hearing loss consistent with noise exposure.

There were no complete hearing tests in the reports provided so it is not possible to say if the hearing loss is sensorineural or conductive.

There was no examination by a otologist to rule out medically or surgically treatable hearing loss

The Official Disability Guidelines in Workers' Compensation recommend hearing aids for conductive or sensorineural hearing loss that is unresponsive to medical or surgical intervention. Hearing aids are advisable for the treatment of the hearing loss suffered by the injured employee but he apparently needs medical clearance and that cannot be provided without an examination by a physician qualified to treat disorders of the ear and hearing, along with a complete diagnostic hearing evaluation

The injured employee was evaluated by a family practice physician who did not make a referral, by a physician who specialized in pain management and internal medicine, and by a physician specializing in occupational medicine. None referred him to an ear specialist. None is qualified to interpret a diagnostic audiogram and none had a diagnostic audiogram to refer to. None of the physicians referred him to a licensed audiologist for a complete assessment of his hearing. All had insufficient information to make a determination of medical necessity of hearing aids

The IRO reviewer would also like to note that the study quoted by Dr. Mitchell comparing conventional analog hearing aids to digital hearing aids is outdated. The IRO reviewer spoke with 4 leading manufacturers of hearing aids and none makes analog hearing aids any more. Analog hearing aids are obsolete.

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

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)