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**Notice of Independent Review Decision  
Amended Notice**

**DATE OF REVIEW:** 2/9/10

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

1 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 Medicine

**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	Service Units	Upheld/ Overturned
		Prospective	389.10	V5261	2	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.  
Physician/practitioner note dated 11/16/09  
Impairment Rating dated 10/26/09  
Audiogram dated 9/4/09  
Official Disability Guidelines cited Chapter Head Hearing aids

**PATIENT CLINICAL HISTORY:**

The patient is a male whose date of injury is xx/xx/xx. Records indicate that the patient worked for 30 years in a very loud environment. He complains of ringing in both ears. Per medical report of 09/04/09, the patient had a mild/moderate hearing loss in both ears from 250 Hz to 1000 Hz then dropping to a moderate loss from 2000 Hz to 3000 Hz and a severe loss from 4000 Hz to 8000 Hz. Audiogram dated 09/04/09 showed that speech reception threshold on the right was 45 and on the left 50, loudness discomfort level was 95 on the right and left, and most comfortable loudness level was right 70 and left 80. Discrimination test result was 76 percent correct bilaterally. The patient was noted to complain of poor hearing with women, children and television, as well as trouble hearing in crowds. The record reflects the patient uses a continuous positive airway pressure (CPAP) device for breathing at night and the noise of the device helps him sleep. Otherwise, the patient would have to use some other background noise generator. The patient is determined to have reached MMI as of 10/26/09 with 15 percent whole person impairment.

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

In the Reviewer's opinion, the clinical information provided does not support a determination of medical necessity for purchase of a pair of digital binaural hearing instruments. The patient is diagnosed with sensory neural hearing loss and tinnitus. On audiogram, the patient is documented to have mild/moderate hearing loss in both ears described as a sloping high frequency hearing loss. The Reviewer noted that the hearing evaluation report did not include an official reading by an audiologist. It appears that recommendation for hearing aids would be appropriate for this patient, but medical necessity is not established for the proposed digital binaural hearing instruments. It appears that conventional hearing aids would be appropriate.

REFERENCES: 2009 Official Disability Guidelines, 15<sup>th</sup> Edition, Work Loss Data Institute, Online Edition. Head Chapter.

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)

**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)