



## Medwork Independent Review

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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)*

#### *MEDWORK INDEPENDENT REVIEW WC DECISION*

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**DATE OF REVIEW: 02/15/2010**

**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**

Texas State Licensed MD Board Certified Preventative/Occupational Medicine physician

**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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Texas Dept of Insurance Assignment to Medwork 01/27/2010
2. Notice of assignment to URA 01/27/2010
3. Confirmation of Receipt of a Request for a Review by an IRO 01/26/2010
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 01/21/2010
6. letter 01/14/2010, ESIS letter 01/14/2010, letter 11/23/2009, ESIS letter 11/23/2009
7. Auth rqst not dated, letter from MD 11/16/2009, impairment rating 10/12/2009, test 08/28/2009
8. ODG guidelines were not provided by the URA

**PATIENT CLINICAL HISTORY:**

This is a man with history of hearing loss while at his employment for more than three decades. The patient reported constant ringing in his ears and difficulty in hearing. Especially, he had noted difficulty in understanding conversation during high background noise. On clinical evaluation, his physical examination was normal; his audiogram was consistent with moderate bilateral sensorineural (noise-induced) hearing loss. The patient was assessed to have 10% whole body impairment based on the AMA guide (4<sup>th</sup> edition). He was recommended a pair of digital binaural hearing aid for the treatment.



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

As per ODG guidelines: "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)".

This patient suffers from sensorineural (noise-induced) hearing loss and, as per ODG guidelines, is a candidate for hearing aids. Two major types of hearing aids are available:

- Conventional analog hearing aids: This type of device is designed based on particular frequency response from an audiogram. Although some adjustments are possible, the aid amplifies all sounds (speech and noise) in the same way.
- Digital hearing aids (digital signal processing devices): These devices are self-adjusting, and allow more flexibility in programming the aid so that the sound it transmits more specifically matches the hearing loss (1).

Earlier clinical research studies comparing digital with analog hearing aids were inconclusive (2). In 2004 a large randomized cross-over clinical trial compared analog and advanced digital hearing aids in 100 first-time hearing aid users with mild to moderate sensorineural hearing loss. The authors reported that speech recognition in noise was significantly better with digital aids at a raised level of 75dB, and that user satisfaction and preference was higher when compared to analog aids (3). Findings in another study showed that providing hearing aids in patients with hearing loss could play a very important part in tinnitus control; an additional improvement in tinnitus control was observed following introduction of programmable digital aids (4).

Current (2<sup>nd</sup> and 3<sup>rd</sup> generation) digital hearing aids provide significant advantages over those found in analog instruments. Their special features, such as flexible gain-processing, digital feedback reduction, digital noise reduction and digital speech enhancement make these instruments better quality hearing aids (5, 6). Based on the patient's extent of hearing loss, history of persistent tinnitus, and nature of his work, the upheld decision is overturned for the requested purchase of a pair of digital binaural hearing instruments.

### **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



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- 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**  
ODG -TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines (Online), “Head”; Procedure Summary, p. 9.
- 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)**

1. American Speech Language and Hearing Association. Hearing Aids. Accessed Feb. 14, 2010. URL address: [http://www.asha.org/public/hearing/treatment/hearing\\_aids.htm](http://www.asha.org/public/hearing/treatment/hearing_aids.htm)
2. Taylor RS, Paisley S, Davis A. Systematic review of the clinical and cost effectiveness of digital hearing aids. Br J Audiology. 2001 ;35(5):271-88.
3. Wood SA, Lutman ME. Relative benefits of linear analogue and advanced digital hearing aids. Int J Audiol. 2004;43(3):144-55.
4. Trotter MI, Donaldson I. “Hearing aids and tinnitus therapy: a 25-year experience”. The Journal of Laryngology & Otology (2008), 122:1052-1056.
5. Ricketts TA. Digital hearing aids: current “state of the art”. American Speech Language and Hearing Association. Accessed February 14, 2010. URL address: [http://www.asha.org/public/hearing/treatment/digital\\_aid.htm](http://www.asha.org/public/hearing/treatment/digital_aid.htm)
6. Levitt H. A historical perspective on digital hearing aids: how digital technology has changed modern hearing AIDS. Trends Amplif. 2007;11(1):7-24.