



INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review Decision
CORRECTED REPORT
 Corrected Description of Services in Dispute
 Clarified dates of information provided for review.

DATE OF REVIEW: 12/07/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 purchase of a pair of Siemens Pure 700 Behind-the-Ear Hearing Instruments between 10/02/09 and 12/01/09

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified in Internal Medicine

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
38910			Prosp.		09/25/09 – 12/01/09				Overturn

INFORMATION PROVIDED FOR REVIEW:

- TDI case assignment
- Previous letters of denial dated 09/29/09 and 10/07/09
- Article concerning hearing aids – *The Hearing Review 1996*
- Impairment rating, 07/29/09
- Treating physician’s correspondence **09/23/09 & 09/30/09.**

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient at issue has a 30-day history of working in an extremely loud environment and has noted the development of tinnitus and decreased hearing bilaterally. An audiogram is supplied for review and shows right-sided 40 decibel loss at 3000 and 4000 hertz and a greater than 50 decibel loss in hearing at 6000 hertz. The hearing threshold at 250, 500 and 1000 hertz is less than 30 decibel. Subsequent discrimination test results revealed 88% correct findings bilaterally, suggesting the likelihood of improvement in his hearing with hearing aids.

<p>P. O. Box 215 Round Rock, TX 78680 (1908 Spring Hollow Path, 78681) Phone: 512.218.1114 Fax: 512.287-4024</p>	
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ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

While the amount of peer-reviewed double-blind studies comparing analog and digital hearing aids is sparse, my clinical experience suggests that the modern digital devices with multiple channels would result in a marked improvement in hearing with the greatest deficits at 3000, 4000, and 6000 hertz. I have discussed this with the otolaryngologist in the group in which I practice, and they confirm this clinical impression, stating that the digital technology would result in marked improvement in hearing and give a greater chance of successful function compared to an analog hearing aid. There is universal agreement by me and the otolaryngologist that bilateral hearing aids are clinically indicated. I would suggest that the digital hearing aids would provide much more efficient improvement the patient's hearing.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)

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