

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 2/16/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Purchase of a Pair of Digital Binaural Hearing Instruments between 1/7/2010 and 3/8/2010

QUALIFICATIONS OF THE REVIEWER:

This reviewer completed training in Otolaryngology at University of Colorado Affiliated Hospitals. This reviewer also completed training in Dentistry from the University of Texas Dental Branch at Houston. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Otolaryngology since 10/25/1985.

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)

1 Purchase of a Pair of Digital Binaural Hearing Instruments between 1/7/2010 and 3/8/2010 Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Review of case assignment dated 01/27/2010
2. Fax page dated 01/26/2010
3. IRO request form by author unknown dated 01/26/2010
4. Request form by author unknown dated 01/21/2010
5. Letter by author unknown dated 01/14/2010
6. Letter by author unknown dated 11/23/2009
7. Review of case assignment dated 01/27/2010
8. Fax page dated 01/27/2010
9. Notice to utilization review dated 01/27/2010
10. Fax page dated 01/26/2010
11. IRO request form by author unknown dated 01/26/2010
12. Request form by author unknown dated 01/21/2010
13. Letter by author unknown dated 01/14/2010
14. Letter by MD dated 01/14/2010
15. Fax page dated 01/06/2010
16. Letter by author unknown dated 11/23/2009
17. Letter by author unknown dated 11/23/2009
18. Letter by MD dated 11/23/2009
19. Fax page dated 11/18/2009
20. Letter by DO dated 11/16/2009
21. History note by DO dated 11/05/2009
22. Unaided sound field screening dated 09/11/2009
23. Request for treatment authorization form by author unknown dated unknown.
24. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a male who was reported to have work related hearing loss on xx/xx/xx. The injured employee was seen by Dr. and diagnosed with sensorineural hearing loss and tinnitus. On physical examination dated 11/5/2009, the injured employee complained of ringing in his ears, left worse than right. Clinical notes indicate the injured employee could hear the provider's voice of 1000 hz fairly well. He has trouble hearing mostly women,

children, TVs, telephones and has a problem hearing people in crowds with noisy backgrounds. An audiogram evaluation performed on this same date revealed a frequency of 500 hz, hearing level on the left is 35 decibels and 20 decibels on the right, for 1000 hz hearing level is 25 decibels on the left and 15 decibels on the right, and for 2000 hz hearing level it is 10 decibels on the left and 60 decibels on the right and for 3000 hz hearing level it is 70 decibels for the left and 60 decibels on the right with a total of 200 decibels on the left and 155 decibels on the right. The injured employee was placed at MMI as of 11/5/2009. A request was placed for bilateral digital binaural hearing aids.

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

The request was initially reviewed by Dr. on 11/23/2009. Dr. reported there was no mention of any tests done for speech discrimination. There are no submitted studies which would establish digital hearing aids as being clinically superior to analog hearing aids and the ODG does not support their use. There is no evidence based literatures supporting the superiority of digital hearing devices at this time. Additionally, there was no thorough physical examination to identify factors and conditions that could affect the injured employee's auditory function as is necessary in order for the injured employee to meet ODG criteria. Therefore, the medical necessity of the request is not fully established.

The case was subsequently reviewed by Dr. on 1/14/2010. Dr. denied the request noting "the submitted clinical records did not substantiate the medical necessity of this new innovation of hearing aids versus conventional hearing aids. There is no evidenced based literature supporting its superiority at this time".

The request for purchase of a pair of binaural digital hearing devices is not medically necessary. The submitted clinical indicate the injured employee has sustained work related hearing loss. However, there is insufficient peer reviewed literature to establish that digital devices are superior to analog devices and establish the medical necessity for the request. The recommendation is to uphold the previous denials.

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)