

SENT VIA EMAIL OR FAX ON
Feb/16/2010

Pure Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/12/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Purchase of a Pair of Digital Binaural Hearing Aid Instruments

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

Master of Science Degree in Audiology

Certificate of Clinical Competence in Audiology (American Speech-Language-Hearing Association)

Licensed to practice audiology by the State Committee of Examiners for Speech-Language Pathology and Audiology

32 years experience in clinical audiology and hearing aid fitting and dispensing

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 1/14/10 and 11/23/09

D.O. – 8/27/09 through 11/16/09

Care– 10/8/09

MD – 10/15/09

PATIENT CLINICAL HISTORY SUMMARY

The injured party worked since 1969. He worked in high noise and did not use ear protection because his employers did not require it. He was tested at work when he first was employed and later (no reports in the review materials of employment audiograms). A progressive classic noise induced hearing loss accompanied by tinnitus is documented. There is also a history of noise exposure outside the work environment. Medical examinations indicated normal appearance of the eardrums and no evidence of drainage or infections. Hearing test showed high frequency hearing loss.

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

The injured employee was exposed to work related noise but no specific noise levels were reported in decibels and no records were given documenting how many hours per day he was exposed to the noise. He was also exposed to recreational noise, but without any

documentation of the loudness levels in decibels or the amount of exposure. There are probably records of the noise levels that he was exposed to at work that could provide documentation of sufficient work-related noise exposure to cause the hearing loss the injured party has suffered, but the Reviewer was not given that information.

The Official Guidelines for Treatment in Workers' Comp cases recommended hearing aids for conductive hearing loss that cannot be improved by medical treatment or sensorineural hearing loss caused by exposure to loud noise. The injured employee qualified under this guideline according to both Dr. and Dr.

Dr. denied partially based on no speech discrimination testing and no thorough physical examination. However, speech discrimination was tested by Jay Mitchell and the results were 84% in the right ear and 76% in the left ear.

Dr. did a physical examination and reported a normal otoscopic examination. There was no bone conduction testing or middle ear testing (tympanometry and reflexes) done to confirm that the hearing loss was sensorineural. High frequency hearing loss such as the injured party has is commonly a result of noise exposure

A study was cited and used in the decision to deny the hearing aids recommended. The study reviewed the clinical and cost-effectiveness of conventional analog vs digital hearing aids. That study is not dated. The information in the study is not relevant now because analog hearing aids are obsolete

Digital hearing aids are available at prices comparable to that of analog hearing aids when they were available. Most hearing aid manufacturers no longer sell analog hearing aids. Digitally programmable hearing aids are the only appropriate solution for the injured party's high frequency hearing loss.

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)