



**CLAIMS EVAL**

*Utilization Review and  
Peer Review Services*

Notice of Independent Review Decision-WC

**CLAIMS EVAL REVIEWER REPORT - WC**

**DATE OF REVIEW: 2-11-10**

**IRO CASE #:**

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

Purchase of a pair of binaural hearing instruments between 11-18-09 and 1-17-10

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

Board Certified in Occupational Medicine and American Board of Preventive Medicine

**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**

- 10-5-09 DO., impairment rating.
- 11-16-09 DO., BC-HIS., office visit.
- 11-23-09, MD., performed a Utilization Review.
- 1-14-10, MD., performed a Utilization Review.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

10-5-09, DO., performed an impairment rating. The evaluator reported the claimant works in a very noisy environment with steel banging against steel. The claimant did not receive treatment for the hearing loss. The evaluator reported the claimant had a sensorineural hearing loss and tinnitus. The evaluator felt the claimant had reached MMI with 7% impairment rating.

11-16-09, DO., , BC-HIS., the evaluator reported the claimant has a normal/mild hearing loss in both ears from 250 Hz to 2000 Hz then dropping a severe loss from 3000 Hz to 8000 Hz. This type of sloping high frequency hearing loss is indicative of a noise induced hearing loss. The evaluator recommended hearing instruments for both ears.

11-23-09, MD., performed a Utilization Review. It was his opinion that the request for a purchase of a pair of binaural digital hearing instruments is not medically supported. There was no mention of any tests done for speech discrimination. There were no submitted studies, which would establish digital hearing aids as being clinically superior to analog hearing aids. There is no evidence-based literature 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 patient's auditory function. Therefore, the medical necessity of the request is not fully established. A telephonic consultation was performed with Jay the audiologist. A discussion regarding cost of the devices and patients was performed. It is unclear from the discussion if Jay could act on the behalf of Dr.. He indicated that there are lower cost digital devices available. He indicated there were models available for around 900.00. I called again and left a message requesting that a published price list be faxed to 512-912-8206. This list indicates that costs per single unit range from 1801.00 to 5,800.00. Provided this additional information, analog devices appear to be more cost effective and should be utilized over digital devices.

On 1-14-10, , MD., performed a Utilization Review. He noted that the patient sustained an injury on 8/17/09. He has hearing loss with tinnitus. He presented with sensorineural hearing loss. A request for a binaural digital hearing aid system was made. Based on the product specifications, a binaural digital hearing aid system comprises two hearing aid units for arrangement in the user's left and right ear. It utilizes digital technology, which is customized for a particular user with an input means for sensing input analog audio signals. Although there is a room for recommendation for the use of hearing aids, the clinical records submitted for review did not substantiate the medical necessity of this new innovation of hearing aid versus the conventional hearing aids. There are no evidence-based literatures supporting its superiority at this time. With this, the medical necessity, appropriateness and clinical utility of the request are not fully established at this point. Jay asked me to go ahead and deny the request.

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

After reviewing the documentation provided regarding the digital hearing aid request, there does not appear to be adequate justification for approval. While the claimant appears to require hearing aid due to his hearing loss with tinnitus, there is no

documentation as to why a digital hearing aid is required versus the conventional hearing aid. Therefore, the necessity for this request is not medically indicated.

**ODG-TWC, last update 1-21-10 Occupational Disorders of the Head – 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)