



**CLAIMS EVAL**

*Utilization Review and  
Peer Review Services*

Notice of Independent Review Decision-WC

**CLAIMS EVAL REVIEWER REPORT - WC**

**DATE OF REVIEW: 2-24-10**

**IRO CASE #:**

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

Purchase of a pair of digital binaural hearing instruments between 11-19-09 and 1-18-10

**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**

- 9-3-09, DO., office visit.
- 9-3-09 Audiogram.
- 10-19-09 DO., impairment rating evaluation.
- On 10-23-09, MD., performed a Peer Review.

- 11-24-09, MD., performed a Utilization Review.
- 1-14-10, MD., performed a Utilization Review.

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

DO., reported that the claimant was seen on 9-3-09. He had a mild hearing loss in both ears from 250 Hz to 1000 Hz then dropping to a moderate loss from 2000 Hz to 3000 Hz and a severe loss from 4000 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.

9-3-09 an audiogram was performed.

On 10-19-09, DO., performed an impairment rating evaluation. He certified the claimant had reached MMI and awarded the claimant 10% impairment rating for bilateral hearing loss.

On 10-23-09, MD., performed a Peer Review. The evaluator reported that certainly the claimant has had threshold shift particularly at 3,000, 4,000 and 6,000 Hertz since his pre-employment audiogram. The left ear however clearly already had pre-existing high frequency hearing loss in the left ear with normal hearing in the right ear. Progressive deterioration in the claimant's hearing does not demonstrate a characteristic notch pattern at 4,000 Hertz consistent with acoustic trauma. Once he had in the right ear a progressive decline from 3,000 Hertz right on to 8,000 Hertz and the same is true for the left ear with a steep decline from 2,000 Hertz to 6,000 Hertz. It was noted that the claimant did not wear any hearing protection until he began to first notice hearing loss in the mid 90's. He then apparently began wearing plugs. He indicates prior to that he is compliant with the company policy regarding hearing protection. I have no information to indicate that the claimant had any unusual exposure to loud noises and sound. It would be helpful to know the particular exposure levels that he may have encountered over time based on his work area. However, looking clearly at the audiograms, the pre-existing sensory neural hearing loss in the left ear and the findings in the right ear indicate sensory neural hearing loss of undetermined etiology and lacking the characteristic acoustic notch at 4,000 Hertz, therefore, based on the available medical records, hearing loss appears not to be related to the claimant's work activities. Tinnitus commonly accompanies sensory neural hearing loss without a clear indication that the claimant's work activities are related to his sensory neural hearing loss which clearly pre-existed his employment, tinnitus would not be considered related to the claimant's work activity. The claimant had pre-existing hearing loss in the left ear prior to his significant hearing loss in his left ear prior to his employment. He has developed progressive loss in his right ear uncharacteristic of the typical noise induced trauma audiograms that we see, therefore he appears to have a sensory neural hearing loss as an ordinary disease of life although the specific etiology is uncertain.

11-24-09, MD., performed a Utilization Review. The evaluator reported that the claimant sustained injury on 9-3-09. As per latest medical notes dated 10-23-09, the claimant clearly already had a pre-existing high frequency hearing loss in the left ear

with normal hearing in the right ear. Per notes, progressive deterioration in his hearing loss does not demonstrate a characteristic pattern consistent with acoustic trauma. He has reached MMI as of 10/19/09 with whole person impairment of 10 percent. This request is for one purchase of a pair of Digital Binaural Hearing Aid Instrument. The official report/interpretation of the audiogram studies, as well as the baseline audiometry report to serve as comparison and determine progression of hearing loss, are not submitted also for review. 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 of the requested unit is not frilly established at this point.

On 1-14-10, MD., performed a Utilization Review. It was his opinion that the claimant sustained an injury on 9-3-09. It was reported that he developed hearing loss and tinnitus due to repeated exposure to loud noise at work. A diagnosis of sensorineural hearing loss was made. As per the medical report dated 10/19/09, he complained of some loss of hearing as well as ringing in both ears. The provider requested to the purchase of one pair of digital binaural hearing instruments. 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. Jay did not concur with me and 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.**

Documentation reflects the claimant with hearing loss and tinnitus due to repeated exposure to loud noise at work. It was noted that the claimant had a pre-employment audiogram and there was some hearing loss noted. While it is noted that the claimant has had progressive hearing loss, there are no extenuating circumstances noting the claimant is not able to utilize conventional hearing aids. Therefore, the medical necessity of this request is not established.

**ODG-TWC, last update 2-12-10 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)