



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)

03/29/2011

MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 03/29/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

2 Phonak Hearing Aid Systems with remote control capability, Phonak iCom Devices, Dry & Store Appliance and Annual Supply of Batteries

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

Texas State Licensed MD Board Certified Otolaryngology

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

1. Assignment 03/09/2011
2. Notice of assignment to URA 02/28/2011 03/09/2011
3. Confirmation of Receipt of a Request for a Review by an IRO 03/08/2011
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 03/07/2011
6. IRO letter 03/15/2011, denial letter 02/28/2011, 02/25/2011, 02/17/2011, 02/01/2011, 01/28/2011, 01/01/2009
7. ODG guidelines were provided by the URA

PATIENT CLINICAL HISTORY:

The claimant is a XX-year-old male who sustained a XX/XX/XXXX, occupational injury with complaint of hearing loss. The claimant works in an environment where he wears double protection for hearing but is sometimes exposed to noise above 85-95 decibels. Based upon the January 28, 2011, audiometric evaluation, the pure-tone air-and-bone conduction test demonstrated mild to moderately severe sensorineural hearing loss in the right ear and



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moderately severe sensorineural hearing loss in the left ear. Impedance tests are consistent with normal middle ear function bilaterally. Otoacoustic emissions tests are consistent with audiometric findings. As of February 1, 2011, the claimant complains of more difficulty understanding speech in a noisy environment, and he states his hearing aids do not seem to be as effective as they were previously. The most recent January 28, 2011, audiogram demonstrates no significant change from the previous similar study of October 13, XXXX. Review request is for 2 Phonak Hearing Aid Systems with remote control capability, Phonak iCom Devices, Dry & Store Appliance and Annual Supply of Batteries.

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

The insurer's denial of the requested 2 Phonak Hearing Aid Systems with remote control capability, Phonak iCom Devices, Dry & Store Appliance and Annual Supply of Batteries is upheld, as this request is not supported by the *Official Disability Guidelines*, evidence-based guidelines. The claimant has not demonstrated a significant change in audiometric function based upon the most recent audiogram of January 28, 2011, compared to the previous similar study of October 13, XXXX. Therefore, new hearing aids would not be reasonable and necessary, because there is no documented evidence that the current hearing aids are malfunctioning. Additionally, the evidence-based literature does not uphold superiority of remote-control hearing aids over conventional hearing aids aside from claimant convenience. According to Official Disability Guidelines, web-based edition 2011, in the Head chapter, hearing aids are 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 8th cranial nerve. It can be caused by aging, prenatal- or birth-related problems, viral or bacterial infections, hereditary, trauma, exposure to loud noises and the use of certain drugs, fluid buildup in the middle ear, or a benign tumor in the middle ear.)
3. Mixed hearing loss (conductive hearing loss coupled with sensorineural hearing loss).

Although the claimant requires hearing aids for bilateral sensorineural hearing loss, the denial of the requested new hearing aids with remote control and other features is upheld, there is no documented evidence of a change in the audiometric function of the claimant, and there is no documented evidence that the current hearing aids are malfunctioning and are in need of replacement.

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 KNOWLEDGBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES



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- 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)**