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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/23/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional Audiogram

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

MD, Board Certified Internal 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Treatment Guidelines for the head

Clinical records Dr. 04/28/10 through 12/29/10

Clinical note Dr. 12/09/10

Serial audiograms 04/28/10, 08/25/10 and 12/29/10

Evoked potential report 06/14/10

Vestibular therapy progress notes, 7/23/10 and 6/25/10

Services Corporation 06/17/11 and 07/22/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was underneath a vehicle and a tire exploded causing damage to his shoulder as well as ear problems. He reports developing bilateral subjective hearing loss more pronounced in the left ear whereas before the accident he felt he was hearing normally out of both ears. He reportedly had debris in his left ear canal, which was removed at the time. He has developed bilateral tinnitus more pronounced in the left ear. He describes high frequency ringing sound, which was recurrent. He was fitted with binaural amplification in 12/09 and reports that the tinnitus will dissipate when he's wearing his hearing aid devices but returns with removal. He denies subjective changes in his hearing since the accident. Other than truck driving he denies a significant history of previous loud noise exposure. He has suffered recurrent episodes of dizziness since the accident described as imbalance with occasional vertigo. These episodes last for a few seconds at a time and occur approximately three times per week and are moderate in severity. The dizziness can occur while he's standing. He does not appear to be orthostatic. On physical examination the external ear and pinna are normal in development. Binocular visualization of the ears was performed. The right external canal was normal tympanic membrane was normal without retractions perforations or erythema. The middle ear was normal and clear of effusion. On examination of the left ear the tympanic membrane is normal without retractions perforations or erythema.

The middle ear was normal and clear of effusion. Records indicate that with additional diagnostic testing the claimant was diagnosed with asymmetric sensorineural hearing loss more pronounced in the left ear tinnitus more pronounced in the left ear vestibular dysfunction and new balance. He subsequently was recommended to undergo vestibular rehabilitation. On 12/09/10 the claimant was seen in follow up by Dr. for follow up. The claimant is noted to be status post right shoulder rotator cuff repair with repair. He has a history of adult onset diabetes mellitus. He has a status post left hand fourth metacarpal fracture and bilateral sensorineural hearing loss corrected with hearing aids.

Records indicate that the claimant underwent serial audiograms on 04/28/10, 08/25/10 and 12/29/10. These serial studies show progressive hearing loss. A subsequent request was placed for repeat audiogram. The initial review was performed on 06/27/11 by Dr. who notes that the claimant has not been reevaluated since 12/10 at which time an audiogram was approved. He has had three in the past year and there does not appear to have been a significant change in his physical examination findings or complaints that would report or that would support a repeat audiogram. A subsequent appeal request was submitted and reviewed by Dr. dated 07/22/11 who notes that the claimant has undergone three audiograms in the past year without significant changes in his physical examination. He subsequently recommended non-certification.

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

This request for audiogram is not supported by the submitted clinical information. The available medical records indicate that the claimant's condition is stable and he has not had any significant changes in his clinical presentation. He is noted to have undergone vestibular retraining/vestibular therapy. The records do not contain any recent clinical notes, which would provide data to establish the medical necessity of the request. The reviewer finds there is not a medical necessity at this time for Additional Audiogram.

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)