

SENT VIA EMAIL OR FAX ON
Nov/18/2011

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/18/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Tympanometry; 1 Audiometry; 1 pair of digital binaural behind the ear (BTE) hearing aids; 1 hearing aid examination

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

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Request for IRO dated 10/18/11

UR Determination dated 08/19/11

UR Determination dated 09/21/11

Letter of Medical Necessity dated 05/13/11

Otological Clearance for Hearing Aids dated 01/10/11

Clinical Records Dr.

Audiogram dated 02/09/99

Audiogram dated 05/28/02

Audiogram dated 04/02/08

Audiogram dated 03/03/10

Audiogram dated 05/13/11

Audiogram dated 10/17/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have a chronic history of hearing loss. He was evaluated by Dr. on 11/24/10. At this time he is noted to have audiograms documenting bilateral mixed hearing loss. The claimant is noted to have a family history of hearing loss that includes a brother and sister. Serial audiograms show a definite decrease in hearing. The claimant reports previously working in an environment with loud noise exposure but has not done so recently. Otologic examination is normal. Dr. opines the claimant has mixed hearing loss bilaterally. Possibly caused by otosclerosis and notes a family history of hearing loss. The claimant was ultimately provided bilateral hearing aids. Per a clinical report dated 05/13/11, the claimant's hearing aids are no longer able to provide him with sufficient amplification for discrimination and location of sounds. His hearing discrimination has decreased from 60 to 40% in the right ear and 80 to 70% in the left. The request is for Tympanometry; Audiometry; 1 pair of digital binaural behind the ear hearing aids; 1 hearing aid examination

The initial review was performed by Dr. on 08/19/11. He non-certified the request noting the lack of a comprehensive physical examination, otologic inspection, and a lack of peer reviewed literature to establish the medical necessity for advance hearing aids.

The appeal request was reviewed by Dr. on 09/21/11. Dr. no-certifies the request noting the claimant has progressive hearing loss. He reports the clinical records do not include data to exclude other causes of progressive hearing loss. He reports there is no clearly define treatment plan. No additional clinical data was presented in support of the appeal request. A peer-to-peer consultation was performed with an audiologist. He reports no additional pertinent information was gained which would alter the request.

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

Based on the review of the enclosed documents, the claimant has a progressive mixed hearing loss with slowly deteriorating speech discrimination scores. The most recent audiogram enclosed, did not show any further deterioration from May 2011 in the right ear and improvement in the discrimination scores in the left ear. There are no enclosed reports of interval physical examination to exclude other causes of change in the hearing loss. Other than an audiogram from October 2011, there is not any other new clinical information provided to support this appeal request. Based on the information reviewed, this appeal request is viewed as not medically necessary. While the claimant definitely is a hearing aid candidate and has been since the first audiogram reviewed from 1999, the IRO reviewer does not see any information that this is an occupationally acquired hearing loss. The IRO reviewer agrees with the previous determinations, which are therefore upheld. The request is deemed not medically necessary in accordance with the Official Disability Guidelines.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES