True Decisions Inc.

An Independent Review Organization
2002 Guadalupe St, Ste A PMB 315
Austin, TX 78705
Phone: (512) 879-6332
Fax: (214) 594-8608
Email: rm@truedecisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Jan/02/2013

IRO CASE #:
44089

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Unitron Moxi 20 RIC X 2 and Bluetooth

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Family Practice

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Employer's 1st report of injury or illness dated 07/16/12
Clinical note dated 07/30/12
Individual hearing test dated 07/16/12
Clinical evaluation dated 08/03/12
Clinical evaluation dated 08/08/12
Audiogram dated 08/08/12
MRI of the brain dated 08/14/12
Audiometry report dated 10/10/12
Letter dated 10/22/12
Prior reviews dated 10/18/12 and 10/26/12
Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male with a listed date of injury of xx/xx/xx. The patient reported exposure to high noise levels at work. An individual hearing test completed on 07/16/12 revealed bilateral sensorineural hearing loss, most significant from 3,000 to 6,000 Hz. The report characterized the hearing loss as moderate to severe. Clinical evaluation on 08/08/12 stated that the patient began experiencing hearing loss, left worse than right, 3 years prior. The patient reported his hearing loss as progressive. The patient's physical examination was unremarkable on ear inspection. MRI studies were recommended to rule out pathology. MRI

of the brain completed on 08/14/12 was unremarkable for any pathology regarding the ears. Repeat audiometry studies on 10/10/12 did reveal sensorineural hearing loss, most significant from 3,000 – 8,000 Hz, right worse than left. A letter dated 10/22/12 stated that the patient had mild to moderate high frequency sloping loss with 92% discrimination in the left ear at 70 decibels and 96% discrimination in the right ear at 65 decibels. The patient was recommended for bilateral hearing aids with Bluetooth setup.

The request for bilateral hearing aids with Bluetooth setup was denied by utilization review on 10/18/12 as there was no evidence of deficits sufficient enough to require hearing aids.

The request was again denied by utilization review on 10/26/12 as it was unclear what the etiology of the patient's hearing loss. There were indications of prior PTSD suggesting potential military exposure.

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

The request for bilateral hearing aids with Bluetooth setup is not recommended as medically necessary based on the clinical documentation provided for review and current evidence based guidelines. Per the clinical documentation, the patient has developed high frequency hearing loss from 3,000 – 8,000 Hz, right worse than left. There is no evidence of any significant speech discrimination loss which would reasonably support the use of bilateral hearing aids. Per the letter, the patient had intact speech discrimination at 70 decibels left and 65 decibels right. This would suggest that the patient has no significant speech discrimination loss and would not reasonably require hearing aids as outlined by current evidence based guidelines. As such, medical necessity is not established and the prior denials are upheld.

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

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES