

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038
972.906.0603 972.906.0615 (fax)
IRO Cert#XXXXXX

DATE OF REVIEW: APRIL 11, 2018

IRO CASE #: XXXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of the purchase Bilateral XX with three years repair, Loss and Damage Warranty, XX Year Provider Service and Lifetime Supply of batteries from XXXX-XXXX

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Otorhinolaryngology and is engaged in the full time practice of 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)

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a XX who was injured on XXXX, due to XX. Per XX, the claimant was diagnosed with bilateral hearing loss. The audiometry results showed reliability hearing level documented 28 AC, 26 BC, 41 BI of the right and 26 AC, 26 BC, and 42 BI on the right. Speech revealed 25 SRT, 80WRS/SRS 1, 80 MCL bilaterally. No current medication was documented. A letter from XXXX, stated the claimant was a XX who was seen for an audiology reevaluation on XXXX, and the results revealed bilateral mild to profound high frequency sensorineural hearing loss. The XX hearing aids were not functioning and replacements were needed; XX ago the aids were state of the art but new computer chips in hearing aids are much improved and faster in processing. It was noted that the claimant would benefit from a XX as the claimant's speech discrimination in noise would improve because the aid detects multiple environments and will automatically go into the appropriate directional focus so the claimant is better able to communicate with others in quiet or noise.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The previous non-certification by XX on XXXX, was due to the lack of pertinent subjective and the lack of clear recent objective findings. XX reported conducting a peer-to-peer with XX to discuss the case and stated XX was unable to verify the mechanism of injury and if the injury was sudden or gradual. Additional documentation submitted included the evaluation of XXXX. The previous non-certification is upheld. It is reported that the total cost of the hearing aids and supplies is XX, which excludes battery supply for lifetime and one year of provider services. There are no available guidelines to indicate the medical necessity of a TV transmitter kit to enhance the

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hearing aids. Also, there is no verified mechanism of injury that relates to the incident of XXXX, which would support the need for purchase of the hearing aids. There is no documentation of adequate history and physical examination, and the medical necessity in the context of the work injury was not identified and exceptional factors are not present. Based on the medical documentation provided for review and the peer-reviewed, evidence-based guidelines, the request is not medically supported. The proposed purchase of XX with XX years repair is not medically necessary.

REFERENCE:

Official Disability Guidelines

Head (updated 03/07/17)

Hearing aids are recommended for any of the following conditions:

(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)

Hearing aids should be recommended by an otolaryngologist or a qualified audiologist, and prior authorization should be required for hearing aids costing more than \$XX ear, including hearing aid evaluation, fitting and purchase of hearing aids, once every four years. (CMS, 2014)

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
- AHRQ- 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
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES

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TMF SCREENING CRITERIA MANUAL