

September 18, 2006

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VIA FACSIMILE
Liberty Mutual
Attention: Rebecca Schultz

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-1841-01
DWC #: _____
Injured Employee: _____
Requestor: _____
Respondent: Liberty Mutual
MAXIMUS Case #: TW06-0125

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. The TDI, Division of Workers Compensation (DWC) has assigned this case to MAXIMUS in accordance with Rule §133.308, which allows for a dispute resolution by an IRO.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician who is board certified in internal medicine on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the approved doctor list (ADL) of DWC or has been approved as an exception to the ADL requirement. A certification was signed that the reviewing provider has no known conflicts of interest between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO, was signed. In addition, the MAXIMUS physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 61-year old male who had a work related injury on _____. Records report that he had a history of significant noise exposure. Diagnoses have included chronic ear infections and moderate to severe hearing loss in both ears. Evaluation and treatment for this injury have included audiometric evaluations.

Requested Services

Preauthorization for hearing aid, digital, binaural, CIC.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Letter from Patient – 8/19/06
2. Individual Hearing Evaluation letter – 8/21/06
3. Physician Worksheet for STS Evaluation – 2/6/06
4. Audiometric Test Report – 8/6/98, 8/11/99, 8/14/00, 8/19/02, 8/15/03, 8/12/04, 8/15/05
5. Hearing Conservation Program Associate Notification and Training Aid documents – 8/5/02, 8/12/03, 8/8/05
6. CHD/Meridian Healthcare memo regarding hearing test – 9/20/05
7. First Report of Injury or Illness -- 9/20/05
8. Medical Center Ear, Nose & Throat Associated of Houston, PA records and correspondence – 1/19/06-6/13/06
9. Medical Report Occupational Injury and Disease – 3/17/97-7/10/06
10. CHD Meridian Physical Exam Form – 8/7/06

Documents Submitted by Respondent:

1. Determination Notices – 6/23/06, 7/6/06, 8/8/06
2. Medical Review Institute of America report – 6/23/06, 7/5/06
3. Medical Center Hearing Aids, Ltd. records and correspondence – 6/20/06
4. Medical Center Ear, Nose & Throat Associated of Houston, PA records and correspondence – 10/21/05-6/13/06
5. Hearing Evaluation Work Sheet – 2/6/06
6. Audiological Report – 10/21/05

Decision

The Carrier's denial of authorization for the requested services is partially overturned.

Standard of Review

This MAXIMUS determination is based upon generally accepted standard and medical literature regarding the condition and services/supplies in the appeal.

Rationale/Basis for Decision

The MAXIMUS physician consultant indicated that this patient has bilateral moderate hearing loss, which has been progressive over several years and documented by multiple audiologic evaluations. The MAXIMUS physician consultant also indicated that the treatment of choice for this condition is hearing aids. The MAXIMUS physician consultant explained that there are many options available when choosing a hearing aid. The MAXIMUS physician consultant also explained that the use of a digital, binaural, CIC unit is reasonable. However, the MAXIMUS physician consultant indicated that the requested remote control watch is an option that is a

luxury and is not necessary for the function of the hearing aid. The MAXIMUS physician consultant also indicated that fitted earplugs are reasonable to enhance the function of the hearing aid.

Therefore, the MAXIMUS physician consultant concluded that the requested preauthorization for hearing aid, digital, binaural, CIC with batteries and earplugs is medically necessary for treatment of the patient's condition, but that the remote control watch is not medically necessary for treatment of his condition.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Sincerely,
MAXIMUS

Lisa Maguire, Esq.
State Appeals Department

cc: Division of Workers Compensation

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 18th day of September 2006.

Signature of IRO Employee: _____
External Appeals Department