

Independent Resolutions Inc.

An Independent Review Organization

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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 purchase or XX with Three-Year Repair Warranty, Loss and Damage, One-Year Provider Service, and Lifetime Supply or Batteries

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

Head & Neck Surgery, Otolaryngology

REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XXXX currently diagnosed with noise-induced hearing loss. The letter of XXXX indicated the patient had been approved for 1 pair of XX Behind-the Ear Hearing Aids with Three-year Repair, Loss and Damage Warranty, Three-year Supply of Batteries and One-year Provider Services. The patient's most recent XX was on XXXX which revealed a bilateral mild to profound high frequency sensorineural hearing loss which was progressive. The letter of XXXX revealed the patient had received new agents XXXX years ago on XXXX which were no longer functioning and will need of replacement. The recommendation was for the XX as the patient had noise-induced hearing loss and these would help XXXX much better to understand speech and the presence of ambient noise, in which XXXX had difficulty. The aids detected multiple environments and would automatically go into the appropriate directional focus for the patient and improve XXXX speech discrimination especially in noisy backgrounds. The most recent denial letter of XXXX revealed the request was denied as the patient could not utilize close captioning as the literature failed to support significant improvement in understanding televised speech materials and clarification was needed regarding the entirety of the request and how it might affect the patient's clinical outcome.

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

The Official Disability Guidelines recommend hearing aids every 4 years for patients with sensorineural hearing loss. While a new hearing aid would be appropriate due the hearing aid being more than four years old, and that is now non-functional, the hearing aid that was recommended was the XX Direct RIC's, which cost approximately XX, not the XX, which has wireless capabilities and costs approximately XX. Likewise, there was no rationale for the XX.

Due to a lack of information stating the necessity for the XX, the request remains not medically necessary and therefore, upheld.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Head Chapter, Hearing aids