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***Notice of Independent Review Decision***

**IRO REVIEWER REPORT**

**Date: X**

**IRO CASE #:X**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X**

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

**REVIEW OUTCOME:**

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

- Overturned                  Disagree
- Partially Overturned    Agree in part/Disagree in part
- Upheld                          Agree

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was injured on X. X sustained a work-related injury, X had progressive hearing loss over the years, hearing loss inside eardrum. The diagnosis was bilateral sensorineural hearing loss. Per a Designated Doctor Evaluation Report dated X by X, MD, X had complaints of X. X needed X. X had a very significant history of X. Diagnostic studies and hearing exam showed that on the left ear, X hearing level at X was better than normal, at X better than normal and at X better than normal, at X the level was X decibels given a total for the left ear of X. On the right ear, at X the level was 0, at X it was X, at X, and at X, given a total of X. So for the left ear it was X, for the right ear X, both of which were equal to X and combined equal to X. A Functional Capacity Evaluation was recommended. A Functional Capacity Evaluation was completed on X at the request of X's designated doctor in order to accurately determine X's ongoing physical demand level (PDL). X's occupation as a X was in the light strength category. Based on the strength classification, X was capable of assuming a position in the heavy strength category. X maximum lifting capacity was X pounds and X maximum carrying capacity was X pounds. It was further documented that no job factor restrictions were necessary for X to return to work as a X. Per a Physician's Examination Report dated X by X, MD / X, PA-C, X's ear examination was within X. No further otolaryngological examination / treatment was required to provide medical clearance for the fitting of a X. There were X. X was a candidate for a X. Per a letter dated X, X, BA documented, "X is requesting X. Based on the audiometric hearing aid evaluation dated X, X has a bilateral sensorineural hearing loss (X), moderate on the right side and moderately severe on the left side. This type of loss impacts X daily living and communication skills in everyday life as well as X safely. A X would allow X to hear environmental sounds for safety, daily living, and communication of others in all directions. I recommend that X be X to best meet X auditory needs with the following: X. This type of X is designed to improve hearing in noise and in all directions. These X also allow for greated connectivity using direct streaming. "An audiometry report dated X noted Pure-Tone Average (PTA)

at X in the right and X in the left. X SRT (speech reception thresholds) in the left was X and X in the right. X MCL (most comfortable loudness) measured X in the left and X in the right. X uncomfortable loudness (UCL) was X in right and X on the left. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, Peer reviewed guidelines reference below, this request is non-certified. In this case, on X, the claimant complained of X. Notably, on X, an ear examination was within normal limits with no contraindications to hearing aid usage, and indicated that the claimant was a candidate for X. On X, the claimant was requesting X. The provider indicated that based on the audiometric hearing aid evaluation dated X, the claimant had X. Hearing aids are available for replacement every X years or for exceptional factors. In this case, the current audiogram is performed X. Therefore, the request for X is non-certified. "Per an appeal letter dated X, X documented "X is requesting reconsideration for X. Under warranty, the left hearing aid was repaired in X with all the components and housing replaced including the receiver and again repaired X. The warranty on these products has expired. Based on the audiometric hearing aid evaluation dated X, X has a bilateral sensorineural hearing loss(X), moderate on the right side and moderately severe on the left side. X bilateral hearing sensitivity is X. X is able X. This type of loss impacts X daily living and communication skills in everyday life as well as X safely. Assisted hearing devices would allow X to hear environmental sounds for safety, daily living, and communication of others in all directions. I recommend that X be X. This type of hearing aid is designed to improve hearing in noise and in all directions. These hearing aids also allow for greated connectivity using direct streaming. "Per a reconsideration review adverse determination letter dated X by X, MD the request for X was non-certified. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced below, this request is non-certified. The claimant had received hearing aids in X with repair and replacement in X. X does not meet the guideline criteria for replacement. Based on the above, the appeal requests for the following X is not supported. "The claimant was followed for a history of X. The claimant's current X. The X has been repaired X. However, it still appears that the current hearing aids are still functioning. Typical replacement of hearing aids is at X years. There are no clear indications to provide replacements at this point in time. Therefore, it is this reviewer's opinion that medical necessity has not

been established and the previous denials are upheld. X is not medically necessary and non certified

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

The claimant was followed for a history of X. The claimant's current X. The left has been X. However, it still appears that the current X. Typical replacement of hearing aids is at X years. There are no clear indications to provide replacements at this point in time. Therefore, it is this reviewer's opinion that medical necessity has not been established and the previous denials are upheld. X is not medically necessary and non certified

Upheld

**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
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL