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***Notice of Independent Review Decision***

**IRO REVIEWER REPORT**

**Date:** X Amended X, 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for **each** of the health care services in dispute.

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

**PATIENT CLINICAL HISTORY [SUMMARY]:** X who sustained an injury on X. X was X. The diagnoses included otalgia; foreign body in left ear; central perforation of tympanic membrane, left ear; and mixed conductive and sensorineural hearing loss, unilateral left ear, with restricted hearing on the contralateral side. X was seen by X, NP on X for a follow-up of X. X stated that X. X was unable to sleep due to the pain and X hearing was getting worse. On examination, infection appeared resolved; however, there was a persistent perforation on the left ear that had perhaps increased about X from previous visit. They discussed the option of X. X was found to have TMJ tenderness. X body mass index was 36.1 kg/m<sup>2</sup>. External ear examination was X. X was removed from right ear. Left tympanic membranes showed central tympanic membrane perforation, X X anterior perforation. There was bilateral TMJ tenderness. Audiology report dated X showed mild sensory neural hearing loss in right ear with mild hearing loss in left ear. It demonstrated a pure-tone average of X dB in the right ear and X dB in the left ear. Speech reception thresholds were X dB in the right ear and X dB in the left ear, with speech discrimination scores of X at X BHL bilaterally. Acoustic reflexes were absent in the right ear and partially absent in the left ear. Treatment to date included X. Per the adverse determination review by X, NP / X, MD on X, the request for X was non-certified. Rationale: "The X, given the date of injury of X. Clinical guidelines support X. Although the X. Audiologic findings demonstrate X. In the absence of X. "Per the appeal adverse determination review by X, MD on X, the request for X was non-certified. Rationale: "A previous UR dated X, non-certified a similar request for X. On this appeal review, the individual is noted to have X. However, the provided appeal does not indicate the provider that has prepared the appeal. There is no provider information or signature noted, as such it is unclear whether the requesting provider has reviewed the material. The appeal letter references findings from X which would have represented the acute period since injury, it is noted that since then the infection has appeared to have resolved. There is notation of slight progression of the perforation by X however no documentation of X as noted in the previous U R. Considering the above medical necessity cannot be established. "An appeal letter dated X by X, PhD, NP documented that the procedure was medically necessary to address the X. The

surgery was medically necessary due to “the presence of a X. Spontaneous healing of X. [1] X. X.[1] X.[ X.[1]. It was concluded that X had a X: X. Mixed hearing loss with restricted contralateral hearing - Significant functional impairment (inability to sleep, worsening hearing). High likelihood of successful surgical outcome based on evidence-based success rates. Lack of adequate non-surgical alternatives. The denial of this medically necessary procedure placed X at risk for X. It was respectfully requested to reverse the denial and authorize the proposed surgical intervention.

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

The Official Disability Guidelines, ODG by MCG Evidence-Based Medical Treatment Guidelines, does not address the request for X. A retrospective study obtained from the NIH found that X. Clinical studies suggest that the severity of hearing loss is the determining factor on outcomes thus, severe hearing loss results in a poorer outcome. The most relevant literature shows that in X. The request for X is not supported at this time based on the clinical indications documented in the records. The records describe a X. The medical records note X. The appeal records reference X. X is generally considered when a X. A reasonable timeframe for reassessment and consideration of surgical intervention is at or beyond X which is X months post injury. Therefore, the medical necessity is not established for the services in dispute: X and the previous denials are upheld.

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**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- 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**
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**