

# Ohio DDD Internal Medicine

## Consultative Examination Guidelines

### Part VI: Otolaryngological Consultative Examinations (including Audiometric Testing)

#### General Examination/Report Requirements

##### Introduction and Required Components

Make sure the report - through its thoroughness and presentation and interpretation of evidence - demonstrates that a genuine effort has been made to identify all otolaryngological diagnoses and probable diagnoses, as well as formulate a carefully thought-out assessment of current functional status ("Medical Source Statement") with respect to hearing, speech, communication and balance (the latter if a vestibular problem is present).

Make sure that the report documents the positive elements of the medical history and physical examination, as well as the negative elements. This is crucial because DDD cannot accept that an element of the history or physical examination was negative or normal unless it was explicitly stated to be negative or normal.

Make sure that all of the following requirements are met and documented in the report narrative using appropriate headings:

- A. Identify the Claimant
- B. List All Otolaryngological Complaints
- C. Elaborate on Each Otolaryngological Complaint
- D. Document Pertinent Elements of Medical, Family and Social Histories and Medications
- E. In Children, Obtain Specific Age-Appropriate Information
- F. Conduct an Otolaryngological Review of Systems
- G. Describe Claimant's General Appearance and Presentation
- H. Examine the Head
- I. Examine the Mouth, Nose and Throat
- J. Examine the Ears
- K. Examine the Neck
- L. Perform a Brief Neurological Examination, If Pertinent
- M. Pure Tone Audiometry for Claimants WITHOUT Cochlear Implants
- N. Speech Audiometry for Claimants WITHOUT Cochlear Implants
- O. HINT Testing for Claimants WITH Cochlear Implants
- P. Age-Appropriate Hearing Assessment for Children WITHOUT Cochlear Implants
- Q. Age-Appropriate Hearing Assessment for Children WITH Cochlear Implants
- R. Special Procedures for Claimants Not Fluent in English

- S. Validity of Audiometric Testing
- T. Interpretation of Audiometric Testing
- U. Special Requirements for Claimants with Vertigo and/or Imbalance
- V. Review Medical Records from DDD
- W. List Otolaryngological Diagnostic Impressions
- X. Provide a Functional Statement ("Medical Source Statement") of Claimant's Ability to Hear, Speak and Communicate (unaided)
- Y. 1151 Form
- Z. Proofread
- AA. Signature

##### What If a Report is Inadequate?

If a report contains errors, DDD will need you to prepare an addendum that contains corrections or clarifying information. *Note: You are not paid for drafting addenda.*

If a report is missing important historical information or elements of the physical examination, DDD will need you to prepare an addendum and, in some cases, will require you to reexamine the claimant in your office at your own expense.

DDD understands that in some cases a claimant may be uncooperative. Document this in your report.

##### Thoroughness and Time Spent During History and Physical

DDD does not want you to rush through these important examinations, which are distinct from your regular examinations in the course of medical practice. Sometimes a consultative examination is the only medical evidence DDD will receive, making it vital to the determination process.

You need not create a therapeutic relationship during a consultative examination, but do allow enough time so that some degree of rapport can be developed between examiner and examinee. Allow ample time for the claimant to state all of his or her otolaryngological complaints and symptoms and to answer all of the questions with minimal interruptions from the examiner. This may take about an hour, but SSA requires that the history and physical (not including the writing and dictating of the report) must take 30 minutes or more.

Avoid excessively brief examinations. Important elements of the history or physical could be omitted during a cursory history and physical, which could result in the consultant having to complete a request for a clarifying addendum or even reexamine the claimant at the consultant's own expense. SSA requires that all claimant complaints be investigated, and one of the most common complaints is that an examination was too brief.

### **Who Is Permitted to Perform Various Parts of the Examination?**

DDD realizes that a physician is not needed to weigh, measure height, take blood pressure and pulse, or even measure visual acuity; however, SSA has published criteria that specify who can and who cannot do various aspects of the history, physical examination and ancillary testing.

The Green Book states: "The medical source chosen may use support staff to help perform the consultative examination. Any such support staff (e.g., X-ray technician, nurse, etc.) must meet appropriate licensing or certification requirements of the State."

DDD has no problem with some elements of the examination or testing performed by appropriate support staff, which would include licensed and certified physician extenders like physician assistants and nurse practitioners. Except for these "substitutions," DDD expects that the physician personally perform all of the following:

- Take the history
- Examine the claimant
- Interpreting the results of audiometric testing

Audiometry must be performed by, or under the direct supervision of, an otolaryngologist or by an audiologist qualified to perform such testing. DDD considers an audiologist to be qualified if he or she is currently and fully licensed or registered as a clinical audiologist by the State or U.S. territory in which he or she practices. If no licensure or registration is available, the audiologist must be currently certified by the American Board of Audiology or have a Certificate of Clinical Competence (CCC-A) from the American Speech-Language-Hearing Association (ASHA).

### **Professionalism and Complaints**

DDD follows a formal procedure when a complaint is received. Common complaints in the past, in addition to allegations of an excessively brief examination encounter, have included that the consultant:

- Was rude
- Asked questions too quickly
- Did not give the claimant enough time to answer the questions
- Was rough when testing range of motion
- Had a poor bedside manner
- Told the claimant he/she was not disabled
- Told the claimant to go get a job

If any complaint is received, DDD will write you, request a written response to the claimant's allegations, and evaluate your response.

If a consultant receives multiple complaints, DDD will investigate and may cease to do business with that consultant.

You must be sincere and professional in all of your encounters with claimants.

### **Routine Review of Consultative Examination Quality**

A statistical sample of reports is reviewed weekly by DDD's Chief Medical Consultant. When a report is found to be unsatisfactory, a letter is sent to the consultant, who must then submit a clarifying addendum. DDD monitors reports that deviate from SSA and DDD standards; however, most consultants regularly meet or exceed examination/report standards. When DDD does find poor quality reports, with no improvement in response to constructive criticism, the agency may cease to do business with a consultant.

### **Definite and Probable Diagnoses: Dealing with Uncertainty**

The primary reason DDD needs your services through a consultative examination is that the agency has received little or no medical evidence from a claimant's treating sources. This is usually because the treating sources have not responded to medical records requests or the claimant does not have a treating source. As a result, when you see a claimant, you may not have other medical data that would assist you in definitively diagnosing any impairments or conditions he or she may have.

Because of the lack of medical testing and other data, you may not have enough information to make one or more definitive diagnoses on the basis of a one-time history and physical examination. It is acceptable to mention probable diagnoses.

## Voucher Information

Read all of the voucher information so that you complete what is requested. On some occasions, there are special instructions about specific elements of the history or physical upon which DDD would like you to focus and comment.

## Conducting Tests that Have Not Been Ordered

If audiometric testing is not ordered on the voucher, do not perform audiometry. If an otolaryngological examination is not ordered (for example, only audiometry is ordered), just perform audiometry.

In the past, some consultants - on their own - have decided that an unordered test would be helpful and have gone on to perform the test. **This must not be done.** Payment will not be rendered for testing that is not preapproved and ordered on the voucher.

## How to Add a Test

If you do think it would be beneficial to add a test, call DDD to discuss it. Sometimes, the agency will approve the added test. In this case, you will be paid for it, but **only** if you follow proper procedures and get approval in advance.

## Non-English-Speaking Claimants

For non-English-speaking claimants, the history must be obtained from family members present during the exam or from an interpreter contracted by DDD. Report communication difficulties whether due to:

- Language barrier
- Difficulty hearing
- Difficulty speaking
- Difficulty seeing
- Cognitive impairment
- Mental illness
- Other

## Specific Examination/Report Requirements

### Identify the Claimant

Compare the claimant's countenance with a valid photo identification card.

### List All Otolaryngological Complaints

- Give claimant ample time to name complaints.
- Instead of asking, "Why can't you work?" be general and ask, "What sorts of physical problems and symptoms do you have?"
- Report from whom you obtained the medical history.
- Record whether you believe the claimant or other informant was reliable in presenting the history.

## Elaborate on Each Otolaryngological Complaint in the History of Present Illness

- Elaborate fully on each symptom and specific illness stated as a chief complaint.
- Record when each major symptom and each specific illness began.
- Explain how each specific illness was diagnosed.
- Describe the severity of each symptom and specific illness at onset and how the severity has changed or progressed.
- Document the treatments, surgeries or procedures that have been done and how successful they have been.
- Report illnesses with episodic exacerbations (i.e., Meniere's Disease, labyrinthitis, benign positional vertigo) in a special way:
  - » List the frequency of exacerbations.
  - » Report whether the claimant was treated in an emergency department or admitted to the hospital.
  - » Describe treatments and their apparent effectiveness.

## Document Pertinent Elements of Medical, Family and Social Histories and Medications

- List significant traumas, especially head trauma.
- List occupational and/or recreational noise exposure and/or exposure to ototoxins.
- List surgeries and significant procedures.
- List significant infections such as meningitis, encephalitis, demyelinating diseases and stroke.
- If present, list family histories of:
  - » Hearing impairments
  - » Genetic syndromes
  - » Neurological or neurodegenerative diseases

List whether the following have been used and the extent of use (i.e., pack years, etc.):

- Tobacco (smoking)
- Tobacco (smokeless)
- Alcohol
- Illicit drugs

## **In Children, Obtain Specific Age-Appropriate Information**

Important historical information in children includes the following:

- » Birth history and developmental milestones
- » Details of any developmental delays
- » Presence of any known genetic defects or congenital anomalies or syndromes
- » For children under 5, preschool and daycare behavior and ability to communicate
- » For school age children, school behavior, ability to communicate and attendance
- » History of any therapies (physical, occupational, speech)
- » Prescription for or use of any adaptive or assistive devices (i.e., hearing aids, cochlear implants, computerized speaking devices, etc.) and any improvements noted
- » Use of signing (which language) and the contexts it is used in (all contexts, just in school, etc.)
- » Enrollment in a school for the hearing impaired or "school for the deaf"
- » Independent educational plans (IEPs) or "504s" used in the school setting
- » Other accommodations used in the school setting
- » Attendance or residence in highly structured or highly supportive environments, institutions or settings and any improvements noted
- » Audiometric testing conducted (locations and dates, if possible), including post cochlear implant testing

## **Conduct an Otolaryngological Review of Systems**

Note the presence of:

- Tinnitus
- Vertigo
- Imbalance
- Aural fullness
- Otorrhea
- Headache
- Facial nerve dysfunction
- Head and neck paresthesias

## **Describe Claimant's General Appearance and Presentation**

- Describe the salient features of your first impression of the claimant.
- Assess the claimant's ability to hear and understand conversational speech.
- Assess the claimant's ability to hear and understand louder-than-conversational speech.
- Assess the claimant's ability to communicate by verbal and nonverbal means.

- Assess the claimant's ability to produce clear, sustained speech.
- Note if the claimant uses sign language.
- Note if an interpreter is present.
- Note if the claimant is non-fluent in English.
- Note if same-language-speaking relatives are present if the claimant is non-fluent in English.

## **Examine the Head**

- Report any syndromic features such as facial dysmorphism, skeletal anomalies or congenital anomalies.
- Document any evidence of head trauma or brain surgeries.

## **Examine the Mouth, Nose and Throat**

- Include the larynx and nasopharynx, if warranted.

## **Examine the Ears**

- Include the auricles, external ear canals and tympanic membranes.
- Remove cerumen if needed for audiometric testing.
- Conduct Rinne and Weber tests.

## **Examine the Neck**

- Check for lymphadenopathy and carotid bruits

## **Perform Brief Neurological Examination, If Pertinent**

- Test cranial nerves.
- More extensive examination may be required in the case of vertigo or imbalance.

## **Pure Tone Audiometry for Claimants WITHOUT Cochlear Implants**

- Perform an otoscopic examination prior to audiometric testing. Do not perform audiometric testing if there exist any conditions that would prevent valid testing, such as fluid in the ear, infection or an obstruction in an ear canal. In this situation, call DDD for further instructions.
- Report any other factors, such as the claimant's ability to maintain attention during testing.
- Perform pure tone air conduction and bone conduction testing in a sound-treated booth or room in accordance with the most recently published standards of the American National Standards Institute (ANSI). Each ear must be tested separately. No hearing aids should be worn in any circumstances (even though this was sometimes ordered in the past).

- The frequencies that need to be tested in adults are 500, 1000 and 2000 Hz. In children (claimants younger than 18 years of age), the frequencies that need to be tested are 500, 1000, 2000 and 4000 Hz (for more details on childhood testing, see *Age-Appropriate Hearing Assessment for Children WITHOUT Cochlear Implants* and *Age-Appropriate Hearing Assessment for Children WITH Cochlear Implants*).
- Calculate pure tone averages for air and bone conduction for each ear (using the above frequencies, depending on age). If there is no response to a tested frequency, use 5 dB over the limit of the audiometer.

### Speech Audiometry for Claimants WITHOUT Cochlear Implants

- Determine the speech reception threshold (SRT) for each ear.
- If the SRT is not within 10 dB of the air conduction pure tone average, explain why you think this is the case.
- Perform word recognition testing in a sound-treated booth or room and in accordance with the most recently published standards of the American National Standards Institute (ANSI). Each ear must be tested separately.
- Provide optimal amplification for word recognition testing (usually 35-40 dB above the SRT) making sure that the level is medically appropriate and the claimant can tolerate it. If it is not possible to test the claimant at 35-40 dB above the SRT, the word recognition testing score should be recorded at the highest comfortable level of amplification.

### HINT Testing for Claimants WITH a Cochlear Implant

- Perform word recognition testing with any version of the Hearing in Noise Test (HINT). This testing must be conducted in a quiet sound field.
- Ensure that the claimant's cochlear implant is turned on and functioning properly. If it is not functioning properly, call DDD for further instructions.
- The sentences must be presented at 60 dB HL (hearing level) without any visual cues.
- Calculate the word recognition score.
- Test sentences can be presented from a sound recording or spoken.

- The HINT sentences and other details of the HINT can be found in the audiological literature. A helpful article is the original description of the test, which can be accessed from the Journal of the Acoustical Society of America's website: <http://scitation.aip.org/JASA>

- » Development of the Hearing In Noise Test for the measurement of speech reception thresholds in quiet and in noise. J. Acoust. Soc. Am. Volume 95, Issue 2, pp. 1085-1099 (February 1994).

### Age-Appropriate Hearing Assessment for Children WITHOUT Cochlear Implants

Perform an otoscopic examination prior to audiometric testing. Do not perform audiometric testing if there exists any conditions that would prevent valid testing, such as fluid in the ear, infection or an obstruction in an ear canal. In this situation, call DDD for further instructions.

- Report any other factors, such as the child's ability to maintain attention during testing.

#### For children age 6 months to 2 years:

- » Determine air conduction thresholds by a behavioral assessment, usually visual reinforcement audiometry (VRA).
- » Testing can be done on each ear separately or on both ears simultaneously in a sound field.
- » The frequencies that need to be tested are 500, 1000, 2000 and 4000 Hz.

#### For children age 2 to 5 years:

- » Determine air conduction thresholds by a behavioral assessment, such as conditioned play audiometry (CPA), tangible or visually reinforced operant conditioning audiometry (TROCA, VROCA) or VRA.
- » Testing can be done on each ear separately or on both ears simultaneously in a sound field.
- » The frequencies that need to be tested are 500, 1000, 2000 and 4000 Hz.

#### For children age 5 to 18:

- » Perform all testing exactly as in adults (see *Pure Tone Audiometry In Claimants WITHOUT Cochlear Implants* and *Speech Audiometry In Claimants WITHOUT Cochlear Implants*) with only one difference: test at 500, 1000, 2000 AND 4000 Hz.

## Age-Appropriate Hearing Assessment for Children WITH Cochlear Implants

- There is no need to test a child under 5 years.
- In a child 5 years or older, perform word recognition testing with any age-appropriate version of the Hearing in Noise Test for Children (HINT-C). This testing must be conducted in a quiet sound field.
- Ensure that the claimant's cochlear implant is turned on and functioning properly. If it is not functioning properly, call DDD for further instructions.
- The sentences must be presented at 60 dB HL (hearing level) without any visual cues.
- Calculate the word recognition score.
- Test sentences can be presented from a sound recording or spoken.
- The HINT sentences and other details of the HINT can be found in the audiological literature. A helpful article is the original description of the test which can be accessed from the Journal of the Acoustical Society of America's website: <http://scitation.aip.org/JASA>

» Development of the Hearing In Noise Test for the measurement of speech reception thresholds in quiet and in noise. J. Acoust. Soc. Am. Volume 95, Issue 2, pp. 1085-1099 (February 1994).

## Special Procedures for Claimants Not Fluent in English

- If an appropriate word list from the claimant's most fluent language is available AND the person conducting the test is fluent in that language, perform speech audiometry as in claimants fluent in English (*see Speech Audiometry for Claimants WITHOUT Cochlear Implants*).
- If an appropriate word list from the claimant's most fluent language is not available OR the person conducting the test is not fluent in that language, carefully observe and record how the claimant interacts with family members, interpreters and other people who speak the language in which the claimant is most fluent.

## Validity of Audiometric Testing

If not valid, explain why not.

## Interpretation of the Audiometric Testing

### Special Requirements for Claimants with Vertigo and/or Imbalance

- Write a detailed description of the vertiginous episodes, including their frequency, duration and severity. Document precipitants of the episodes (if known).

- Review outside records if included with the voucher, specifically those that pertain to vertigo, imbalance, hearing loss and neurological disorders.
- Conduct a focused neurological examination, especially if a non-vestibular lesion is suspected. Include a gait description and note any ataxia or unsteadiness. If an ambulatory aid is used, report that and make a determination of whether it is obligatory (or required) to walk on level surfaces, uneven surfaces and for long distances.
- Perform pure tone air and bone conduction audiometry.
- Perform speech audiometry.
- Consider the effects of vertigo and/or imbalance on work abilities (*see Provide a Functional Statement ("Medical Source Statement") of the Claimant's Ability to Hear, Speak and Communicate (unaided)*).

## Review Medical Records from DDD

- If DDD has medical records on the claimant, the agency will send you some of the most pertinent records.
- Incorporate these results, if pertinent, in your otolaryngological diagnostic impressions (*see List Otolaryngological Diagnostic Impressions*) and your functional assessment (*see Provide a Functional Statement ("Medical Source Statement") of the Claimant's Ability to Hear, Speak and Communicate (unaided)*).

## List Otolaryngological Diagnostic Impressions

- This is a key element of the consultative examination and report.
- Include both confirmed diagnoses plus "probable" diagnoses.

## Provide a Functional Statement ("Medical Source Statement") of Claimant's Ability to Hear, Speak and Communicate (unaided)

- This is an "educated estimate" of ability to physically function in the workplace for eight hours per day, five days per week.
- DDD realizes that you do not have the availability of every useful test to help you; that is why it is described as an "educated estimate."
- Use all of the data you do have, including the history, examination results, any X-rays or other tests done in your office (if applicable) and any medical records received from DDD.
- What is most important is that you do a reasonable and realistic assessment of function based on everything you know or have discovered about the claimant's medical illnesses and functional status.

- DDD needs the following regarding in adults otolaryngologic cases:

- » Can the claimant hear and understand conversational speech?
- » Can the claimant hear and understand louder-than-normal speech?
- » Would hearing aids be expected to help? If so by how much?
- » Would a cochlear implant be expected to help? If so by how much?
- » What workplaces/occupations would the individual still be able to work in/able to perform?
- » What environments - with respect to ambient noise - would the claimant still be able to work in?
- » Can the claimant speak?
- » Is the claimant's speech understandable?
- » Can the claimant sustain speech to a normal degree?
- » Does the claimant need an assistive device to speak?
- » If vertigo and/or imbalance are present, how is walking and standing affected?
- » Can the claimant stand or walk without a hand-held aid, like a cane; is a hand-held aid obligatory (required) to stand or walk?
- » Can the claimant change positions normally such as in stooping, or does this precipitate vertigo?
- » About how many hours per day can the claimant stand and/or walk?

- DDD needs to know the following in children's (18 years and under) otolaryngologic cases:

- » Answer the previous questions for adults that are pertinent to children.
- » In addition, comparing the child to typically developing children the same age, how can the claimant function in the following areas:
  - *Hearing*
  - *Understanding*
  - *Speaking*
  - *Intelligibility of speech in known and unknown contexts*
  - *Sustaining speech*
  - *Communicating, relating and interacting with others*
  - *Engaging in age-appropriate communicative behaviors (i.e., turn taking, establishing and maintaining a topic, etc.)*
  - *Moving about and manipulating objects*
  - *Caring for himself/herself*
  - *How the child primarily communicates (i.e., verbally, signing, gesturing, pointing, crying, screaming, etc.)*
  - *How the child's speech and/or hearing would be affected by an assistive or augmentative device.*

### 1151 Form

- For some appeals, an administrative law judge will request an *1151 Form (Part II - Appendix D)*, which should be included in your packet. If it is requested on the voucher but not in the packet, *contact DDD*.
- You are not expected to fill out the portions not related to otolaryngological issues; you must complete the relevant part of page 4, the question about noise exposure on page 5 and sign the form.
- An extra fee is paid for completion of a requested *1151 Form*. The form is self-explanatory.
- The same principles stated under *Provide a Functional Statement ("Medical Source Statement") of the Claimant's Ability to Hear, Speak and Communicate (unaided)* should be used in completing the *1151 Form*.

### Proofread

### Signature

Sign the report personally. Stamps, electronic signatures or signatures by persons other than the consultative physician are not permitted.

## Part VI - Appendices

A. 1151 Form (see Part II - Appendix D)