

Case Number:	CM13-0026037		
Date Assigned:	11/22/2013	Date of Injury:	07/13/2009
Decision Date:	04/17/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient's most recent clinical evaluation documented that the patient had tenderness to palpation in the supraspinatus and infraspinatus muscles with restricted range of motion of the right shoulder and a positive empty can test. The patient's diagnoses included right shoulder tendonitis, right shoulder osteoarthritis, lumbar spine disc herniation. The patient's treatment plan included multiple medications. A request was made for an interpreter.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ONE (1) INTERPETER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: HADZIABDIC E.& HJELM K. 2013 WORKING WITH INTERPRETERS PRACTICAL ADVICE FOR USE OF AN INTERPRETER IN HEALTHCARE.

Decision rationale: The requested interpreter is not medically necessary or appropriate. Peer-reviewed literature titled "Working with Interpreters: Practical Advice for Use of an Interpreter

in Healthcare.", states that care providers should select an interpreter when there is an inability to comfortably communicate in the patient's native language about healthcare issues. Clinical documentation submitted for review does not adequately address the need for an interpreter. There is no documentation that the patient is uncomfortable discussing healthcare issues in the English language. Therefore, the need for an interpreter is not clearly indicated. As such, the requested interpreter is not medically necessary or appropriate.