

Case Number:	CM13-0041281		
Date Assigned:	12/20/2013	Date of Injury:	10/05/2012
Decision Date:	02/28/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic low back pain, and chronic left shoulder pain reportedly associated with an industrial injury of October 5, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties, 29 sessions of physical therapy; attorney representation; and extensive periods of time off of work. In a utilization review report of October 25, 2013, the claims administrator approved a 10 day functional restoration program while denying an interpreter and medical transportation. It is stated that no documentation was proffered as to why an interpreter was necessary. It is not clearly stated why the applicant cannot use public and/or private means of conveyance to attend the Functional Restoration Program. A medical progress note of October 7, 2013 is notable for comments that the applicant is Spanish speaking and presented with a Spanish interpreter. The applicant has ongoing issues of low back, shoulder, and hip pain. The applicant is having associated depression and rotator cuff tendinosis, it is stated. A Functional Restoration Program is sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for an Interpreter: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 2, non-medical issues, once indentified, if possible, should be managed by the provider. In this case, the applicant is Spanish speaking. The applicant does have a language barrier that would prevent effective participation in the functional restoration program. Provision of an interpreter is therefore indicated, appropriate, and reasonable in this context. Accordingly, the original utilization review decision is overturned. The request is certified. It is noted that the favorable MTUS Guideline in ACOEM chapter 2 is echoed by the language of the California Labor Code in section 9795.3.a.2, which does support reimbursement for and provision of an interpreter for medical treatment appointments.

Request for Transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 5, applicants are responsible for keeping and attending appointments. It is the applicant's responsibility to attend the functional restoration program. No compelling rationale or narrative has been attached for the request for authorization enumerating reasons why the applicant cannot transport himself to and from the program. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.