MAXIMUS Federal Services

Case Number:	CM14-0018535		
Date Assigned:	04/18/2014	Date of Injury:	04/04/2011
Decision Date:	06/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/13/2014

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 Internal Medicine, and is licensed to practice in . 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:

Progress note dated 12/11/2013 documented the patient with complaints of right knee pain and depression. She is not accompanied by a qualified Spanish interpreter so my assistant provided translation. She finds her medications Tramadol, naproxen and Cymbalta helpful. She wants an injection for her right knee. She received over 50% pain relief for 8-9 months with her last steroid injection. We requested this at her last appointment but she has not heard anything about this. She says she tried to call her lawyer to get a translator. She does not know why they do not show up. The patient is single and a janitor who is currently not working. Objective findings on exam reveal the patient has an antalgic gait and ambulates with a cane. Examination of the lumbar spine reveals 5/5 bilateral lower extremity strength. Sensation is intact and equal. There is no clonus or increased tone. DTRs are 2+ and symmetrical. Babinski significant is negative. Sciatic notches are pain free to palpation. Patrick's and Gaenslen's maneuver are unable to be performed due to pain. There is tenderness over the paraspinals There is increased pain with flexion and extension. Straight leg raise is positive on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSLATOR FOR ALL OFFICE VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

WWW.AAMC.ORG/STUDENTS/MEDSTUDENTS/GUIDELINES_FOR_USE_OF_MEDICAL_INTERPRETER_SERVICES

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: "SELF-ASSESSED COMPETENCY AT WORKING WITH A MEDICAL INTERPRETER IS NOT ASSOCIATED WITH KNOWLEDGE OF GOOD PRACTICE" PATRICIA HUDELSON, THOMAS PERNEGER, VERONIQUEKOLLY, NOELLEJUNODPERRON

Decision rationale: CA MTUS and ODG do not discuss the issue in dispute and hence other evidence based guidelines have been consulted. As per the referenced guidelines, "language barriers were a common source of difficulty for our respondents, but there was little acknowledgement of the difficulties inherent in using patients' friends and family members as interpreters." Further guidelines indicate that "patients' friends and family members or bilingual hospital staff are used more frequently than professional interpreters and that very few physicians have received training in why and how to work with professional interpreters." In this case, the provider has an employee who can speak Spanish. There is no documentation that the patient lives alone or has no family members or friends who could help her translate. Thus, the medical necessity has not been established and the request is not medically necessary.