

<b>Case Number:</b>	CM15-0108214		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	08/19/2012
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 57-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of August 19, 2012. In a Utilization Review report dated May 26, 2015, the claims administrator failed to approve a request for an interpreting service, stating that the attending provider had failed to establish evidence of limited English proficiency. The claims referenced a May 18, 2015 RFA form and associated progress of the same date. Non-MTUS AAMC Guidelines were referenced in the determination. The applicant's attorney subsequently appealed. In said handwritten note dated May 18, 2015, difficult to follow, not entirely legible, the applicant reported multifocal complaints of neck pain, shoulder pain, and insomnia. Tenderness about the trapezius region was appreciated. Pain medications, a shoulder surgery consultation, Motrin, and acupuncture were endorsed. Permanent work restrictions were continued. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. An interpreting service was sought via a RFA form dated May 18, 2015. In a Doctor's First Report (DFR) dated March 5, 2013, the applicant presented with complaints of neck and shoulder pain. Flector was endorsed. Acupuncture was sought. It was stated that the history was obtained via a "bilingual historian," suggesting that the applicant was not a native English speaker. The applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Interpreting service: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Association of American Medical College 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 ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Independent Medical Examinations and Consultations, pg 171.

**Decision rationale:** Yes, the request for an interpreting service was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Independent Medical Examinations and Consultations Chapter notes on page 171 that usage of a professional translator is "recommended" wherever communication is a problem due to language differences. Here, the documentation on file, was thinly and sparsely developed, did suggest but "did not clearly state" that the applicant was not a native English speaker. The Doctor's First Report (DFR) dated March 5, 2013 was apparently conducted by a "bilingual historian," it was stated on that date, seemingly implying that the applicant was not, in fact, a native and fluent English speaker. Provision of the interpreting service/interpreter was, thus, indicated. Therefore, the request is medically necessary.