

Case Number:	CM15-0114956		
Date Assigned:	06/23/2015	Date of Injury:	09/10/2012
Decision Date:	07/23/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/15/2015

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: 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 injured worker is a 34 year old male who sustained an industrial injury on 9/10/12 from a slip and fall experiencing mid back, legs and neck pain. He was medically evaluated; x-rays were done, received anti-inflammatory medications, was placed on light duty and had physical therapy. He currently complains of neck pain radiating to the upper back (8/10); bilateral wrist pain radiating to the hand (9/10); bilateral hand pain radiating to the fingers (7/10); bilateral finger pain with numbness and tingling (8/10); low back pain radiating to the left side (8-9/10); occasional left hip pain radiating to the leg with numbness and tingling (7/10); left knee pain radiating to the left hip (8/10) associated with numbness and tingling; left foot pain radiating to the toes with numbness and tingling. On physical exam there was tenderness of the bilateral paracervical and trapezius muscles with decreased range of motion, positive depression test of the left and right producing cervical pain; there was palpable tenderness of the volar aspect of the right and left wrists, Phalen's sign was positive on the right and left; tenderness of bilateral paralumbar muscles with decreased range of motion, positive straight leg raise on the right , positive squat and rise test and positive Patrick's Fabere test on the left; tenderness of the anterior aspect of both knees and lateral and medial aspect of the right knee with painful and limited range of motion; pain and tenderness of right and left malleolus. Diagnoses include cervical and lumbar strain/ sprain with musculoligamentous stretch injury, rule out radiculopathy; bilateral wrist sprain and strain, rule out carpal tunnel syndrome; bilateral hand strain/ sprain; left hip sprain/ strain; left hip sprain/ strain, rule out discogenic joint disease; bilateral knee strain/ sprain, rule out right knee discogenic joint disease; bilateral ankle sprain/

strain; bilateral feet sprain/strain; post-traumatic cervicalgia; post-traumatic stress; post-traumatic nervousness. Treatments to date include chiropractic treatments; functional capacity evaluation. On 5/26/15 Utilization Review evaluated requests for interpreting services; Mentherm gel 240 GM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm gel 240 gm: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Section Topical Analgesics Section Page(s): 104, 111-113.

Decision rationale: Mentherm gel contains salicylate and menthol. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. The injured worker is reportedly experiencing benefit from the use of mentherm gel. The request for Mentherm gel 240 gm is medically necessary.

Interpreting service: 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 www.ncbi.nlm.nih.gov/pmc/articles/PMC1955268.

Decision rationale: MTUS guidelines do not address the use of medical interpreters, therefore, alternative guidelines were consulted. A recent study looked at any peer-reviewed article which compared at least two language groups, and contained data about professional medical interpreters and addressed communication (errors and comprehension), utilization, clinical outcomes, or satisfaction were included. Of 3,698 references, 28 were found by multiple reviewers to meet inclusion criteria and, of these, 21 assessed professional interpreters separately from ad hoc interpreters. Data were abstracted from each article by two reviewers. Data were collected on the study design, size, comparison groups, analytic technique, interpreter training, and method of determining the participants' need for an interpreter. Each study was evaluated for the effect of interpreter use on four clinical topics that were most likely to either impact or reflect disparities in health and health care. The study found that In all four areas examined, use of professional interpreters is associated with improved clinical care more than is use of ad hoc interpreters, and professional interpreters appear to raise the quality of clinical care for LEP patients to approach or equal that for patients without language barriers. Published studies report positive benefits of professional interpreters on communication (errors and comprehension), utilization, clinical outcomes and satisfaction with care. In this case, there is no indication in the available documentation that the injured worker cannot understand [REDACTED]. Necessity of this request has not been established within the medical records provided for review. The request for Interpreting service is not medically necessary.