

<b>Case Number:</b>	CM15-0178574		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54 year old female, who sustained an industrial injury on 6-21-2011. The injured worker was being treated for lumbar sprain and strain, lumbar spinal stenosis, lumbar radiculopathy, right shoulder sprain and strain, status post two right knee arthroscopic surgeries, status post left knee arthroscopic surgery, and left knee medial meniscus tear. Medical records (6-19-2015 to 8-21-2015) indicate ongoing constant low back pain radiating to the bilateral lower extremities with numbness and tingling, constant right shoulder pain, and constant bilateral knee pain. Records also indicate that the injured worker was evaluated with the assistance of a [REDACTED] interpreter. The medical records show the subjective pain rating shows no improvement 3 out of 10 of low back and right shoulder and 5 out of 10 of the bilateral knees from 6-19-2015 to 8-21-2015. The physical exam (9-9-2015) reveals limited range of motion of the right shoulder, low back, and bilateral knees. Treatment has included a home exercise program, lumbar epidural steroid injections, and medications including oral pain, topical pain and medical foods. Per the treating physician (8-21-2015 report), the injured worker remains temporarily totally disabled. The requested treatments included interpreting services. On 8-22-2015, the original utilization review non-certified a request for interpreting services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One interpreting services:** 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 Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

**Decision rationale:** The claimant sustained a work injury in June 2011 and is being treated for radiating low back pain and right shoulder and bilateral knee pain. She was seen with a [REDACTED] speaking interpreter on 08/21/15. She had pain rated at 3-5/10. There was decreased lumbar and right shoulder and knee range of motion. Medical foods were dispensed. A continued home exercise program was recommended. Follow-up was planned in 4-6 weeks. Office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In this case, a follow-up visit is indicated. Interpreter services would be included in the coding for the visit and, if the requesting provider is unable to provide this, he would need to transfer care of the claimant to a qualified provider. The request for separate reimbursement of interpreter services is not medically necessary.