

<b>Case Number:</b>	CM13-0015466		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 Emergency Medicine and is licensed to practice in New York. 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:

The patient is a 59-year-old female who was injured on January 18, 2013. The patient continued to experience pain in her right shoulder and lower back, which radiated to her right lower extremity. She also complained of occasional dull pain in the right hip/thigh. The physical examination was notable for normal range of motion in the right shoulder and right hip and tenderness to palpation, with spasm in the right shoulder. The diagnoses included cervicgia, lumbago, pain in right upper arm, and pain in pelvis/right thigh. The treatment included medications. The requests for authorization for an MRI of the right shoulder and an MRI of the right hip were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MRI OF THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207- 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MRI (magnetic resonance imaging)

**Decision rationale:** An MRI of the shoulder is recommended for acute shoulder trauma, suspect rotator cuff tear/impingement, subacute shoulder pain, or suspect instability/labral tear. In this patient, the physical examination was notable for normal range of motion and normal motor strength. The documented physical findings are not indicative of these medical conditions. The MRI is not clinically indicated. Medical necessity is not established.

**MRI OF THE RIGHT HIP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303-304.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, MRI (magnetic resonance imaging)

**Decision rationale:** Indications for an MRI of the hip are osseous, articular or soft-tissue abnormalities, osteonecrosis, occult acute and stress fracture, acute and chronic soft-tissue injuries, or tumors. In this case, the patient complained of occasional dull pain to the right hip. Physical examination documented in the medical record showed that the patient had pain in the hip, but had normal range of motion in the hip. There was no recent history of fall or trauma. Medical necessity is not established for the study.