

<b>Case Number:</b>	CM14-0022499		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	03/06/1992
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Occupational Medicine, and is licensed to practice in Texas. 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 63 year old female with a date of injury of 3/6/1992 while lifting two totes. A 1/30/2014 progress report ( ) indicate 3/10 neck pain, 6/10 shoulder pain, 6/10 right arm pain, 3/10 lower back pain, and history of osteoporosis. Surgical history includes lumbosacral fusion (1/31/2013). Treatment includes an unknown number of physical therapy visits and prescription medications (Baclofen, Clonidine, Elavil, Fiorinal, Flexeril, Lisonipril, Miralax, Mobic, Oxycodone, Oxycotin, Prilosec, Prozac, Senna, Synthroid, Xanax, and Zofran). Physical examination indicates difficulty with right upper extremity abduction over 90 degrees secondary to severe shoulder pain; difficulty with grip strength 4/5; severe left hip pain; and using a walker for ambulation. Diagnoses were lumbago and cervicalgia. advised the patient to consult PCP for osteoporosis care and recommended MRIs of the right shoulder and left hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### MAGNETIC RESONANCE IMAGE OF THE LEFT HIP WITHOUT CONTRAST:

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) Hip & Pelvis (Acute & Chronic), Magnetic Resonance Imaging.

**Decision rationale:** Regarding an MRI of the left hip, the Official Disability Guidelines indicate, "MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films. MRI seems to be the modality of choice for the next step after plain radiographs in evaluation of select patients with an occult hip fracture in whom plain radiographs are negative and suspicion is high for occult fracture." Submitted records did not reveal any radiographs of the left hip performed. The cited guidelines recommend an MRI after plain films. Thus, performing an MRI of the left hip without plain radiographs would be in contrast to the cited guidelines recommendation. Thus, the request for MRI without contrast of the left hip is not medically necessary and appropriate.