

<b>Case Number:</b>	CM14-0011394		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/14/2012
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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. 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 male who sustained an industrial injury on 2-14-12. His initial complaints and the nature of the injury are unavailable for review. The 1-3-14 progress note indicates diagnoses of rotator cuff sprain and strain, adhesive capsulitis of shoulder, and other affections shoulder region. His orthopedic surgical history includes left elbow diagnostic arthroscopy - partial synovectomy - lateral percutaneous release 11-18-10, left knee arthroscopy 2007, revision right elbow lateral epicondylar release 2008, left elbow lateral epicondylar release 6-6-08, left shoulder arthroscopic selective cap release - decompression 8-5-10, right elbow arthroscopic partial synovectomy - percutaneous redo lateral release 9-2-10, left knee arthroscopy 1985, left shoulder arthroscopic selective cap release 3-26-13, left knee arthroscopy 1997, right knee arthroscopy and debridement 1985, right shoulder arthroscopic capsular release 10-10-13, and right elbow open debridement and lateral condyle release June 2007. He presented to the office for right shoulder follow-up and reported that he "feels that his right shoulder is progressing well". He had been attending physical therapy for bilateral shoulders, as well as engaging in a home exercise program, taking Celebrex, and applying ice and heat. The report states that he had been "experiencing a flare-up of his reflex sympathetic dystrophy due to change in the weather". He was noted to be scheduled for a nerve block. The treatment plan was to continue formal physical therapy, use of Celebrex, and his home exercise program. A request for authorization was made for an MRI of the low back and right hip, as well as a CT scan on the lumbar spine.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of the right hip:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (updated 12/09/2013), MRI (Magnetic Resonance Imaging).

**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, Imaging.

**Decision rationale:** The ACOEM and the California MTUS do not specifically address imaging of the hip or lower extremity. The ODG indicates imaging of the pelvis is warranted for osseous, articular or soft tissue abnormalities, osteonecrosis, occult and stress fracture, acute and chronic soft tissue injuries and tumors. In this case, the provided documentation fails to show concern or objective finding consistent with any of the above-mentioned diagnoses. Therefore, criteria for pelvic imaging have not been met per the ODG and the request is not medically necessary.