

<b>Case Number:</b>	CM15-0076907		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	01/15/2015
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 40-year-old female who sustained a work related injury January 15, 2015. While lifting a box from the floor, she turned and felt pain in her neck and right shoulder, radiating down the right arm with right thigh and foot pain. She was diagnosed as a contusion of the right hip and foot and sprain of other specified sites of shoulder. Treatment provided included moist heat and prescriptions for Soma and Motrin. An MRI of the cervical spine, dated February 25, 2015, revealed a 2 mm disc bulge at C5-C6 (report present in medical record). According to a repeat orthopedic evaluation, dated March 5, 2015, the injured worker presented with right shoulder pain and on examination trapezius tightness. She states she feels better and found past physical therapy helpful. She is half way through acupuncture treatment which she feels is causing more aggravation than benefit. Diagnosis is documented as right-sided shoulder trapezius and cervical strain. Treatment plan included conversion to physical therapy treatments and adjustment of medications. At issue, is the request for MRI right hip/pelvis without dye.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) Right Hip/ Pelvis without Dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Campbell's Operative Othopaedics, 12th Edition.

**Decision rationale:** The injured worker is a 40-year-old female who sustained a work related injury January 15, 2015. While lifting a box from the floor, she turned and felt pain in her neck and right shoulder, radiating down the right arm with right thigh and foot pain. She was diagnosed as a contusion of the right hip and foot and sprain of other specified sites of shoulder. Treatment provided included moist heat and prescriptions for Soma and Motrin. An MRI of the cervical spine, dated February 25, 2015, revealed a 2 mm disc bulge at C5-C6 (report present in medical record). According to a repeat orthopedic evaluation, dated March 5, 2015, the injured worker presented with right shoulder pain and on examination trapezius tightness. She states she feels better and found past physical therapy helpful. Hip injuries are so rare that the ACOEM guidelines does not have a chapter on hip complaints. There were no significant traumatic hip/pelvis complaints and a hip/pelvis MRI was not medically necessary.