

<b>Case Number:</b>	CM13-0046679		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, 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 physician 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 43-year-old male who reported an injury on 08/08/2013. The patient is diagnosed with right knee arthrofibrosis status post ACL and medial collateral ligament injury. The patient is also status post arthroscopic multicompartement synovectomy and manipulation under anesthesia on 10/29/2013. The patient was previously seen by [REDACTED] on 09/22/2013. The patient underwent an MRI of the right knee following initial injury on 08/08/2013, which revealed evidence of an ACL tear, MCL tear, microtrabecular fracture of the lateral femoral condyle, and possible displacement of the medial meniscus. Physical examination of the right knee revealed decreased range of motion with intact sensation. Plain films obtained in the office on that date revealed mild arthritic changes of the right knee. The patient was then diagnosed with ACL and MCL injury with possible displaced meniscal fragment. The patient was to proceed with a course of physical therapy and bracing. The patient was subsequently scheduled for surgical intervention with preoperative prescriptions for Keflex, Zofran, Ibuprofen, Colace, Norco, and Vitamin C.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Postoperative Physical Therapy x 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** California MTUS Guidelines state the initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following derangement of the meniscus or loose body in the knee includes 12 visits over 12 weeks. Postsurgical treatment following manipulation under anesthesia includes 20 visits over 4 months. The current request for postoperative physical therapy x12 sessions exceeds guideline recommendations. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

**The request for Vitamin C 500mg 1 po qd:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus web, Vitamin C.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food.

**Decision rationale:** Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician, and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Although the patient was scheduled to undergo surgical intervention, there was no documentation noting significant indications for the requested medication. There was no indication that this patient was at risk for delayed healing of a surgical wound, nor was there evidence of vitamin C deficiency. The medical necessity for this requested medication has not been established. As such, the request is non-certified.