MAXIMUS Federal Services

Case Number:	CM14-0000983		
Date Assigned:	01/10/2014	Date of Injury:	06/28/2000
Decision Date:	06/23/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/02/2014

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 Internal Medicine, and is licensed to practice in California. 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 51-year-old female who has submitted a claim for Bilateral Shoulder Impingement, Symptomatic AC Joint Arthritis, and Possible Rotator Cuff Tear on the left with Possible Recurrent Rotator Cuff Tear on the Right, and Labral Tear of the Right Shoulder, associated with an industrial injury date of June 28, 2000. Medical records from 2013 were reviewed, which showed that the patient complained of bilateral shoulder pain, more on the right. On physical examination, there was limitation of range of motion of the shoulder bilaterally. There was tenderness of the acromioclavicular (AC) joint bilaterally. The right shoulder greater tuberosity and proximal biceps were tender as well. Impingement test was positive bilaterally.Treatment to date has included medications and physical therapy. Utilization review from December 24, 2013 denied the request for postoperative Vitamin C 500 mg #60 because the requested surgery was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE VITAMIN C 500MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedicineNet.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: "Vitamin C." MedlinePlus.
<http://www.nlm.nih.gov/medlineplus/ency/article/002404.htm>

Decision rationale: According to MedlinePlus, vitamin C is needed for the growth and repair of tissues in all parts of the body and is used to heal wounds and form scar tissue. The best way to get the daily requirement of essential vitamins, including vitamin C, is to eat a balanced diet that contains a variety of foods. For adults, recommended adequate intake is 90 mg/day. In this case, vitamin C was requested to promote healing post-operatively. However, there is no clear rationale for exceeding the recommended daily intake during the post-operative period. It is likewise unclear due to lack of documentation if the right shoulder arthroscopic repair was already accomplished. Therefore, the request for postoperative Vitamin C 500mg, #60 is not medically necessary.