

Case Number:	CM14-0024249		
Date Assigned:	06/11/2014	Date of Injury:	08/13/2013
Decision Date:	07/25/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/26/2014

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 Orthopedic Surgery 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 injured worker is a 57 year old male who reported an injury on 08/13/2013. Mechanism of injury is unknown. The injured worker is post-operative left knee multi-compartment synovectomy and meniscectomy. On physical examination of his left knee the injured worker had mild effusion. His range of motion was 0 to about 130 degrees. The injured worker was able to make a 70% of squat. Provocative testing was negative. The exam also revealed negative for joint line tenderness. The injured worker has diagnoses of pain in joint involving lower leg and sprain of unspecified site of knee and leg. The injured worker has had physical therapy, cortisone injections and medication therapy. Medications include Keflex 500mg #45, Zofran 4mg, Ibuprofen 600mg #90, Colace 100mg #10 and Norco 5/325mg #30. The treatment plan is Vitamin C 500mg #60. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin C 500mg #60: 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 Other Medical Treatment Guideline or Medical Evidence: WebMD (Uses).

Decision rationale: The request for Vitamin C 500mg #60 is non-certified. Evidence based guidelines make no recommendations regarding the medical necessity of Vitamin C in the post-operative care of the injured worker. WebMD indicates that the use of Vitamin C may be effective in helping with facial wrinkles, reducing the risk of certain cancers of the breast and mouth, treating the common cold, preventing sunburn and helping in the decrease of protein in the urine of people with type 2 diabetes. Evidence also shows that it is ineffective in reducing the risk of stroke, Alzheimer's, eye disease, pancreatic cancer and prostate cancer. There was no evidence proving that Vitamin C would contribute to any functional deficits the injured worker may have. As such, the request for Vitamin C 500mg #60 is non-certified.