

Case Number:	CM14-0189868		
Date Assigned:	11/21/2014	Date of Injury:	07/02/2014
Decision Date:	01/16/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/13/2014

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 Minnesota. 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 56 year old female who felt a pop in her left knee while walking at a brisk pace on 7/2/2014. Her pain was medial. Magnetic resonance imaging (MRI) of the knee revealed mucoid degeneration and probable tear in the posterior horn of the medial meniscus. Minimal lateral meniscus tearing was noted. She was treated with physical therapy but failed to improve. Arthroscopy with partial meniscectomy was requested and approved by UR on 10/21/2014. A request for Post-operative physical therapy was modified by UR from 12 sessions to 6 sessions. IMR is requested for the modification and also for a non-certified request for Vitamin C.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24, 10, 11.

Decision rationale: The Post-surgical treatment guidelines recommend 12 visits over 12 weeks for a meniscectomy. The post-surgical physical medicine period is 6 months. The guidelines recommend an initial course of therapy of 6 visits and with documentation of objective

functional improvement a subsequent course of therapy of 6 additional visits may be prescribed. The request as stated is for 12 visits and exceeds the guidelines. As such, the request for post-operative physical therapy # 12 is not supported by guidelines and is not medically necessary.

Vitamin C 500 mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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: Medline Plus

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) do not address this issue. According to Medline Plus, 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. The request for supplements of Vitamin C 500 mg is not supported by guidelines and as such, is not medically necessary.