

Case Number:	CM15-0149960		
Date Assigned:	08/13/2015	Date of Injury:	07/30/2011
Decision Date:	09/14/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/03/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 55-year-old female who sustained an industrial injury on 7/30/11, relative to cumulative trauma. Past surgical history was positive for left carpal tunnel release. She had a history of gastroesophageal reflux disease. The 12/4/14 left shoulder MR arthrogram revealed a small undersurface tear of the rotator cuff, a small anterior inferior labral tear, and a small Hills-Sachs deformity. Conservative treatment including activity modification, medications, and physical therapy. The 7/10/15 treating physician report cited persistent left shoulder pain that was interfering with activities of daily living. Physical exam documented tenderness over the greater tuberosity and proximal biceps and mild acromioclavicular joint tenderness. Left shoulder range of motion was flexion 130 degrees, external rotation 40 degrees, and internal rotation to the lumbar level. The treatment plan recommended left shoulder subacromial decompression, possible rotator cuff repair, and possible rotator cuff repair. Authorization was requested for post-operative Vitamin C 500 mg, quantity 60. The 7/21/15 utilization review certified the request for left shoulder surgery. The associated surgical request for post-operative Vitamin C was non-certified as there were no evidence-based studies to support its use in surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative Vitamin C 500mg, quantity: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Medical Fee Schedule (OMFS) General Instructions, p7, Dietary supplements.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, prevention Page(s): 38. Decision based on Non-MTUS Citation Fukushima R, Yamazaki E. Vitamin C requirement in surgical patients. *Curr Opin Clin Nutr Metab Care*. 2010 Nov;13(6):669-76. doi: 10.1097/MCO.0b013e32833e05bc.

Decision rationale: The California MTUS guidelines support the use of prophylactic Vitamin C for the prevention of complex regional pain syndrome for patients who are status post fracture. Guideline criteria have not been met. This injured worker is undergoing shoulder arthroscopic surgery. There is no documentation of signs/symptoms of emerging complex regional pain syndrome to support the medical necessity of this request. There is no rationale submitted by the treating physician to support the medical necessity of this request. Vitamin C has not been adequately proven with regards to overall efficacy and safety. There are insufficient large-scale, randomized, controlled references showing the safety and efficacy of the requested vitamin in this injured worker's clinical scenario. Therefore, this request is not medically necessary.