

Case Number:	CM15-0199438		
Date Assigned:	10/14/2015	Date of Injury:	04/04/2012
Decision Date:	12/01/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/10/2015

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: Minnesota, Florida
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 56 year old female sustained an industrial injury on 4-4-12. Documentation indicated that the injured worker was receiving treatment for left shoulder pain with impingement, acromial joint arthritis and calcific tendinitis. Previous treatment included physical therapy, injections and medications. In a progress report dated 9-23-15, the injured worker complained of ongoing left shoulder pain with weakness. The injured worker reported that recent cortisone injection was helpful for about three days. Physical exam was remarkable for tenderness to palpation to the acromial joint, greater tuberosity and proximal biceps with limited range of motion, 4 out of 5 strength and positive impingement test. The physician recommended arthroscopic decompression and debridement. The physician was recommending preoperative medications to include: Keflex, Ibuprofen, Colace, Norco and Vitamin C. On 10-2-15, Utilization Review noncertified a request for Vitamin C 500mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin C 500mg QTY: 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 Harrison's Principles of Internal Medicine 18th Edition Page 599.

Decision rationale: According to Harrison's Principles of Internal Medicine, 18th edition, vitamin C deficiency causes scurvy. In the United States this is seen primarily among the poor and elderly, in alcoholics, and in individuals consuming macrobiotic diets. Good dietary sources of vitamin C include citrus fruits, green vegetables specially broccoli, tomatoes, and potatoes. The documentation provided does not indicate that there is deficiency of vitamin C. As such, the request for supplementation of vitamin C 500 mg. #60 is not supported and the request is not medically necessary and has not been substantiated.