

<b>Case Number:</b>	CM15-0209590		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	01/14/2014
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2015

### 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:

The injured worker is a 31 year old male who sustained an industrial injury 01-14-14. A review of the medical records reveals the injured worker is undergoing treatment for right shoulder partial rotator cuff tear, possible labral tear, and right shoulder persistent pain and stiffness. Medical records (10-02-15) reveal no documentation of pain or complaints. The physical exam reveals reported to have full range of motion with 4/5 rotator cuff strength with positive tendon signs. Moderate acromioclavicular joint tenderness is noted. Prior treatment includes therapy, modified duty, and shoulder injections. The treating provider reports the plan of care is right shoulder surgery. The original utilization review (10-15-15) non certified the request for 16 post-operative physical therapy session, and vitamin C 500mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Op Physical Therapy 2 times a week for 8 weeks for 16 visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

**Decision rationale:** California MTUS postsurgical treatment guidelines recommend 24 visits over 14 weeks for rotator cuff syndrome/impingement syndrome. The initial course of therapy is one half of these visits which is 12. Then with documentation of continuing functional improvement, a subsequent course of therapy of the remaining 12 visits may be prescribed. The request as stated is for 16 visits which exceeds the guideline recommendations and as such, the request is not medically necessary and has not been substantiated.

**Vitamin C 500mg 1 PO QD #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Monatsschr Pharm. 2009 Feb; 32(2):49-54; quiz 55-6.

**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 good dietary sources of vitamin C include citrus fruits, green vegetables specially broccoli, tomatoes and potatoes. Vitamin C deficiency is seen primarily among the poor and elderly and in alcoholics. The documentation does not indicate that the injured worker has evidence of scurvy. As such, the request for vitamin-C supplementation is not supported and the request is not medically necessary and has not been substantiated.