

<b>Case Number:</b>	CM15-0028819		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	03/15/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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 60-year-old male who sustained an industrial injury on 03/15/2014. Current diagnoses include left knee medial meniscus tear and arthritis. Previous treatments included medication management and activity modification. Report dated 01/06/2015 noted that the injured worker presented with complaints that included left knee pain, and swelling. Physical examination was positive for abnormal findings. Utilization review performed on 01/20/2015 certified arthroscopy with medial meniscectomy but non-certified a prescription for 12 sessions of post-op physical therapy for the left knee and vitamin C 500 mg qty.60, based on the guideline recommendations. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy for the left knee QTY: 12.00:** Upheld

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

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

**Decision rationale:** With regard to postsurgical physical therapy, the California MTUS postsurgical treatment guidelines indicate 12 visits over 12 weeks for a meniscectomy. The postsurgical physical medicine treatment can extend up to 6 months. The initial course of therapy is half of these visits which is 6. Then with documentation of continuing objective functional improvement a subsequent course of therapy of 6 visits may be prescribed. The request as submitted is for 12 visits. This exceeds the guidelines recommendation of 6 visits and as such, the medical necessity of the request has not been substantiated.

**Vitamin C 500mg QTY: 60.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/ency/article/002404.htm>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation VITAMIN C: Harrison's Principles of Internal Medicine 18th edition 2012. Chapter 74, page 599.

**Decision rationale:** Vitamin C is a dietary supplement. As such, it is not included in the formulary for Worker's Compensation as a drug. Good dietary sources of vitamin C include citrus fruits, green vegetables especially broccoli, tomatoes and potatoes. Consumption of 5 servings of fruits and vegetables a day provides vitamin C in excess of the RDA of 90 mg per day for males and 75 mg per day for females. In addition, approximately 40% of the US population consumes vitamin C as a dietary supplement in which natural forms of vitamin C are no more bioavailable than synthetic forms. Smoking, hemodialysis, pregnancy, and stress appear to increase vitamin C requirements. High-dose vitamin C supplementation may slightly decrease the symptoms and duration of upper respiratory tract infections. Vitamin C supplementation has been reported to be useful in Chediak-Higashi syndrome and osteogenesis imperfecta. Diets high in vitamin C have been claimed to lower the incidence of certain cancers, particularly esophageal and gastric cancers. If proved, this effect may be due to the fact that vitamin C can prevent the conversion of nitrites and secondary amines to carcinogenic nitrosamines. However, an intervention study from China did not show vitamin C to be protective. Parenteral ascorbic acid has been suggested to have a potential therapeutic role in the treatment of advanced cancers. Osteoarthritis of the knee is a consequence of production of matrix metalloproteinases by the chondrocytes and macrophages with associated degradation of the cartilaginous matrix as well as collagen fibers leading to fibrillation. There is a genetic predisposition to the production of matrix metalloproteinases. As such, supplementation with vitamin C does not prevent osteoarthritis. In light of the above, the request for vitamin C 500 mg per day # 60 is not supported and the medical necessity of the request has not been substantiated.