

Case Number:	CM15-0031796		
Date Assigned:	02/25/2015	Date of Injury:	03/18/2001
Decision Date:	04/07/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/19/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 48 year old female, who sustained an industrial injury on 3/18/2001. The diagnoses have included right shoulder impingement with possible rotator cuff or labral tears. Treatment to date has included cortisone injection to right shoulder, physical therapy and medication. According to a consultation dated 10/25/2014, the injured worker had several falls on the right shoulder. It was noted that magnetic resonance imaging (MRI) of the right shoulder done on February 21, 2014 showed evidence of tendinosis of the rotator cuff. Physical exam revealed decreased range of motion of the right shoulder and mild tenderness at the acromioclavicular (AC) joint. Impingement test was positive. According to the progress report dated 1/26/2015, the injured worker was seen for follow-up of her right shoulder. She stated that a cortisone injection received at the last visit was helpful for a short period of time. She reported that the combination of physical therapy and the injection provided improvement, but she still continued to struggle with range of motion and pain. She noticed popping in her shoulder. Treatment plan was to proceed with decompression and debridement and treatment of any rotator cuff or labral pathology in either arthroscopic or mini open fashion. On 2/4/2015, Utilization Review (UR) non-certified a request for postoperative Vitamin C 500mg. Non-Medical Treatment Utilization Schedule (MTUS) Guidelines were cited: www.nlm.nih.gov/medlineplus/ency/article/002404.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative Vitamin C 500 mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.webhealthcentre.com/drugix/Vitamin_C_di0149.aspx.

Decision rationale: Pursuant to web health center postoperative vitamin C 500 mg is not medically necessary. Vitamin C is a compound that is necessary for proper growth and health. They are needed in small amounts only and are usually available in the normal foods that are ingested. Ascorbic acid (vitamin C) is necessary for wound healing. Vitamin C plays a major role in many oxidative and other metabolic reactions essential for formation and stabilization of collagens, conversion of folic acid to folic acid, synthesis of adrenal steroids and catecholamine's. It is very important for maintenance of intracellular tissue. In this case, the injured worker's working diagnoses are chronic low back pain with degenerative this disease; subsequent Intrathecal pain pump; repeat fusion of L4, L5 and L5, S1; carpal tunnel syndrome status post-surgical intervention; right shoulder status post-surgical intervention; and status post lumbar injury aggravation. Vitamin C has not been adequately proven with regards to overall efficacy and safety in the postoperative period. There are insufficient large-scale, randomized, controlled references showing the safety and efficacy of the requested vitamin in the patient's clinical scenario guidelines. There is no clinical indication based on physical examination findings for vitamin C postoperatively. Consequently, absent clinical documentation support the need for post-operative vitamin C, postoperative vitamin C 500 mg is not considered medically necessary.