

<b>Case Number:</b>	CM14-0181432		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 44-year-old female with a 4/17/13 date of injury. According to the progress report dated 9/10/14, the patient had gone through a course of physical therapy. Despite that, her shoulder continued to be symptomatic. On examination, she forward elevated to about 125 degrees, externally rotated to 40 degrees, and internally rotated to the mid lumbar level. She was tender over the biceps tendon primarily with more minimal tenderness over the acromioclavicular (AC) joint. Because of her continued adhesive capsulitis that has failed prolonged conservative management, she would like to proceed with manipulation under anesthesia with arthroscopic lysis of adhesions and treatment of any rotator cuff or labral pathology in either arthroscopic or mini open fashion. The provider has requested a 30 day supply of anti-inflammatory medication, a limited supply of narcotic medication and antibiotics, antiemetic medications to reduce nausea, stool softener to reduce constipation, and vitamin C to promote healing to be taken postoperatively. A request for physical therapy after the procedure was requested as well. Diagnostic impression: adhesive capsulitis of the left shoulder, left shoulder subluxation. Treatment to date: medication management, activity modification, physical therapy, injections. A UR decision dated 10/2/14 denied the requests for Vitamin C, post-op physical therapy, and Norco. A UR decision dated 10/2/14 denied the request for subacromial decompression, possible distal clavicle excision, debridement, left shoulder possible labral repair, possible RCR, and possible biceps tenodesis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vitamin C 500 mg 1 tab by mouth every day:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/ency/article/002404.htm>

**Decision rationale:** CA MTUS and ODG do not address this issue. Vitamin C is a water-soluble vitamin that is necessary for normal growth and development. Water-soluble vitamins dissolve in water. Leftover amounts of the vitamin leave the body through the urine. Vitamin C is needed for the growth and repair of tissues in all parts of the body. It is used to: form an important protein used to make skin, tendons, ligaments, and blood vessels; heal wounds and form scar tissue; repair and maintain cartilage, bones, and teeth. In the present case, it is noted that the provider has requested vitamin C to promote healing to be taken postoperatively. However, the requested surgical procedure was denied in a UR decision dated 10/2/14. Since the initial operative request was not found to be medically necessary, the associated postoperative request cannot be substantiated. Therefore, the request for Vitamin C 500 mg 1 tab by mouth every day is not medically necessary.

**Post-op physical therapy 2 times a week for 6 weeks to the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.3 Postsurgical Treatment Guidelines - Adhesive Capsulitis.

**Decision rationale:** If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guidelines support up to 24 physical therapy visits over 14 weeks for the postsurgical treatment of adhesive capsulitis. However, in the present case, the requested surgical procedure was denied in a UR decision dated 10/2/14. Since the initial operative request was not found to be medically necessary, the associated postoperative request cannot be substantiated. Therefore, the request for post-op physical therapy 2 times a week for 6 weeks to the left shoulder is not medically necessary.

**Norco 7.5/325 mg, 1-2 tabs by mouth every 4-6 hours as needed for pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines 9792.24.2 Opiates; 9792.22 General Approaches Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Opiates

**Decision rationale:** CA MTUS states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time, such as in a postoperative setting. In the present case, the provider has requested narcotic medication to be taken postoperatively. However, the requested surgical procedure was denied in a UR decision dated 10/2/14. Since the initial operative request was not found to be medically necessary, the associated postoperative request cannot be substantiated. Therefore, the request for Norco 7.5/325 Norco 7.5/325 mg, 1-2 tabs by mouth every 4-6 hours as needed for pain is not medically necessary.