

Case Number:	CM15-0061676		
Date Assigned:	04/07/2015	Date of Injury:	06/12/2014
Decision Date:	05/06/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/01/2015

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 37 year old male, who sustained an industrial injury on 06/12/2014. On provider visit dated the injured worker has reported left shoulder joint pain, stiffness and soft tissue pain in the muscle tissue and weakness. On examination of the left shoulder was noted to have a positive impingement sign, Apley's scratch test, crepitus on motion and tenderness on scapula edge posterior was noted. The diagnoses have included a left shoulder sprain, probable recurrent labral tear left shoulder and impingement left shoulder. Treatment to date has included therapy and medication. The provider requested Vitamin C 500mg tablet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin C 500mg quantity 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 <http://www.rxlist.com/ascorbic-acid-drug/indications-dosage.htm>.

Decision rationale: Pursuant to Rxlist.com, Vitamin C 500 mg #60 is not medically necessary. Vitamin C is indicated for patients with acute deficiency or for those whose absorption of orally ingested ascorbic acid is uncertain. Symptoms of mild deficiency may include faulty bone and tooth development, gingivitis, bleeding gums and loosened teeth. For additional details see the attached link. In this case, the injured worker's working diagnoses are left shoulder sprain; probable recurrent labral tear left shoulder; impingement left shoulder acromioclavicular. Objectively, there is no swelling, no deformity and no tenderness palpation over the shoulder. December 10, 2014 the injured worker had an MRI of the left shoulder that did not show a labral tear, impingement or rotator cuff tear. The treatment plan indicates modified duty. There is no clinical indication for clinical rationale for vitamin C documented in the medical record. Consequently, absent clinical documentation with the clinical indication and rationale documented in medical record, Vitamin C 500 mg #60 is not medically necessary.