

Case Number:	CM13-0063811		
Date Assigned:	12/30/2013	Date of Injury:	11/08/2011
Decision Date:	04/18/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/10/2013

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 Licensed in Podiatry 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:

The patient is a 43-year-old male who reported an injury on 11/08/2011. The patient reportedly slipped on the floor and heard a snap in his lower extremity. The patient is currently diagnosed with delayed union right tibia/fibula fracture, compensatory sprain of the lumbar spine, diffuse osteoporosis, status post removal of fixation screws in the right tibial rod, left greater trochanteric bursitis, status post right tibial rod/hardware removal, and right plantar fasciitis. The patient was recently seen by [REDACTED] on 11/12/2013. The patient reported persistent right knee and right foot pain. The patient reported no improvement with physical therapy sessions. Physical examination revealed tenderness to palpation in the right palmar fascia and metatarsals, an antalgic gait, and 4/5 weakness in the right quadriceps. X-rays obtained in the office on that date indicated fracture consolidation. Treatment recommendations included continuation of postoperative physical therapy as well as a prescription for a night plantar fascia splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

PLANTAR FACITIS NIGHT ORTHOSIS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: California MTUS/ACOEM Practice Guidelines state rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. Night splints, as part of a treatment regimen that may include stretching, range of motion exercises, and NSAIDS, may be effective in treating plantar fasciitis. As per the documentation submitted, the patient maintains a diagnosis of right plantar fasciitis. The patient's physical examination does reveal tenderness in the right palmar fascia and metatarsals. The patient does ambulate with an antalgic gait and an assistive device. The patient is also being treated with opioid medication, and is attending physical therapy. As California MTUS/ACOEM Practice Guidelines do support night splints for plantar fasciitis, the current request can be determined as medically appropriate. Therefore, the request is certified.