

Case Number:	CM14-0158420		
Date Assigned:	10/01/2014	Date of Injury:	03/02/2009
Decision Date:	12/18/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/26/2014

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 Internal Medicine, Gastroenterology and is licensed to practice in Florida. 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 injured worker is a 40-year-old female who reported an injury on 03/02/2009 due to cumulative trauma. Her diagnoses include plantar fasciitis of the bilateral lower extremities and painful gait. The documentation submitted for review included order forms for night splints for the bilateral feet and an interferential unit. However, clinical notes with details regarding the injured worker's treatment history, as well as subjective and objective findings were not provided. There was also no rationale for the requests or Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Night splints for the bilateral feet: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Durable medical Equipment (DME)

Decision rationale: The request received for night splints for the bilateral feet is not medically necessary. The California MTUS/ACOEM guidelines state the use of night splints as an option

as part of a treatment regimen that may include stretching, range-of-motion (ROM) exercises and nonsteroidal anti-inflammatory drugs (NSAIDs), may be effective in treating plantar fasciitis, though evidence is limited. The Official Disability Guidelines recommend generally if there is a medical need of the device or system meets Medicare's definition of durable medical equipment. The term DME is defined as equipment which can withstand repeated use, can only be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, and is generally not useful to a person in the absence of illness or injury, and is appropriate for the use in a patient's home. There is no detailed exam or report providing medical necessity for night splints to the bilateral lower feet included in the documentation submitted for review. Therefore, the request for night splints for bilateral feet is not medically necessary.

Home IF Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 118.

Decision rationale: The request for home IF unit is not medically necessary. The California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. The guidelines state it could possibly be appropriate for the following conditions if it has been documented and proven to be effective as directed or pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, and significant pain from postoperative conditions limit the ability to perform applied by the physician or provider license to provide physical medicine. If the criteria is met, then a 1 month trial may be appropriate to permit the physician and physical medicine provider to study the effects of benefits. The documentation did not include a detailed exam or report providing medical necessity for the use of a home IF unit. Based on lack of documentation providing evidence of ineffectively controlled pain, history of substance abuse, significant pain from postoperative conditions and lack of detailed exam or report showing the injured worker was unresponsive to conservative measures, the request for home IF unit is not medically necessary.