

<b>Case Number:</b>	CM14-0038841		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/06/2008
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 64-year-old female who was injured on June 6, 2008. The patient continued to experience pain in right foot. Physical examination was notable for broad-based gait, tenderness over the right third metatarsal phalangeal joint, tenderness over the plantar fascia, and tenderness over the Achilles tendon. Diagnoses included plantar fasciitis, synovitis third metatarsal phalangeal joint, and acquired pes planus deformity bilaterally. Treatment included physical therapy, TENS unit, home exercise program, and medications. Requests for authorization for 4-wheeled walker with seat and Darco body armor night splint #1 were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A 4-wheeled walker with seat qty:1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, (Acute and Chronic), Walking Aids.

**Decision rationale:** Walking aids are recommended for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices. In this case the patient was able to ambulate with a broad-based gait. The patient's pain increased with ambulation. However, no weakness has been identified. There is no documentation of ambulatory dysfunction and no indication for a seated walker. The request is not medically necessary.

**Dispensed Darco body armor night splint universal qty:1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ankle & Foot, (Acute and Chronic), Plantar fasciitis, tension night splints.

**Decision rationale:** Darco body armor night splint is a device, which supplies specific and sustained stretch to the plantar fascia and a sustained low load stretch to the flexor tendons, Achilles tendon, and calf muscles. Tension night splints are recommended for plantar fasciitis, when used in combination with a visco-elastic heel pad, stretching program and non-steroidal anti-inflammatory drugs. In this case the patient was not using a heel pad and was not participating in a stretch program. The conditions for use of a tension night splint have not been met. The request is not medically necessary.