

Case Number:	CM14-0196463		
Date Assigned:	12/04/2014	Date of Injury:	11/23/2013
Decision Date:	03/04/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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: Colorado

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

20 year old male with date of injury 11/23/2013 continues care with treating physician. Patient has multiple complaints including chronic low back pain, neck pain, mid-back pain, bilateral shoulder pain, headaches and dizziness, and bilateral ankle and foot pain. The patient has tried acupuncture and received some benefit from that. Patient's medication regimen is not discussed, though he was on topical analgesics at one point. As of 10/7/2014 office visit, the most recent record available for review, patient is able to bear full weight but has tenderness through the right forefoot and plantar fascia. The treating physician requests night splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Night Splint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot, Bracing

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1191-1192.

Decision rationale: The MTUS Guidelines do not address night splinting, so the ACOEM was consulted. Per the ACOEM, Night splinting, which maintains foot in dorsiflexion, can be used for subacute and/or chronic plantar fascial pain. Night splinting stretches the plantar fascia thereby preventing contracture / stiffness that can develop overnight in the plantar fascia. Several moderate quality studies have looked at night splinting and the results are equivocal. While the ACOEM acknowledges a lack of quality evidence to support night splinting, as it is non-invasive and relatively inexpensive, the ACOEM still recommends it as a conservative therapy. For the patient of concern, the records are unclear as to exactly the plans for treatment of patient's ankle / foot pain, and the diagnosis for which night splinting is being requested is also not clear.. MRIs are requested after 10/7/2014 podiatry visit, but there is no documentation provided that indicates a treatment plan for the pain. Night splinting can be recommended for plantar fascia pain, but has not been shown in studies to be very effective on its own. Without more information on plan for ankle / foot pain, and the specific treatments being considered, the request for night splinting is not medically indicated.