

Case Number:	CM15-0038100		
Date Assigned:	03/06/2015	Date of Injury:	02/27/2013
Decision Date:	04/17/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/02/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65-year-old male, who sustained an industrial injury on 2/27/13. He has reported right foot pain. The diagnoses have included posterior tibial tendon dysfunction, right stress fracture and right ankle degenerative joint disease. Treatment to date has included plantar fascia injection of right foot, topical medications and a cane for ambulation. Currently, the injured worker complains of pain in right foot with difficulty weight bearing. On physical exam significant loss of the medial longitudinal arch or severe pes planus deformity of the right foot is noted; he has difficulty with ambulation and gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Night splint (right foot): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370, 371.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines ankle and foot chapter, orthotic devices.

Decision rationale: The patient presents with pain in the right foot with difficulty weight bearing. The request is for NIGHT SPLINT (RIGHT FOOT). The RFA is not provided. Patient's diagnosis included posterior tibial tendon dysfunction, right stress fracture, and right ankle degenerative joint disease. Treatments to date have included plantar fascia injection of right foot, topical medications, and a cane for ambulation. Patient is temporarily totally disabled. The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines under ankle and foot chapter regarding orthotic devices states that it is recommended for plantar fasciitis and forefoot pain in rheumatoid arthritis. ODG also states, "Both prefabricated and custom orthotic devices are recommended for plantar heel pain plantar fasciitis, plantar fasciosis, heel-spur syndrome. Orthosis should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom-made orthosis in people who stand for more than eight hours per day."In this case, on physical examination, significant loss of the medial longitudinal arch or severe pes planus deformity of the right foot is noted; patient has difficulty with ambulation and gait. The patient does meet the required criteria by ODG for orthotic devices. The request IS medically necessary.