

<b>Case Number:</b>	CM15-0117283		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Texas, California  
 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:

The injured worker is a 67-year-old female who sustained an industrial injury on 9/8/2011 resulting in bilateral foot pain. The injured worker is diagnosed with proximal plantar fasciitis of the left heel. Treatment has included corticosteroid injections from which she reported little improvement, orthotics, and stretching exercises. She reports worsening left heel pain. The treating physician's plan of care includes a dorsiflexion splint. The injured worker is permanent and stationary. Present work status is not documented. The medication list include Amitriptyline, Meloxicam and Levothyroid. The patient has used orthotics for this injury. Per note dated 5/1/15 patient had complaints of pain in ankle and knee. Physical examination of the ankle revealed good ROM, tenderness on palpation, normal motor and sensory examination. The physical examination of the ankle on 3/20/15 revealed antalgic gait, limited range of motion and tenderness on palpation. The patient's surgical history included right knee and hip surgery. Patient has received an unspecified number of PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom-Molded Night AFO Dorsiflexion Splint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (updated 06/22/15) Bracing (immobilization).

**Decision rationale:** Request: Custom-Molded Night AFO Dorsiflexion Splint. Per the ACOEM guidelines cited below "Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia." As per cited guidelines Bracing (immobilization) is "Not recommended in the absence of a clearly unstable joint." Physical examination of the ankle revealed normal sensory and motor examination and there was no evidence of significant instability of the joint. Rationale for requesting Custom-Molded Night AFO Dorsiflexion Splint was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Response to conservative treatment including PT and medication was not specified in the records provided. Significant functional deficits that would require a Custom-Molded Night AFO Dorsiflexion Splint was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Custom-Molded Night AFO Dorsiflexion Splint is not fully established for this patient.