

Case Number:	CM15-0127561		
Date Assigned:	07/14/2015	Date of Injury:	09/21/2012
Decision Date:	08/13/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/02/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 46 year old male who sustained an industrial injury on 9/21/12 from a 44 foot fall landing on top of a ladder and hitting the left side of his body and head on concrete. He had symptoms involving his left hip, knee, ankle, shoulder, elbow, wrist, hand, neck, back and history of headaches. He was medically evaluated, given medication, had x-rays of the left ankle only which revealed no fractures. He currently (1/15/15, other progress notes from 5/22/15, 4/8/15 are illegible) complains of neck pain radiating to the upper extremities; bilateral shoulder, elbow, forearm and wrist pain with numbness and tingling; left knee; left ankle pain and mid and low back pain. In addition he has daily headaches. Physical exam of the cervical spine, lumbar spine, forearms, elbows, knees were positive for tenderness and spasms; the left ankle/ foot revealed slight calcaneal valgus deformity with associated hyperpronation of the medial and longitudinal arch with tenderness on palpation and increased pain in the plantar fascial tissue. Medication was Norco. Treatments to date include medications; chiropractic treatments including exercises; acupuncture. Diagnostics include ultrasound of bilateral ankles (1/29/15) showing left chronic anterior talofibular ligament sprain/ strain and normal right ankle. Thickening of the left plantar fascia was noted, consistent with plantar fasciitis. On 5/22/15 the treating provider requested night splints for bilateral plantar fasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Night Splint x 2 (bilateral plantar fasciitis): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot chapter (online version).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: In its discussion of Physical Methods, ACOEM's Occupational Medicine Practice Guidelines 2004 edition Ch. 14 (Ankle & Foot Complaints) states: "Night splints, as part of a treatment regimen that may include stretching, range-of-motion (ROM) exercises and non-steroidal anti-inflammatory drugs (NSAIDs), may be effective in treating plantar fasciitis, though evidence is limited." Clinical evidence of left foot plantar fasciitis is documented, including tenderness to palpation over the plantar fascia and increased pain of plantar fascial tissue with dorsiflexion of the great toe. Instruction in exercises was included within the documented chiropractic sessions. A diagnosis of left foot plantar fasciitis was also supported by ultrasound imaging. Due to documented GI complaints, the injured worker may not be a candidate for NSAID therapy. Treatment of the left foot with a night splint is consistent with MTUS recommendations. However, there is no documented evidence of right foot symptoms or objective evidence of right foot plantar fasciitis per physical exam or imaging. No objective findings were documented which would support the medical necessity for bilateral splinting or for any treatment of the right foot. Therefore, this request is not medically necessary.