

<b>Case Number:</b>	CM15-0065495		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	05/09/2012
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: 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 51 year old male injured worker suffered an industrial injury on 05/09/2012. The diagnoses included plantar fasciitis and left ankle sprain/strain. The diagnostics included left ankle magnetic resonance imaging. The injured worker had been treated with acupuncture. On 3/9/2015 the treating provider reported spasms and tenderness to the left foot. The treatment plan included a Night Splint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Night Splint:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

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

**Decision rationale:** According to the ACOEM guidelines, 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. In this case, the

injured worker is diagnosed with plantar fasciitis and the request for night splint is supported per evidence based guidelines. The request for night splint is medically necessary and appropriate.