

Case Number:	CM14-0167559		
Date Assigned:	10/14/2014	Date of Injury:	06/07/2000
Decision Date:	11/21/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/10/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 68 year old male with a date of injury of 06/06/2000. He tripped over a box at work and sustained a right foot 5th metatarsal fracture. On 06/25/2014 he was evaluated by a podiatrist. He has diabetes, heart failure, aortic valve replacement 10 years ago, asthma, depression, anxiety and has a Charcot left foot. He has a wheelchair at home. On 07/21/2014 he developed a left foot blister. He needed a different pair of shoes. On 07/24/2014 it was noted that he was weight bearing and there was no infection. He was standing and walking along side his wheelchair. On 08/08/2014 it was noted that he had an iatrogenic laceration treated with silver nitrate, topical antibiotic and sterile dressing. On 09/12/2014 the patient was yet to receive his prescription shoes. On 09/17/2014 there was no sign of infection and no open lesion. On 10/09/2014 he was using a manual wheelchair. He has a domestic partner.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME ASSISTANCE 2X WK X 16 WKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICE Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: MTUS, Chronic Pain, Home health Services page 51 notes, "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004)." The patient is not homebound and does not require any specific home health treatment. Home maker services are not consistent with MTUS guidelines. Therefore, the request is not medically necessary.