

<b>Case Number:</b>	CM14-0035176		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	10/07/2007
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Arizona. 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 complainant is a 51-year-old man who had a date of injury in October 2007. He had been transferring a heavy box of carrots and a pallet crushed his foot. He has had chronic pain in spite of three surgeries, including a fusion in 2009. The managing podiatrist states the patient has complex regional pain syndrome. He has Allodynia, edema, and loss of hair on the right lower extremity. Interestingly, the qualified medical examiner stated in June 2014 this patient does not have (CRPS) chronic regional pain syndrome; but rather he believes the patient had an injury to a pre-existing Charcot (neuropathic) foot from his poorly controlled diabetes. Nonetheless, the patient perceives his pain as very severe, stating that he is unable to bear weight more than 10 minutes at a time. He does use a controlled ankle motion boot. He has been unable to work and recently his wife stopped working to help care for him at home. He is unable to drive himself to his appointments. On February 14, 2014 his managing physician stated that he needed someone to help him with his personal activities and to help drive him to his appointments. His medications include Percocet, Ibuprofen, and Neurontin. He has benefited from acupuncture and physical therapy. The patient states that because of his foot problem he has used a cane and now is having pain in his left wrist, shoulder and lumbar spine. A physical exam did state that he had limited range of motion in his lumbar spine possibly due to pain. No imaging has been done of these areas and the June 2014 Qualified Medical Examiner did not evaluate these concerns.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Patient assistance for pain related to the Right Foot, as an outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; [www.odg-twc.com](http://www.odg-twc.com); Section: Ankle & Foot, [www.odg-twc.com](http://www.odg-twc.com); Section: Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** The MTUS states that Home Health Services are 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. The medical records state the patient needs help for his personal needs and for traveling with him to his medical appointments. There's no indication that this patient has any needs for Home health such as wound management, Etc. that would need a trained or licensed personnel. Home health is not set up to provide transportation and assistance with bathing, cleaning, etc. Thus, this request for personal assistance is deemed not medically necessary.