



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

DATE OF REVIEW: 11/20/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right hip total arthroplasty

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

American Board of Orthopaedic Surgery-Board Certified

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY (SUMMARY):

Medical records reflect the claimant is a xx-year-old female who has a long complicated history of right sided pain. The claimant has had treatment by Dr. , orthopedic surgeon, including several surgeries. The claimant reported her injury occurred on xx/xx/xx. On this date, she had missed a ladder and fell down. She complains of pain right inside the groin. The claimant underwent two arthroscopic surgeries with debridement of the labrum. She has also undergone cortisone injections in the iliopsoas tendon. The claimant has had therapy.

On 1-23-08, the claimant sought medical attention under the direction of , MD. On exam, there was some pain with ambulation. When she is sitting there is no pain. There is a little pain at extreme of motion, internal and external rotation, but overall good range of motion. Her strength is full 5/5. Her motor and sensory exam is intact. SLR is negative and she is non-tender over the trochanteric bursa. Impression provided: Right hip pain, chondromalacia, possible osteochondral defect. The evaluator recommended a new MRI with contrast to evaluate the articular surface.

Medical records reflect the claimant was also provided with refill of medication to include
Ultram ER 200 mg and Mobic 7.5
mg.

On 2-6-08, Dr. reported the claimant was in for review of her MRI scan, which revealed an abnormal signal and enhancement in the quadrant femoris muscle. Her examination was unchanged. The evaluator recommended a bone scan for further evaluation.

On 3-5-08, the claimant reported her hip had given out on several times recently. The evaluator was not sure of the etiology of these episodes. He wondered if there was neurologic symptoms involved. Her strength was 5/5 distally. The evaluator recommended a bone scan and an EMG/NCS of the lower extremities.

On 4-2-08, Dr. reported the claimant's electrodiagnostic testing was within normal limits. The bone scan was also negative. Norco and Soma were refilled.

Follow up visits noted the claimant still had a lot of pain. Her situation was discussed with a pain management physician and the fact that there is really nothing surgical at this time for Dr. to be involved. Dr. referred the claimant to Dr. for pain management evaluation and treatment and possible injections in her hip.

Medical records reflect the claimant underwent a follow up visit with Dr. on 6-25-08. The claimant reported she continued with a lot of pain. She had been treated by Dr. and had some treatments which helped some. She continued with most of the pain in the groin area. The evaluator recommended an MR arthrogram to see if there had been any interval changes and any signs of arthritis in her hip. The evaluator noted the claimant may be looking at a hip replacement as the only option.

On 7-17-08, the claimant underwent an MRI arthrogram of the right hip which

showed a tiny hyperintensity at the base of the acetabular labrum, suggestive of a small tear. The joint space, capsule and extra-articular tissues are within normal limits.

Follow up visits with Dr. [redacted] noted the review of the MRI arthrogram and the recommendation of hip replacement as the claimant continued with severe pain and wanted to proceed with this surgery. However, Dr. [redacted] recommended obtaining another opinion regarding the surgery before proceeding with the hip replacement.

On 9-17-08, Dr. [redacted] reported the claimant had seen Dr. [redacted] and reported that surgery was also recommended. The claimant continued with a lot of pain in her hip. The claimant had pain with internal and external rotation. She was tender to palpation around the joint. Recommendation was made to proceed with a hip replacement.

On 10-8-08, [redacted], MD., performed a Utilization Review regarding a right total hip arthroplasty. It was the reviewer's opinion that the requested surgical procedure was not medically necessary. ODG guidelines was utilized as source of documentation.

On 10-8-08, Dr. [redacted] reported the claimant's case was apparently denied. He had spoken with the peer review doctor on the phone. He also noted that Dr. [redacted] also agreed with the hip replacement as the only other alternative at this time. The claimant was very depressed and distraught in the office. The claimant would try to appeal the case with her attorney. Her medications were refilled. On examination, the claimant had pain with internal and external rotation, pain in the groin with flexion and extension. She has a negative SLR.

On 10-23-08, [redacted], MD., performed an appeal reconsideration regarding a right total hip arthroplasty. It was the reviewer's opinion that previous determination for this authorization request should be upheld. ODG guidelines utilized as reference.

Phone contacts:

Phone conversation 11-17-08 8:47 am PST with Claimant and Dr. [redacted], Executive Director

. Claimant called to make sure we had all the records regarding her care. She will be contacting her provider Dr. [redacted], MD., to provide additional records regarding her care. Claimant will ask the physician to fax to [redacted] to be added to review.

Phone conversation 11-17-08 9:12 am PST Claimant called Dr. [redacted] back to inform him that Dr. [redacted]'s office would not release the files to [redacted]. She informed the doctor's office that she would approve the release but they would not release records to [redacted]. Claimant asked Dr. [redacted] to contact Dr. [redacted]'s office because they also had the medical records from Dr. [redacted].

Dr. [redacted] called Dr. [redacted]'s office 11-17-08 9:24 am PST spoke with [redacted] who asked us to have the patient sign a release of the requested records. Dr. [redacted] then left a message for Claimant to contact us. No further calls or records were received by [redacted].

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

BASED ON THE MEDICAL RECORDS PROVIDED, THIS CLAIMANT HAS A HISTORY OR RIGHT HIP INJURY. SHE HAS UNDERGONE TREATMENT IN THE FORM OF MEDICATIONS, INJECTIONS, THERAPY, TWO ARTHROSCOPIC SURGERIES, BUT CONTINUES WITH COMPLAINTS OF PAIN. AT THIS TIME, THERE IS A RECOMMENDATION FOR A RIGHT HIP REPLACEMENT. ACCORDING TO CURRENT EVIDENCE BASED MEDICINE, THIS CLAIMANT DOES NOT MEET THE NECESSARY CRITERIA IN ORDER TO APPROVE THIS REQUEST. THE DOCUMENTATION PROVIDED IS BASED ON THE CLAIMANT'S SUBJECTIVE COMPLAINTS OF PAIN. THE CLAIMANT DOES NOT HAVE OBJECTIVE IMAGING DOCUMENTATION OF OSTEOARTHRITIS AND SHE IS NOT OF THE APPROPRIATE AGE, AS REQUIRED BY EVIDENCE BASED MEDICINE. THEREFORE, ONE CANNOT APPROVE PERFORMING THIS PROCEDURE ON THIS CLAIMANT BASED ON COMPLAINTS OF PAIN SOLELY.

ODG-TWC. last update 10-26-08 Indications for Surgery™ -- Hip arthroplasty: Criteria for hip joint replacement:

1. **Conservative Care:** Medications. OR Steroid injection.
PLUS
2. **Subjective Clinical Findings:** Limited range of motion. OR Night-time joint pain.
OR No pain relief with conservative care. PLUS
3. **Objective Clinical Findings:** Over 50 years of age AND Body Mass Index of less than 35. PLUS
4. **Imaging Clinical Findings:** Osteoarthritis on: Standing x-ray. OR Arthroscopy.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN

ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**