

## **I-Resolutions Inc.**

*An Independent Review Organization*

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Notice of Independent Review Decision

**DATE OF REVIEW: OCTOBER 31, 2008**

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Three day inpatient stay for right total hip arthroplasty.

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

MD, Board Certified Orthopedic Surgeon

### **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.

The reviewer finds that medical necessity does not exist for three day inpatient stay for right total hip arthroplasty.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 07/29/08, 08/06/08

ODG Guidelines and Treatment Guidelines

MRI lumbar spine 12/22/05

MRI right hip 12/22/05

Office note Dr. 03/16/06

Office note Dr. 03/22/08, 07/09/08

MRI 04/05/08

Surgery report 05/09/08

Operative report 08/01/08  
Office notes 08/23/06, 01/05/07, 07/09/08  
Physical Capacity form 01/10/07  
Right hip injection 01/10/07  
Impairment rating 01/19/07  
Pre-auth request 07/25/08  
Request for IRO 10/13/08

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a xx-year-old male, employed as a, injured in a fall from a balcony onxx/xx/xx. He presented with complaints of right shoulder, elbow and right hip pain. MRI of the right hip on 12/22/05 was negative with some mild edema noted in the right gluteus maximus muscle presumably posttraumatic in nature. The impression was a labral tear and anti-inflammatory medication was prescribed.

Dr. saw the claimant on 03/22/06 for persistent right hip and right groin pain. X-rays showed a slight chip off the anterior inferior iliac spine. MRI with contrast on 04/05/06 revealed tearing of the acetabulum labrum contiguously from superior to posterior and some joint distention with contrast. The claimant underwent right hip arthroscopy with labrectomy and chondroplasty in May of 2006.

On 08/01/06, right hip arthrogram with intra-articular steroid injection was performed with some noted improvement. A steroid injection to the right hip was given on 01/10/07. Exam findings on 01/19/07 noted full motion in the right hip with mild atrophy in the right quadriceps and gastrocnemius. There was mild discomfort in the iliotibial band, the medial thigh and the right inguinal region. The claimant was declared at maximum medical improvement on 01/10/07.

Dr. saw the claimant on 07/09/08 for complaints of left hip pain and diagnosed a left hip flexor strain. There were no significant degenerative changes in the left hip on x-ray. Right hip osteoarthritis was diagnosed and right hip resurfacing was proposed.

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

According to Milliman Guidelines an inpatient length of stay for the right hip of three days is reasonable and appropriate but the medical records do not support the proposed hip arthroplasty for this xx-year-old male. There has been no documentation of recent conservative measures. He has recently been diagnosed on 07/09/08 with a left hip flexor strain, and radiographs demonstrate no significant degenerative change. No conservative measures have been documented, recent radiographs to support arthritis. As such, arthroplasty is not indicated and therefore the three day length of stay following arthroplasty would not be reasonable. The reviewer finds that medical necessity does not exist for three day inpatient stay for right total hip arthroplasty.

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates, Hip and Pelvis Arthroplasty

Recommended when all reasonable conservative measures have been exhausted and other reasonable surgical options have been seriously considered or implemented. ([Colorado, 2001](#)) ([Dreinhofer, 2006](#)) ([Mears, 2002](#)) One high quality review concluded that in comparison with

internal fixation, arthroplasty for the treatment of a displaced femoral neck fracture significantly reduces the risk of revision surgery, but could cause greater infection rates, blood loss, and operative time and possibly an increase in early mortality rates. ([Bhandari, 2003](#)) In terms of surgical methods, one study concluded that no significant difference between posterior and direct lateral surgical approach was found. ([Jolles, 2004](#)) Total hip replacement performed through a minimally invasive incision of < or = 10 cm compared with a standard incision of 16 cm offers no significant benefit in terms of the rate or ability of patients to mobilize and perform functional tasks necessary for safe discharge. ([Lawlor, 2005](#)) The anterior approach on the orthopaedic table is a minimally invasive technique applicable to all primary hip patients. This technique allows accurate and reproducible component positioning and leg-length restoration and does not increase the rate of hip dislocation. ([Matta, 2005](#)) Revision total hip arthroplasty is a reasonably safe and effective procedure for failed hip replacement. ([Saleh, 2003](#)) This study suggests that intervention programs in search of amendable factors to prevent surgical site infections (SSIs) should focus on timely administration of antibiotic prophylaxis. For patients undergoing elective total hip arthroplasty, the use of antibiotics with long vs short half-lives and broad vs narrow spectrums, timing of antibiotic administration before incision, and duration of antibiotic administration after surgery do not affect the incidence of surgical site infection. Only longer duration of surgery above the 75th percentile is independently associated with increased incidence of surgical site infection after elective total hip arthroplasty. ([van Kasteren, 2007](#)) The majority of patients who undergo total joint replacement are able to maintain a moderate level of physical activity, and some maintain very high activity levels. ([Bauman, 2007](#)) Patients who undergo total hip replacement for osteoarthritis (OA) report a noticeable long-term improvement in physical functioning, whereas age-matched population controls show a decline in function, according to the results of a recent study. The long-term improvement in the physical functioning of the cases is striking when set against the decline that occurred in controls. These findings add to the accumulating evidence that the benefits for physical functioning are sustained in the long-term and they suggest that those benefits are greatest in the patients who have the most severe radiographic changes of OA before surgery. ([Cushnaghan, 2007](#)) Both low back pain and spinal function are improved following total hip replacement surgery. This study demonstrates the clinical benefits of THR on back pain and is the first to clinically validate the hip-spine syndrome. ([Ben-Galim, 2007](#)) Accelerated perioperative care and rehabilitation intervention after hip and knee arthroplasty (including intense physical therapy and exercise) reduced mean hospital length of stay (LOS) from 8.8 days before implementation to 4.3 days after implementation. ([Larsen, 2008](#)) See also [Revision total hip arthroplasty](#).

ODG 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)