



REVIEWER'S

REPORT DATE OF REVIEW: 09/12/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE: Total hip arthroplasty, right.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering hip disease

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INJURED EMPLOYEE CLINICAL HISTORY

(Summary):

This unfortunate xx-year-old male suffered a fall at work on xx/xx/xx. He suffered injury to his right hip. X-rays were obtained on 11/20/07, revealing subcortical defects in the femoral head, compatible with a crescent sign. Subsequent x-rays were obtained on 02/01/08, which confirmed avascular necrosis of the right hip. The patient had changes of avascular necrosis of the left hip also. No specific therapy has been documented. The patient is ambulating with a cane with significant limp. He has been disabled. A request for preauthorization for the performance of a right total hip has been submitted and denied primarily and on reconsideration.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

This patient is xx years of age. He is a manual laborer suffering avascular necrosis of both hips. There has been no treatment of this avascular necrosis. The ODG Guidelines authorizes total hip arthroplasty after all conservative efforts have been made to achieve symptomatic relief.

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

(Check any of the following that were used in the course of your review.)

- 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, 2008, Pelvis and Hip Chapter, Arthroplasty passage
Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)