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**NOTICE OF INDEPENDENT REVIEW DECISION**

**DATE OF REVIEW:**

Apr/10/2009

**IRO CASE #:**

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

Revision of left total hip

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

M.D., board certified in Orthopedic Surgery

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY SUMMARY**

This is an injured worker who had a total hip replacement some years ago that apparently related to an injury on xx/xx/xx. According to history, he has had knee arthroscopies and partial meniscectomies bilaterally, patellofemoral problems, and has undergone a left hip replacement surgery. He has indication, according to history, of hip implant loosening, although there are variable records concerning whether or not there is osteolysis. He has also had a nondisplaced fracture of the patella. The diagnosis has been reported as infection and/or inflammatory reaction due to an internal orthopedic device. The patient had therapy, medications, etc. Current request is for a total hip arthroplasty revision. There were no records provided which show investigation of the diagnosis such as aspiration or culture of the hip or bone scan of the hip to determine whether or not this patient is, in fact, a candidate for reimplantation, given the diagnosis of infection and/or inflammatory reaction.

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

The previous Adverse Determination was based, at least in part, on the fact that the diagnosis of inflammation and/or infection affecting the hip and causing the osteolysis and loosening has not been investigated. It was not possible to determine from the medical records that there was not, in fact, a latent infection or other inflammatory problem that would affect the total hip arthroplasty. The reviewer is unable to overturn the previous adverse determination based on the information provided. The reviewer finds that medical necessity does not exist for Revision of left total hip.

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

ACOEM-AMERICA 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)