

SENT VIA EMAIL OR FAX ON
Jun/02/2010

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jun/02/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
3 days inpatient revision right total hip arthroplasty

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Office notes Dr. 08/28/07, 10/10/07, 10/24/07, 12/11/07, 12/14/07, 12/19/07, 12/21/07, 12/27/07, 01/03/08, 01/10/08, 01/17/08, 02/28/08, 03/14/08, 04/15/08, 05/13/08, 06/24/08, 08/05/08, 11/11/08, 01/15/09, 02/12/09, 04/13/09, 04/16/09, 04/30/09, 07/02/09, 10/13/09, 03/02/10, 04/01/10

X-rays right hip, two view 08/31/07

Letter to Insurance, Dr 09/28/07, 11/21/08, 02/19/09

CT hip 10/18/07

Surgery 12/03/07

Surgery 12/17/07

Dr. telephone conversation 12/11/08

CT pelvis 12/16/08

Bone scan 01/28/09

Call to Dr. from Dr. 03/03/09

Surgery 03/24/09

Aspiration of right hip 04/09/10

Peer review 04/09/10
Letter to insurance company Dr. 04/13/10
Peer Review 04/22/10
Letter of appeal, Dr. 04/29/10
Chest x-ray 11/14/07
Culture report 12/17/07
Blood work 02/17/09
Blood work 03/18/09
Blood work 03/29/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who sustained a work related injury to her right hip when she fell over a chair and fractured her right hip. The claimant underwent an open reduction and internal fixation of the right hip and subsequently was diagnosed with avascular necrosis and underwent a conversion to a total hip arthroplasty on 11/03/07. The claimant continued to complain of groin pain and in a 02/19/09 letter to the insurance company, Dr. noted that plain x-rays had shown migration of the cup, a CT scan showed questionable solid ingrowth into the cup, and a bone scan showed increased uptake of the cup consistent with loosening. The claimant underwent a revision total arthroplasty of both components on 03/24/09. Post-operatively the claimant continued with pain and Dr. recommended a revision of the femoral component. This has been denied twice. In his letter of appeal on 04/29/10, Dr. stated that x-rays have shown that the femoral component was loose. The claimant had an elevated Sed rate and C-reactive protein. The aspiration of her hip was negative. Dr. felt that the chance that the claimant's hip was infected was high and that surgery to revise the femoral component should be done.

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

The proposed revision right total hip arthroplasty is medically necessary based on review of the records in this case. ODG Guidelines do not address revision total hip arthroplasty. Total hip arthroplasty is always at risk of failure; they tend to fail secondary to mechanical loosening, osteolysis or infection. In this case, Dr. is concerned about infection and mechanical loosening which he can see on an X-ray. The claimant had an elevated C-reactive protein and sed rate, which at this point as she is not over a year out from her last surgery, should be completely normal. She continues to have pain with an elevated sed rate and C-reactive protein. Aspiration of the hip was negative, though this is not a 100% test. The next appropriate course of action based on her continued pain, loosening on X-ray, and elevated laboratory studies consistent with infection, would be to revise the hip with an intraoperative determination of whether the hip is infected. Therefore revision right total hip arthroplasty would be medically necessary and appropriate in this case. If one looks to the Milliman Guidelines, length of stay of three days is appropriate.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates. Hip and Pelvis:

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)