



Specialty Independent Review Organization

## Notice of Independent Review Decision

**DATE OF REVIEW:** 11/19/10

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of an outpatient right hip replacement (27130).

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. This reviewer has been practicing for greater than 10 years.

**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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of an outpatient right hip replacement (27130).

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:  
MD and Healthcare

These records consist of the following (duplicate records are only listed from one source): Records reviewed from MD: Appeal request – 9/28/10; Institute New Patient Note – 6/16/10, Letter – 9/14/10; MD Follow-up Eval Note – 9/8/10, Initial Eval Report – 8/24/2010, Patient Info Sheet – Undated, Weekly Therapy Progress Note – 7/23/10-8/27/10; Diagnostic Health MRI Report – 5/3/10; DO DDE Report – 7/20/10.

Records Reviewed from Healthcare: MD Pre-auth request – 9/9/10.

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant (BMI noted to be 32) has been noted to have (possibly post-traumatic) avascular necrosis (AVN) of the affected right hip. He has been noted to (on 9/8/10) have a painful abnormal gait, painful hip rotation and a (provided for review) 5/3/10-dated MRI report was compatible with AVN and “moderate degenerative changes. Medications (including narcotic analgesics) and the utilization of a cane have failed to relieve the claimant’s pain. The 9/14/10 dated document from. Institute denoted therapy treatment dates. The “poor prognosis” without arthroplasty was noted by the claimant’s primary physician was noted. Denial letters cited the lack of x-rays and inadequate documentation of a trial and failure of NSAIDs, strengthening exercises and/or injections. The lack of a “shattered hip” and the claimant age of xx were also cited as factors against hip replacement.

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

With documented AVN and moderate radiographic arthrosis of the affected hip, the claimant indeed has a bleak prognosis for any maintainable dramatic pain reduction with other than surgical arthroplasty/replacement. Therapy and/or strengthening exercises have been documented to have been attempted and would not be reasonably expected to materially decrease/maintain pain reduction in the arthritic and (partially) necrotic hip joint and femoral head, respectively. Narcotic analgesics have failed and injections (such as cortisone) are not reasonable due to their known potential for chondrolysis. NSAIDs have not been effective as the claimant has required more potent medications which have also failed. In addition, chronic NSAID utilization has its own significant cardiac and GI risks.

Age under 50 is not an absolute contraindication for arthroplasty in an individual with severe enough AVN-hip arthritis that has failed reasonable non-operative treatment, including narcotic analgesics, a cane, therapy and the passage of time with reduced activities. A so-called “shattered hip” is not required for a surgical consideration for arthroplasty when there are no other reasonable surgical alternatives, such as in this case. Alternative reconstruction procedures are not an option in this claimant’s hip that is already (partially) necrotic and associated with a significantly arthritic hip joint.

Reference: ODG-Hip Chapter 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 (but younger OK in cases of shattered hip when reconstruction is not an option) 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)**