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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/03/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left total hip arthroplasty and removal of hardware with 2 day stay

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

M.D., 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

Official Disability Guidelines

Peer Reviews/, 08/24/10, 09/01/10
8/30/10

Dr. OV 06/15/10, 08/10/10, 08/17/10

X-ray left shoulder 11/10/09

X-ray left femur 11/10/09

X-ray left hip 08/10/10

CT left hip 08/17/10

Physician fax/ preauth request surgery 08/17/10

Insurance correspondence 08/30/10

PATIENT CLINICAL HISTORY SUMMARY

This is a male claimant who was reportedly injured in xx/xx. The records described the claimant with a diagnosis of comminuted left proximal femur fracture with femoral neck extension and a left clavicle fracture and status post open reduction and internal fixation of the left femur. An 11/10/09 x-ray of the left shoulder showed what appeared to be a significantly displaced healing fracture of the mid shaft of the left clavicle with exuberant callus formation. X-ray of the left femur on 11/10/09 showed an old proximal femoral fracture with metallic plate and screw fixation device in place, unchanged since prior study.

A physician record dated 06/15/10 noted the claimant was approximately nine months status post open reduction and internal fixation left femur and clavicle fracture. The claimant was

weight bearing as tolerated on the left lower extremity but continued to have significant pain.

A follow up physician record of 08/10/10 revealed the claimant approximately one year post-operative with a three week history of increased pain. X-rays of the left hip showed what appeared to be a healed comminuted proximal femur fracture but one view showed a possibility to be an intraarticular extension of one of the angle screws coming up through the plate. A CT scan of the left hip dated 08/17/10 revealed persistent fracture lucencies with sclerotic margins in the intertrochanteric region of the femur, which could be related to nonunion fractures. Treatment options were discussed.

A 08/17/10 physician record noted the claimant with more constant pain and decreased hip motion. X-rays and hip CT were reviewed. The impression was prominent hardware in the hip joint. Removal of hardware and total hip replacement was offered to the claimant.

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

CT scan of the left hip on 08/17/10 demonstrates orthopedic hardware of the left proximal femur. Fracture lucency would suggest possible nonunion. There are radiographs, which demonstrate heterotopic bone formation surrounding the fracture site. There is a question of whether or not this is within the joint space. There is no clear documentation that this is an arthritic hip. It is unclear what non-operative care has been undertaken as well besides the previous fracture surgery. Therefore, hip arthroplasty and removal of hardware is not medically necessary based upon these records and the Official Disability Guidelines. The reviewer finds that medical necessity does not exist for Left total hip arthroplasty and removal of hardware with 2 day stay.

Hip and Pelvis: 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 (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

Knee and Leg: Hardware implant removal (fracture fixation)

Not recommend the routine removal of hardware implanted for fracture fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Not recommended solely to protect against allergy, carcinogenesis, or metal detection. Although hardware removal is commonly done, it should not be considered a routine procedure.

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)