

Notice of Independent Review Decision

DATE OF REVIEW:

01/21/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left total hip arthroplasty

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

Board Certified Orthopaedic Surgeon

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The requested procedure left total hip arthroplasty is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male who alleged a work-related injury on xx/xx/xx. The mechanism of injury was a fall. There is no Employer's First Report of Injury or other medical documentation to support a specific work-related event in the available medical record. There are illegible notes beginning in xxxx which appear to be from the Chiropractic Clinic documenting multiple visits for low back pain, left hip pain, and left leg pain. These visits began prior to the alleged work injury. X-rays from Hospital in on 07/01/2009 documented fairly severe degenerative changes of the left hip and moderate rotoscoliosis with a mild anterolisthesis of L5 in the lumbar spine. MRI of the lumbar spine reported grade I anterolisthesis of L5 on S1 with a pars defect and degenerative changes. He was then evaluated by M.D. on 03/16/2010 for chronic left hip pain, low back pain, and left leg pain. Dr. diagnoses included L5-S1 spondylolisthesis, L5 radiculopathy, degenerative disc disease, and degenerative arthritis of the left hip. He was placed on medications and underwent a series of intra-articular steroid injections to the left hip and a lumbar epidural steroid injection. Dr. noted improvement in the injured individual's symptoms and noted the injured individual did not want either back or hip surgery on 05/21/2010. He referred the injured individual for physical therapy. The injured individual made the physical therapy evaluation, but no showed for the subsequent scheduled therapy. It would appear that he changed physicians to M.D. on 11/22/2010. Dr. noted that the injured individual had poor oral hygiene with several teeth needing attention. Left hip x-rays on that date reported avascular necrosis of the femoral head with significant degenerative changes of the hip joint. M.D. saw the injured individual on referral from Dr. the only time on 12/06/2010 and recommended total hip replacement.

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

The injured individual is a male with advanced degenerative arthritis of the left hip probably secondary to avascular necrosis of the femoral head. The medical documentation reviewed clearly showed that this condition was pre-existing with prior treatment beginning in xxxx. The alleged date of injury was xx/xx/xx. There is no information regarding the specifics of that injury or the initial treatment. There is not an Employer's First Report of Injury in the reviewed material. There does not appear to be a direct causal relationship between the requested procedure and the compensable injury. The injured individual has poor oral hygiene with several teeth requiring attention which is a contra-indication to joint arthroplasty surgery.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

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.

The patient had not had an adequate trial of conservative treatment to include physical therapy. He responded to injection and medication management according to Dr. Munton, but was noncompliant with the recommended physical therapy, no-showing for several scheduled appointments. He is 43 yo and there is no information regarding his BMI.

Arthroplasty: Recommended when all reasonable conservative measures have been exhausted and other reasonable surgical options have been seriously considered or implemented. (Colorado, 2001) (Dreinhofer, 2006) (Mears, 2002) One high quality review concluded that in comparison with internal fixation, arthroplasty for the treatment of a displaced femoral neck fracture significantly reduces the risk of revision surgery, but could cause greater infection rates, blood loss, and operative time and possibly an increase in early mortality rates. (Bhandari, 2003) In terms of surgical methods, one study concluded that no significant difference between posterior and direct lateral surgical approach was found. (Jolles, 2004) Total hip replacement performed through a minimally invasive incision of < or = 10 cm compared with a standard incision of 16 cm offers no significant benefit in terms of the rate or ability of patients to mobilize and perform functional tasks necessary for safe discharge. (Lawlor, 2005) The anterior approach on the orthopaedic table is a minimally invasive technique applicable to all primary hip patients. This technique allows accurate and reproducible component positioning and leg-length restoration and does not increase the rate of hip dislocation. (Matta, 2005) Revision total hip arthroplasty is a reasonably safe and effective procedure for failed hip replacement. (Saleh, 2003) This study suggests that intervention programs in search of amendable factors to prevent surgical site infections (SSIs) should focus on timely administration of antibiotic prophylaxis. For patients undergoing elective total hip arthroplasty, the use of antibiotics with long vs short half-lives and broad vs narrow spectrums, timing of antibiotic administration before incision, and duration of antibiotic administration after surgery do not affect the incidence of surgical site infection. Only longer duration of surgery above the 75th percentile is independently associated with increased incidence of surgical site infection after elective total hip arthroplasty. (van Kasteren, 2007) The majority of patients who

undergo total joint replacement are able to maintain a moderate level of physical activity, and some maintain very high activity levels. (Bauman, 2007) Patients who undergo total hip replacement for osteoarthritis (OA) report a noticeable long-term improvement in physical functioning, whereas age-matched population controls show a decline in function, according to the results of a recent study. The long-term improvement in the physical functioning of the cases is striking when set against the decline that occurred in controls. These findings add to the accumulating evidence that the benefits for physical functioning are sustained in the long-term and they suggest that those benefits are greatest in the patients who have the most severe radiographic changes of OA before surgery. (Cushnaghan, 2007) Most patients who are physically active prior to THA are able to return to work and exercise postoperatively. (Ries, 1997) (Visuri, 1980) (Gschwend, 2000) (Mallon, 1992) (Powell, 2009) (Jacobs, 2009) (Healy, 2008) Both low back pain and spinal function are improved following total hip replacement surgery. This study demonstrates the clinical benefits of THR on back pain and is the first to clinically validate the hip-spine syndrome. (Ben-Galim, 2007) Accelerated perioperative care and rehabilitation intervention after hip and knee arthroplasty (including intense physical therapy and exercise) reduced mean hospital length of stay (LOS) from 8.8 days before implementation to 4.3 days after implementation. (Larsen, 2008) This study showed that total hip replacement is the most successful orthopaedic procedure for relieving chronic pain, and it provides a benchmark against which the efficacy of other procedures can be compared. The study compared the gains in quality of life achieved by total hip replacement, total knee replacement, surgery for spinal stenosis, disc excision for lumbar disc herniation, and arthrodesis for chronic low back pain. Hip replacement reduced pain to levels normal for age, reduced physical functioning to within 75% normal levels, and restored quality of life to virtually normal levels. (Hansson, 2008) The AHRQ has concluded that limited results suggest that femoral neck fracture patients with total hip arthroplasty (THA) have improved patient outcomes over internal fixation (IF). THA had better long-term improvements in pain and mobility than either internal fixation (IF) or hemiarthroplasty. THA is suggested based on patient outcomes for healthy elderly individuals most likely to gain from long-term functional improvements. Hemiarthroplasty should be reserved for patients with inadequate reduction and unlikely to see long-term functional benefits from surgical treatment. (Butler, 2009) In younger patients, every effort should be made to avoid a hip replacement. Hip replacements work very well for less active patients, but they tend to wear out in younger, more active patients. Therefore, in young patients, a chance may be taken to avoid hip replacement even if there is a high risk of a nonhealing fracture. But reconstructive orthopedic surgeons may sometimes face a shattered femur, defined as a femur that is not reconstructible with conventional methods, and arthroplasty may be indicated. (Lombardi, 2006) There has been limited evidence in the literature of improved functional outcome with cemented implants versus uncemented, (Rorabeck, 1994) (Laupacis, 1993) (Havelin, 2000) (Malchau, 1993) (Keggi, 1993) (Callaghan, 2004) (Berry, 2002) (Schulte, 1993) (Smith, 1997) (Collis, 1984) although serious cement-related complications have been reported. This recent RCT concluded that both arthroplasties may be used with good results after displaced femoral neck fractures. (Figved, 2009) Patients who take statins after primary total hip arthroplasty (THA) may greatly reduce the risk for revision surgery. (Thillemann, 2010) See also Revision total hip arthroplasty.