

# I-Resolutions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Mar/15/2011

**IRO CASE #:**

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

Right total arthroplasty IH-3 days (27130)

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

MD, 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

ODG Indications for Surgery – Hip Arthroplasty

Letters, 2/2/11, 2/21/11

Provider 1/8/10-2/11/11

Hospital 3/30/10-7/2/10

M.D. 10/1/10-10/10/10

M.D. 9/7/10

M.D. 2/18/11

### PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male who reportedly was injured when he slipped and fell in the bathroom. He complained of low back pain and right hip pain. MRI of the lumbar spine done 01/22/XX revealed multilevel lumbar disc desiccation, bulging, spondylosis and facet arthropathy with broad based posterior disc protrusion at L4-5. There is grade 1 degenerative spondylolisthesis at L3-4 with neural foraminal stenosis at L4-5 and L5-S1. The injured employee was treated with epidural steroid injections for low back pain. Designated doctor evaluation on 09/07/10 reported impression that his hip problems have essentially been overlooked and could explain much of his symptomatology. The designated doctor noted that the injured employee's apparent radicular symptoms may actually be due to severe hip osteoarthritis aggravated by work injury. It was noted that the first x-ray of the lumbar spine in the chart also found severe osteoarthritis of the right hip. The designated doctor further noted that the injured employee was an obese older injured employee and a fall on the hip would suggest the need for at least baseline work up of the hip, but there was no indication of any significant work up or treatment of the hip. X-rays of the right hip performed on 01/12/11 were noted to show severe arthritis of the right hip with possible loose fragment within the head of the femur and some acetabular protrusion. The injured employee was recommended to undergo total hip arthroplasty. A pre-authorization request for total right hip arthroplasty and inpatient employee stay times three days was reviewed on 02/02/11 and denied per physician advisor. The physician advisor noted the injured employee had pre-existing right hip arthritis and has a higher BMI than would be consistent with ODG

guidelines noting that the injured employee's height was 5'XX" and weight XXX pounds per designated doctor evaluation. The physician advisor noted that the injured employee may come to have total arthroplasty in the future but further weight loss and validation of causation of hip arthritis is needed first. A reconsideration appeal request for right total arthroplasty IH three days was reviewed by Dr. on 02/18/11 and Dr. denied the request noting that Official Disability Guidelines require lower levels of care including medications and steroid injection, as well as BMI of less than 35. The injured employee's BMI is 46.4. Accordingly the request was not certified.

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

This patient was injured secondary to a slip and fall on XX/XX/XX. The injured employee had evidence of pre-existing right hip osteoarthritis. His initial symptomatology was thought to be secondary to lumbar spine pathology with radicular symptoms. Designated doctor evaluation recommended baseline work up of the right hip based on reported mechanism of injury and clinical presentation. Repeat x-rays of the right hip were noted to reveal severe arthritis of the right hip; possible loose fragment within the head of the femur; and some acetabular protrusion. There is no documentation of conservative treatment for the right hip including medications, therapy, or cortical steroid injections. Records further reflect that the injured employee's BMI is 46.4. Official Disability Guidelines note that BMI should be 35 or less to consider total hip arthroplasty. As such medical necessity is not established for the proposed right total hip arthroplasty nor for the three day hospital stay. The reviewer finds that there is no medical necessity at this time for Right total arthroplasty IH-3 days (27130).

**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)