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Notice of Independent Review Decision

DATE OF REVIEW: September 30, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Open biopsy of left hip and left total hip joint replacement

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

Certified, American Board of Orthopaedic Surgery

REVIEW OUTCOME

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

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Associates:

- Clinic notes (08/25/2011)
- Diagnostic studies (07/15/2011)
- Clinic notes (05/02/2011 – 09/01/2011)
- Diagnostic studies (07/15/2011)

TDI:

- Utilization review determination (08/30/2011 – 09/09/2011)

[ODG has been utilized for the denials.](#)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained a lightning-strike injury on xx/xx/xx. He sustained a lightning strike to his head leading to head injury, vision and hearing problems, dental problems because of decreased blood flow to the mandible and maxilla and osteonecrosis of bilateral hips and bilateral shoulders likely due to alterations in the blood flow to the microvasculature.

In May 2011, the patient was seen at by M.D., for right hip and flank pain. There was swelling to the right flank and leg area, but negative deep vein thrombosis (DVT) findings. The patient was sent for magnetic resonance imaging (MRI) of the lumbar spine. Xanax was prescribed.

The patient was later referred to M.D., for diagnosis of osteonecrosis of bilateral hips. He was seen for further evaluation. The pain was progressive in the left greater than right hip and he had difficulty putting on his shoes and socks and getting in and out of a low chair and also out of the car. On examination, Dr. noted internal rotation of approximately 20 degrees on the right and 20 degrees on the left and external rotation of about 10 degrees on the right and about 15 degrees on the left. Pain was present in the inguinal region with rotation of both hips. X-rays showed status post fusion of the lumbar spine with instrumentation in place, sclerotic fossae in both femoral heads, worse on the left than on the right but the joint spaces appeared to be well preserved but he was starting to lose spherical shape of bilateral femoral heads. This was better visualized on the MRI of both hips which revealed findings consistent with osteonecrosis of both femoral heads that looked worse on the left than on the right despite the fact the patient had worse pain on the right than on the left. Dr. obtained computerized tomography (CT) of the pelvis.

The CT of the pelvis revealed bilateral osteonecrosis of the femoral heads and manifestation of ischemic necrosis and moderate-sized subchondral cyst in the posterior and superior portion of the right sacroiliac (SI) joint which could be a degenerative change secondary to gait abnormalities or could also be due to the result of patient's injury.

Dr. reviewed the CT findings and noted a large area of involvement of the left femoral head with osteonecrosis with early signs of collapse, but no degenerative changes on the acetabular side. On the right side, he had a smaller focus of osteonecrosis but no obvious collapse. Based on these findings, Dr. felt the patient was a candidate for hip replacement on the left and he would try to preserve the patient's existing hip joint on the right. However, if at the time of surgery the quality or the amount of bone on the right side was insufficient, then right hip replacement could be planned.

On August 30, 2011, M.D., denied the request for right hip core decompression and open biopsy for the following reason: *"This individual clearly has avascular necrosis of the femoral heads. This seems to be confirmed on a CT scan and also by way of an MRI. It would appear that conservative care is failing, as such surgical treatment will be in order. In all likelihood the guidelines can be satisfied for the proposed core decompression procedure at the right hip. This is indeed one of the surgical procedures recommended under the Milliman Guidelines. However, it would be necessary to confirm that the MRI findings involve less than 30% of the femoral head and that there is no significant collapse. This is not clear in the records provided. If the treating physician could provide this simple clarification, in all likelihood medical necessity could be established."*

On September 1, 2011, Dr. reviewed the May 13, 2011, MRI, noting in his opinion there was less than 30% of the femoral head involved and there was no collapse. Therefore, he recommended reconsideration of the denial of the proposed right hip core decompression for the diagnosis of avascular necrosis.

On September 9, 2011, M.D., did not certify the requested reconsideration for open biopsy of left hip and left hip total joint replacement for the following reason: *“Official Disability Guidelines does not support hip replacement except for presence of significant arthritis. The claimant has aseptic necrosis but not clinically significant arthritis on imaging. Hip replacements are supported in claimants over years of age. The claimant is.”*

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

The claimant has symptomatic, clinical, and imaging evidence of bilateral hip AVN. Total hip arthroplasty is the treatment of choice for patients with end-stage arthrosis as the result of AVN. Hip replacement surgery, particularly in a young individual, is not indicated to treat AVN that does not demonstrate femoral head collapse and end-stage arthrosis. The reviewer appears to be accurate in his assessment per ODG criteria.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**