

SENT VIA EMAIL OR FAX ON
Sep/08/2011

Applied Resolutions LLC

An Independent Review Organization
900 N. Walnut Creek Suite 100 PMB 290
Mansfield, TX 76063
Phone: (214) 329-9005
Fax: (512) 853-4329
Email: manager@applied-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/08/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Hip Arthroplasty 27130 with a 3 day IP LOS

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

orthopedic surgery

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

OD Guidelines

1. Utilization review determination 08/10/11 regarding non-certification left hip arthroplasty with three day inpatient stay
2. Utilization review determination 08/18/11 regarding non-certification appeal request left hip arthroplasty with three day inpatient stay
3. Office notes Dr. 12/01/09 through 05/17/11
4. X-rays bilateral hips and pelvis 05/16/11
5. Progress note Dr. 05/09/11
6. Physical therapy progress notes 09/24/10 through 05/18/11
7. Progress notes Dr. 11/04/09 and 11/18/09
8. Independent medical evaluation 04/08/11
9. MRI lumbar spine 01/21/10

PATIENT CLINICAL HISTORY SUMMARY

The injured worker is a male who fell through a roadway on xx/xx/xxxx. He complains of injuries to the left hip, knee and back. The injured worker reported that water therapy was one thing that had significantly helpful to him. MRI of the left hip was performed on 09/16/09 and noted to show advanced osteoarthritic changes in the left hip. It was noted that the injured worker had prior hip x-rays in 2007. X-rays performed on 05/16/11 revealed advanced degenerative changes in the left hip with mild to moderate degenerative changes in the right hip. The degenerative changes in the left hip were noted to have progressed since prior study of 03/07/07. The records indicate that the injured worker has been treated with

medication management and physical therapy. He was seen in follow up on 05/17/11 with stiffness and pain in the left hip. He walks with a cane in the right hand. He has not improved over time and he feels he is symptomatically worsening. On examination the right hip was noted to have full range of motion. The left hip was markedly ankylosed and has only about 5 degrees of internal rotation and about 10 degrees of external rotation. Range of motion was markedly painful. It was noted that the injured worker is developing a bit of a hip flexion contracture but not severe. Straight leg raise was negative. There was no trochanteric tenderness. Gait was markedly antalgic with cane in the right hand.

A request for left hip arthroplasty with a three day inpatient length of stay was reviewed and determined to be not medically necessary on 08/10/11. It was noted that there was concern that radiculopathy was confounding hip and knee pain as signs of radiculopathy were present on exam and epidural steroid injection was recommended. It was further noted that evidence based guidelines recommend BMI to be less than 35, but BMI of the injured worker was unknown. This is a relative contraindication of surgery and therefore medical necessity was not established.

An appeal request for left hip arthroplasty with a three day inpatient length of stay was reviewed and determined as not medically necessary on 08/18/11. The documentation submitted for review indicated the injured worker has evidence of degenerative changes of the left hip. He's been treated with medication management and physical therapy. Current BMI is unknown. Official Disability Guidelines recommend BMI of less than 35 prior to surgical intervention. It was therefore determined that documentation provided did not support a determination of medical necessity at this time.

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

The injured worker has failed to improve with conservative care including medication management and physical therapy. He has objective evidence of degenerative changes of the left hip. As noted on previous reviews, the injured worker's body habitus/BMI is not documented. Without knowing the injured worker's body mass index, the proposed left hip arthroplasty with three day inpatient stay cannot be certified as medically necessary. The previous reviewers correctly determined that medical necessity was not established, and should be upheld on IRO.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES