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Notice of Amended Independent Review Decision

Date notice sent to all parties:

August 12, 2013

Date Amended notice sent to all parties:

August 13, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

URGENT APPEAL Bilateral Simultaneous Total Hip Arthroplasties

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

☒ Overturned (Disagree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Clinical records 03/28/03-05/31/13
Operative report 03/28/03
Electrodiagnostic studies 04/02/03
Operative report 04/03/03
Hospital course report 05/22/03
Radiographs pelvis 05/12/03

Radiographs pelvis 05/21/03
Operative report 01/07/04
Partial MRI lumbar spine 03/02/04
MRI lumbar spine 03/01/04
Impairment rating evaluation 09/09/04
Operative report 04/13/12
Radiographs bilateral hips 05/31/13
Radiographs lumbar spine 05/31/13
CT pelvis 05/31/13
Addendum radiographs lumbar spine 06/03/13
Amended report radiographs CT lumbar spine 06/03/13
Prior reviews 07/24/13 and 07/25/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx when he was run over. The patient sustained significant crush injuries to the torso including fractured ribs and a crushed and fractured pelvis. The patient required extensive surgical repairs as well as repairs for a neurogenic bladder. The most recent imaging studies of the hips including radiographs dated 05/31/13 demonstrated mild to severe superolateral joint space narrowing of the right hip with buttressing along the medial aspect of the femoral neck. There were minimization findings consistent with possible head collar osteophytes. In the left hip there was severe superolateral joint space narrowing with mild subchondral sclerosis. There was large amount of femoral head collar and acetabular roof osteophytes. CT of the pelvis from 05/31/13 again showed severe osteoarthritic degenerative changes of the bilateral hip joints. The patient was seen on 06/22/13 and reported constant and severe hip pain that was becoming worse over time. The patient reported severe pain while standing and required a cane for walks. Physical examination demonstrated severe bilateral hip flexor contractures resulting in crouched type posture. Range of motion in both hips was restricted; however, strength was only mildly weak but mildly reduced on adduction. The patient was recommended for bilateral hip arthroplasties. The request for bilateral hip arthroplasties was denied by utilization review on 07/24/13 as there was no documentation regarding prior conservative treatment and there was a partial certification to the left hip arthroplasty. The request was again denied by utilization review on 07/25/13 as again the left hip replacement was recommended; however, a bilateral simultaneous procedure was not recommended.

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

The patient presents with ongoing bilateral hip pain secondary to severe osteoarthritis. The patient sustained multiple injuries on the date of injury with significant pelvic fractures. Based on review of the most recent imaging studies of

the bilateral hips there is evidence of severe hip osteoarthritis which has resulted in flexion type contractures bilaterally. In review of the prior denials, this reviewer disagrees with both denials. In this case the patient has severe near bone on bone osteoarthritis on radiographs. Physical examination findings are consistent with severe osteoarthritis bilaterally due to the flexion type contracture. If the patient were to undergo a left hip arthroplasty as previously recommended by other reviewers, this would result in a significant gait instability that would not be addressed with a unilateral knee arthro hip arthroplasty only. In this case the patient is clearly an outlier to current evidence based guideline recommendations and reasonably requires bilateral hip arthroplasties. In the opinion of this reviewer medical necessity is established at this time.

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

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

[X] ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines, Online Version, Hip & Pelvis Chapter

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.