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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Mar/12/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Hip Bone scan (Heterotopic Ossification)

A 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)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Clinical notes dated 03/15/12 – 12/13/12

X-rays of the pelvis dated 07/12/12 and 09/14/12

Operative report dated 02/15/12

Operative report dated 02/12/12

Operative report dated 02/10/12

Bone scan dated 10/09/12

X-ray of the pelvis dated 11/01/12

Previous utilization reviews dated 01/28/13 and 02/11/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx year old male who reported an injury regarding his left hip and pelvis. The operative report dated xxxxx details the patient undergoing open reduction internal fixation of a left acetabular fracture involving the transverse component as well as the posterior

component. The clinical note dated xxxxx details the patient presenting for a follow-up regarding the ORIF at the left hip. The note details the patient doing well. The patient stated that his pain was tolerable. The x-ray of the pelvis dated 07/12/12 revealed stable hardware which was noted to be in good position and free of infection or loosening. Dystrophic calcification was noted at the left acetabulum. The bone scan dated 10/09/12 revealed heterotopic ossification with post-traumatic arthropathy noted at the left hip. Per clinical note dated 11/01/12, the patient continued with left hip pain. The x-ray of the pelvis dated 11/01/12 revealed a deformity at the lateral margin of the left acetabulum. No evidence of osteonecrosis was noted. Per clinical note dated 11/19/12, the patient stated that the initial injury occurred when he was involved in a motor vehicle accident and his car struck a tree. A topical heterotopic ossification was noted at the lateral retinaculum. Weakness was noted at the left quadriceps. Per clinical note dated 12/13/12, the patient was recommended for heterotopic ossification resection at the left hip.

The previous utilization review dated 01/28/13 resulted in a denial for a bone scan of the left hip as it was unclear whether the patient had undergone a surgical intervention which necessitated a bone scan, or if the requested bone scan was intended for surgical planning. Additionally, there was a noted lack of documentation regarding any significant changes since the prior bone scan.

The previous utilization review dated 02/11/13 also resulted in a denial for a bone scan of the left hip as there continued to be lack of support and rationale for the proposed bone scan.

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

The documentation submitted for review elaborates the patient complaining of left hip pain despite a previous surgical intervention. The Official Disability Guidelines recommend a bone scan of the hip provided the patient meets specific criteria to include previous normal radiographs and an inability to perform MRI studies. The patient is noted to have previously undergone a bone scan at the left hip which revealed significant findings of heterotopic ossification. However, no new information was submitted regarding the patient's significant changes involving pathology or symptomology. Given the lack of information regarding the patient's significant changes in pathology or symptomology, this request does not meet guideline recommendations. As such, it is the opinion of this reviewer that the request for a bone scan of the left hip is not supported as medically necessary.

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