

# Becket Systems

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## NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Mar/07/2013

IRO CASE #:

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** left hip total joint replacement with 3 days inpatient stay as an outpatient

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** D.O. Board Certified 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.** It is the opinion of this reviewer that the request for left total hip left hip total joint replacement with three day inpatient stay does not meet Official Disability Guidelines criteria, and medical necessity is not established.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

**PATIENT CLINICAL HISTORY [SUMMARY]:** The claimant is a xx year old male who sustained injuries to his left hip, knee, and wrist when he tripped and fell on xxxx. He underwent surgical intervention to the left wrist and knee. The claimant was also status post left hip arthroscopy on 10/27/11 with anterosuperior labral repair, femoral osteoplasty, acetabular osteotomy/chondroplasty, synovectomy, and removal of loose bodies. Records indicated that the claimant continued with left hip pain following left hip arthroscopy. His condition was unrelieved with conservative care including medications, physical therapy/aquatic therapy, and intraarticular injections which provided only temporary relief. Examination findings revealed significant pain and limp in the left leg; no swelling about the left hip area; motor strength active and no neurological deficit noted. The claimant had significantly reduced

internal and external rotation to only 5 degrees. Hip flexion was to 80 degrees; no extension. Range of motion of the left hip was very painful. Diagnostic imaging report of left hip x-rays with AP and frog leg lateral projections noted no fracture or dislocation, with some mild degenerative osteophytosis of the left hip. No large joint effusion was demonstrated, and adjacent soft tissues were unremarkable. Impression was mild degenerative joint disease of the left hip. Dr. interpreted the x-ray of the left hip to show a large osteophyte on superior aspect of the acetabulum with underlying significant impingement of the femoral head; loss of articular joint space in the superior aspect of the acetabulum and femoral head area with irregularity in both surfaces.

A request for left hip total joint replacement with three day inpatient stay was non-certified per review dated 01/25/13, noting that official radiograph and official radiology report noted only mild degenerative joint disease of the left hip. The reviewer further noted that the claimant was a 43 year old male who may benefit from arthroscopy addressing the labral pathology as opposed to hip arthroplasty. It was noted that joint preservation in someone so young should be considered and favored.

A reconsideration request for left hip total joint replacement with three day inpatient stay as an outpatient was non-certified per review dated 01/30/13. The reviewer noted that no additional clinical data was provided on reconsideration. It was noted that there was no clinical documentation in the radiologist interpretation of left hip x-rays other than some mild degenerative osteophytosis of the left hip, with impression of mild degenerative joint disease. The reviewer determined that based on clinical documentation provided for review and peer reviewed evidence based guidelines, the request for reconsideration of left total hip joint replacement and three day inpatient stay was not medically supported.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The claimant sustained injuries to the left hip, knee, and wrist when he tripped and fell on xxxx. He has undergone multiple surgical procedures including left hip arthroscopy on 10/17/11. He remained symptomatic and the left hip remained symptomatic following surgical intervention and despite conservative measures including aquatic/physical therapy, medications, and intraarticular injections. Official radiology report of the left hip x-rays noted some mild degenerative osteophytosis of the left hip, with impression of mild degenerative joint disease of the left hip. There is a discrepancy in the official radiology report and requesting provider interpretation of radiographs, and no over read or repeat radiographs were documented. Based on the clinical data available for review, it is the opinion of this reviewer that the request for left total hip left hip total joint replacement with three day inpatient stay does not meet Official Disability Guidelines criteria, and medical necessity is not established.

**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)