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Notice of Independent Review Decision

**Date notice sent to all parties:** 05/01/13

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Outpatient manipulation under anesthesia (MUA) of the left hip

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

Board Certified in 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 of the health care services in dispute.

Outpatient MUA of the left hip - Upheld

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

Lumbar MRI dated 09/05/12  
Left hip MRI dated 10/04/12 and interpreted  
Operative report dated 10/29/12

Reports dated 01/03/13, 01/08/13, 02/19/13, 02/26/13, 03/21/13, and 04/02/13  
Emergency room report dated 01/20/13  
EMG/NCV study dated 02/14/13  
Notices of Prospective/Concurrent Review Determinations dated 03/26/13,  
03/27/13, 04/08/13, and 04/10/13  
Surgery scheduling forms dated 03/27/13 and 04/10/13  
Report dated 04/01/13  
The Official Disability Guidelines (ODG) were not provided by the carrier or the  
URA

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

A lumbar MRI dated xx/xx/xx revealed disc desiccation at L2-L3 without spinal or foraminal stenosis or evidence of disc bulge or herniation. At L5-S1, there was mild desiccation and a mild posterior bulge present. A left hip MRI dated 10/004/12 revealed evidence of significant arthritis of the left hip with avascular necrosis of the weightbearing aspect of the left femoral head. On 10/29/12, performed a left total hip arthroplasty. The postoperative diagnoses were osteoarthritis of the left hip, morbid obesity, hyperglycemia, and anemia. On 01/08/13, examined the patient. His pain was rated at 10/10. He was not participating in rehabilitation or home exercises. He had chronic problems of sciatic nerve lesion, radiculitis, thoracic and lumbar, and a lumbar sprain. The patient presented to the emergency room on 01/20/13, complaining of left upper thigh and left hip worsening pain. He said the pain was similar to the pain he had two to three months prior. He had moderate tenderness to the anterior aspect of the left hip and pain with hip flexion. He was given Vicodin and a Medrol Dosepak. An EMG/NCV study dated 02/14/13 revealed mild slowing of all nerve conduction velocities consistent with polyneuropathy. There were neuropathic changes at the left L4 nerve rootlet suggestive of radiculopathy. There was prolongation of the distal latency of the left tibial nerve, suggestive of some entrapment at the tarsal tunnel. On 02/26/13, noted physical therapy could not get the patient's leg to fully extend and he continued with some contracture of the hip flexor. He noted a previous SI injection provided some relief. He had pain of the left SI joint and sciatic notch. There was no pain with internal or external rotation. An SI joint injection was performed at that time. 18 visits of therapy were recommended. On 03/21/13, reevaluated the patient. He continued with severe pain despite medications, manipulation, and work-up for possible loosening or infection. MUA was recommended at that time. He had a marked decrease in the amount of pain he had when he ambulated. The remainder of the examination was unchanged. spoke on 03/26/13 and they agreed that that second opinions from experienced hip surgeons would be wise at that time. On 03/27/13, provided a concurrent review determination, denying the requested MUA of the left hip. examined the patient on 04/01/13. He felt the patient was certainly a candidate for MUA of the left hip, but he felt further evaluation of the lumbar spine would be in order and an MRI was recommended to compare to the one from September 2012. The patient had been using a

walker since December 2012 and had a noticeable limp. Oxycodone was not relieving his pain. He was able to toe and heel walk normally. Lower extremity muscle tone was normal. He had no midline or paraspinous tenderness. The bilateral SI joints were painless. Straight leg raising was positive. Left hip flexion was 15 degrees, extension was 0 degrees, external rotation was 10 degrees, and internal rotation was 5 degrees. examined the patient on 04/02/13 and a recent MRI revealed disc bulging without herniations or significant stenosis. The patient wished to proceed with MUA of the left hip at that time. It was felt he needed a wide walker because of his shoulders. He had pain free, normal lumbar range of motion. Left hip flexion was 15 degrees, extension was 0 degrees, external rotation was 10 degrees, and internal rotation was 5 degrees. called on 04/08/13, but it does not appear he was able to speak with him. He noted it was unclear how the MUA would improve the outcome, as there was no clear evidence loss of range of motion was the primary problem. On 04/10/13, Starr Comprehensive Solutions, Inc. provided another concurrent review determination, denying the requested left hip MUA.

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

The patient had a total hip replacement for avascular necrosis of the hip and has continued to have pain. Within reasonable medical probability, his loss of range of motion is due to pain inhibition rather than any mechanical contracture. It is unlikely that a MUA at this time is going to alleviate his pain problem and the loss of range of motion is unlikely to return.

There is no peer reviewed medical literature on this topic. The ODG indicates only that MUA is under study for adhesive capsulitis of the hip, which should be treated with sustained release corticosteroid intrarticular injections and physical therapy. Given the lack of peer reviewed medical literature on the topic and the current clinical scenario presented, I concur with the prior decision to not certify a MUA in this situation for this individual. Therefore, the requested outpatient MUA of the left hip is neither reasonable nor necessary and the previous adverse determinations should be upheld at this time.

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

- ACOEM- AMERICAN 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)**