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Notice of Independent Review Decision

**Date notice sent to all parties:** 10/10/13

**IRO CASE #:**

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

Autogenous bone graft harvest from right femur, take down of non-union, open bone grafting, and hardware removal

**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.

Autogenous bone graft harvest from right femur, take down of non-union, open bone grafting, and hardware removal - Upheld

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

History and physicals dated 11/29/12 and 05/08/13  
Operative reports dated 11/29/12 and 05/08/13  
Discharge summary dated 12/02/12

Reports dated 12/17/12, 01/03/13, 01/21/13, 02/18/13, 04/15/13, 05/13/13, 05/28/13, 07/23/13, and 08/19/13,

Letter dated 01/18/13

Report dated 02/19/13

Therapy evaluation dated 02/25/13

Femur x-rays dated 04/15/13, 07/23/13, and 08/19/13

CT scan of left femur dated 04/19/13

Notifications of Adverse Determinations dated 08/28/13 and 09/13/13

The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

Undated Med Health patient information sheets

Undated notification of patient scheduled appointment from Medical Center

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

examined the patient on 11/29/12. He had fallen. He had an immediate deformity to the left leg and was unable to bear weight. He was seen in the emergency room and did admit to previous left knee surgery. He reported using marijuana on a daily basis and was a daily smoker. On exam, there was a small piece of bone protruding from the anterior distal portion of the left thigh. His pulse was palpable. There was no pelvic instability. X-rays showed a comminuted left distal femur fracture with intrarticular extension. He was given IV antibiotics and sent to the operating room. On the same day, performed open reduction and internal fixation of the left distal femur, intramedullary nail stabilization, and irrigation and debridement. examined the patient on 12/17/12. There was mild erythema around the staples and there was no active drainage or sign of infectious process. He had a left knee effusion with some stiffness. He had 60 degrees of flexion in the left knee. X-rays showed the hardware was intact and the overall alignment was well maintained. He was advised to discontinue the knee immobilizer and to remain non-weightbearing. Smoking cessation was discussed. On 01/21/13, the patient reported nerve type pain that started at his hip and extended down the leg into his lower leg and toes. It was a sharp, electrical type pain. Knee range of motion was 0-20 degrees. X-rays revealed some slight increase in the amount of callus formation. He would remain non-weightbearing and Norco and Lyrica were prescribed. On 02/25/13, P.T. recommended therapy two to three times a week for eight weeks. On 04/15/13, he was ambulatory on the left leg, but still had some pain and discomfort over the fracture site. X-rays revealed some slight interval callus formation, although there was still a non-united fracture. A CT scan was recommended and Norco and Lyrica were refilled. Laboratory studies were also recommended to rule out an infectious process. The CT scan was performed on 04/19/13 and revealed chronic postoperative changes in the long left femoral intramedullary rod placement and fixation of the distal femoral shaft transverse fracture. His hardware alignment appeared similar to prior studies. There was no bony remodeling or fusion between the main fracture components even though there was peripheral callus formation. The findings were felt to be compatible with continued non-union and it was unknown if there was early pseudoarthrosis across the horizontal fracture. On 05/08/13, performed autogenous bone graft

from right femur, take down of the non-union of the left femur, open bone grafting of the left femur, and hardware removal. The postoperative diagnoses were left femur non-union and symptomatic hardware. On 05/13/13, the patient returned to concerned about swelling in the left lower extremity. He had some diffuse swelling to the distal aspect of the femur. There was no active drainage or fluctuance. Non-weightbearing status was recommended and Norco, Lyrica, and Keflex were prescribed for superficial cellulitis. On 05/25/13, x-rays showed some portion of the bone graft did get displaced laterally, but it appeared there was some healing potential on the callus formation starting. On 07/23/13, reexamined the patient. He had pain and discomfort in the left lower extremity, that was deep seated in the area of the fracture. Knee range of motion was 0-130 degrees. X-rays revealed a definitive fracture line and likely a continued non-union. He was asked to return in four weeks to see if there was progression of the fracture healing. The patient informed on 08/19/13 that after walking he would get deep seated pain in the distal portion of the left thigh, which was daily. X-rays revealed just a small amount of progress from his prior films, but there was still a definitive non-union in the distal aspect of the femur. Operative intervention was recommended. On 08/28/13, provided an adverse determination for the requested left femur surgery. On 09/13/13, also provided another adverse determination for the requested operative procedure.

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

The patient underwent open reduction and internal fixation of the left distal femur, intramedullary nail stabilization, and irrigation and debridement on 11/29/12. Then on, 05/08/13, he underwent autogenous bone graft from right femur, take down of the non-union of the left femur, open bone grafting of the left femur, and hardware removal. X-rays on 05/28/13 revealed some healing potential on the callus formation starting. X-rays on 07/23/13 did show some mild interval changes and some healing since his previous x-ray. A definitive fracture line was still seen. There was no evidence of hardware loosening. There was a healing distal diaphyseal fracture with increased callus formation, particularly laterally. On 08/19/13, his range of motion was 0-120 degrees and x-rays revealed some progression of healing since his 07/23/13 x-rays. There was no evidence for acute fracture and there was a healing mildly displaced distal femoral shaft fracture with healing callus. There was also cortical thickening at the healing site. Based on the documentation reviewed, the patient continues to have progressive union and interval healing of the fracture based on serial x-rays from 05/28/13 to the most recent examination on 08/19/13. There was no evidence of hardware failure or loosening. At this time, there has not been objective documentation of definitive evidence of non-union radiographically or by CT scan. Therefore, the requested autogenous bone graft harvest from right femur, take down of non-union, open bone grafting, and hardware removal is not appropriate, medically necessary, or supported by the ODG. 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)**