

IRO NOTICE OF DECISION – WC



Notice of Independent Review Decision

February 11, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Femur Hardware removal between 1/21/14-3/22/14

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

American Board of Orthopaedic 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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Utilization Review Unit
- 6-17-13, surgery

- 6-25-13: Claims submitted for payment: DOS:6-17-13; amount: 4905.00.
- Health Insurance Claim Form
- 8-6-13 Physical Therapy Progress Note
- Physical Therapy on 8-8-13, 8-13-13, 8-15-13, 8-20-13, and 8-22-13.
- 8-27-13 Physical Therapy Progress Note.
- Physical Therapy on 8-27-13, 9-3-13, 9-5-13, 9-10-13, and 9-12-13.
- 1-8-14: Surgery Sheet
- 1-8-14, office visit
- 1-13-14 Fax coversheet
- 1-13-14 Worker's Compensation Coordinator: Pre-Authorization.
- 1-16-14 Fax coversheet
- 1-16-14, Medical Review
- 1-21-14 Fax coversheet
- 1-21-14 Worker's Compensation Coordinator: Letter
- 1-23-14, Medical Review
- 1-27-14, Medical Review
- 1-28-14 Fax coversheet
- 1-28-14 Request Form
- Independent Review Portal IRO Request Details
- 1-30-14 Fax coversheet
- 1-30-14 Notice to Utilization Review Agent of Assignment to Independent Review Organization
- 1-30-14 Fax coversheet

- 1-30-14 Notice to Claims Eval of Case Assignment.
- Utilization Review Unit

PATIENT CLINICAL HISTORY [SUMMARY]:

Utilization Review Unit: Attached are the following records:
IRO request form from the provider. IRO assignment. Request for IRO by URA-TDI.
Initial denial documents (request, denial letter, peer report). Appeal denial
documents (request, denial letter, peer report). ODG Guidelines. (Other medical
reports/documents).

6-17-13, preoperative and postoperative diagnosis: Right femoral nonunion.
Procedure: Removal of hardware, deep. Open reduction internal fixation of
reduction with bone grafting autogenous bone graft.

6-25-13: Claims submitted for payment: DOS:6-17-13; amount: 4905.00.

Health Insurance Claim Form.

8-6-13 Physical Therapy Progress Note.

Physical Therapy on 8-8-13, 8-13-13, 8-15-13, 8-20-13, and 8-22-13.

8-27-13 Physical Therapy Progress Note.

Physical Therapy on 8-27-13, 9-3-13, 9-5-13, 9-10-13, and 9-12-13.

1-8-14 Orthopaedic: Surgery Sheet.

1-8-14, the claimant presents to the clinic for evaluation of his right femur after surgery on 6-17-13. He is status post ORIF of right femoral non-union. Since his last visit, he states he is doing okay. He reports he is still having weakness in his leg, but has significantly improved since his last visit, he is still having intermittent aching pains. He reports occasional popping in is lateral knee which he feels is preventing him from progressing further. He has no other complaints or concerns. Assessment: Femoral shaft fracture, fracture non-union, complications peculiar to certain specified procedures due to other internal orthopedic device, implant and graft. Plan: The evaluator discussed hardware removal with the claimant as the plate appears to be causing him significant symptoms. The evaluator would leave the IM rod and only remove the lateral plate. Risks and benefits were discussed with the claimant and he wished to proceed.

1-13-14 Fax coversheet to: Pre-Authorization.

1-13-14 Worker's Compensation Coordinator: Pre-Authorization: We would like to request authorization for surgery for the patient. Doctor requesting Procedure:

1-16-14 Fax coversheet to:

1-16-14, performed a Medical Review. It was his opinion based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines, the request for 1 right femur hardware removal between 1-13-14 and 3-14-14 is non certified. The patient is a male who sustained an injury on xx/xx/xx when he slipped and fell. The patient is diagnosed with right femoral shaft fracture and nonunion status-post surgery and complication of internal orthopedic device. A request is made for right femur hardware removal. The patient underwent immediate surgery for right femur fracture with retrograde femoral nailing and has attended extensive physical therapy. Bone growth stimulator has been recommended with additional physical therapy. The patient then underwent removal of hardware and open reduction and internal fixation of non-union with bone grafting on 6/17/2011. X-rays of the right femur dated 1/08/2014 showed distal femoral nonunion that appears to be fully united. Per progress report dated 1/08/2014, the patient reports that since his last visit he is doing well. He is still having weakness in his leg but it has significantly improved since his last visit He is still having intermittent aching pains. He reports occasional popping in his lateral knee which he feels is preventing him from progressing further. He reports leg cramps/pain in his legs when walking a short distance. On examination, the patient's gait is antalgic. On the right leg, the surgical incision is well healed. There is crepitation over the iliotibial band where it crosses the plate and it causes pain with flexion and extension. Active range of motion is mildly limited in knee. There is significant weakness in the quadriceps. Current medications are Meloxicam and tramadol hydrochloride. Although the patient has continued pain, there is no evidence of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Further clarification is needed to determine the medical necessity for removing hardware from a prior fracture site when the patient is noted to have only intermittent aching and pain. As such, the medical necessity of this request has not been substantiated. Given the above, the request for 1 Right Femur Hardware Removal is non-certified.

1-21-14 Fax coversheet to: Appeals

1-21-14 Worker's Compensation Coordinator: This letter is in appeal to the determination on 1-16-14 for removal of painful hardware. would like to request a peer to peer review of this case in order to expedite the care of Mr.

1-23-14, performed a Medical Review. It was his opinion based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines, the request for 1 right femur hardware removal is non-certified.

1-27-14, performed a Medical Review. It was his opinion Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines, the request for 1 Right Femur Hardware Removal between 1-21-14 and 3-22-14 is non certified. X-rays of the right femur revealed a distal femoral non-union appeared fully united, and the patient's hardware was intact. The request was previously non certified due to a lack of evidence of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion, as well as a need for clarification regarding the medical necessity for removing hardware from a prior fracture site, when the patient was only noted to have intermittent aching and pain. The Official Disability Guidelines note routine removal of hardware implanted for a fracture fixation is not routinely recommended, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Within the provided documentation, there was no evidence of broken hardware or persistent pain; the patient was noted to have intermittent aching pain. Additionally, further clarification would be required to determine the medical necessity for removing hardware from a prior fracture site As such, the request for 1 right femur hardware removal is non-certified.

1-28-14 Fax coversheet to: IRO

1-28-14 Request Form: Request for Review by an Independent Review Organization

Independent Review Portal IRO Request Details: Your Request his been successfully submitted.

1-30-14 Fax coversheet

1-30-14 Notice to Utilization Review Agent of Assignment to Independent Review Organization.

1-30-14 Fax coversheet

1-30-14 Notice to Claims Eval of Case Assignment.

Utilization Review Unit: Documents attached: Initial Adverse Determination Letter - Appeal Resolution Letter. IRO Request Form from Provider. Company Request for IRO-online form.

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

Based on the records provided, I agree with the recommendation for removal of the lateral plate on the distal femur. The records document the non-union has healed. There is no evidence of infection or hardware failure, but the location of the plate over the distal femur has resulted in chronic irritation of the iliotibial band. Therefore, based on the records provided, the request for Right Femur Hardware Removal between 1/21/14-3/22/14 is reasonable and medically necessary.

Per ODG 2013 Hardware implant removal: Not recommend the routine removal of hardware implanted for fracture fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Not recommended solely to protect against allergy, carcinogenesis, or metal detection. Although hardware removal is commonly done, it should not be considered a routine procedure. The decision to remove hardware has significant economic implications, including the costs of the procedure as well as possible work time lost for postoperative recovery, and implant removal may be challenging and lead to complications, such as neurovascular injury, refracture, or recurrence of deformity. Current literature does not support the routine removal of implants to protect against allergy, carcinogenesis, or metal detection. (Busam, 2006) Despite advances in metallurgy, fatigue failure of hardware is common when a fracture fails to heal. Revision procedures can be difficult, usually requiring removal of intact or broken hardware. (Hak, 2008) Following fracture healing, improvement in pain relief and function can be expected after removal of hardware in patients with persistent pain in the region of implanted hardware, after ruling out other causes of pain such as infection and nonunion. (Minkowitz, 2007) The routine removal of orthopaedic fixation devices after fracture healing remains an issue of debate, but implant removal in symptomatic patients is rated to be moderately effective. Many surgeons refuse a routine implant removal policy, and do not believe in clinically significant adverse effects of retained metal implants. Given the frequency of the procedure in orthopaedic departments worldwide, there is an urgent need for a large randomized trial to determine the efficacy and effectiveness of implant removal with regard to patient-centred outcomes. (Hanson, 2008)

IRO REVIEWER REPORT - WC

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)