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**Date notice sent to all parties:** 12/01/15

**IRO CASE #:**

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

Conversion to right hip total arthroplasty

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

Board Certified in Orthopedic Surgery  
Diplomate of the American Board of Orthopedic Surgery  
Fellow of the American Academy of Orthopedic Surgeons

**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.

Conversion to right hip total arthroplasty - Upheld

**PATIENT CLINICAL HISTORY [SUMMARY]:**

examined the patient on 02/03/15. She had right hip pain that started after a work injury prior. She had no numbness or tingling. She had received injections, surgery, and medications. She had undergone right THA prior. She also had a steroid injection a few months prior. She had mildly limited range of motion of the lumbar spine and straight leg raising was negative. She had limited range of motion of the right hip with moderate pain and strength was limited due to pain.

She had an antalgic gait and she had moderate pain with changing positions. X-rays revealed the surgical hardware was in good alignment. The assessments were mechanical low back pain, myofascial pain syndrome, muscle spasm, chronic pain syndrome, degenerative joint disease of the hip, bursitis/trochanteric tendonitis, and right sided piriformis syndrome. A right hip injection was recommended and Lyrica was prescribed. then performed a right hip joint intrarticular injection with ultrasound guidance on 03/16/15. The pre-procedure diagnosis was symptomatic degenerative joint disease of the right hip. followed-up with the patient on 05/14/15. She received no improvement in her right hip pain with the injection. Exam was essentially unchanged. An MRI of the right hip with intrarticular injection was recommended. On 07/07/15, examined the patient. She was status post IMN ORIF for a minimally displaced right hip fracture. She had a prolonged history of smoking and continued to smoke and she also had a severe Vitamin D deficiency and had osteoporosis, as well as a protein/nutritional deficiency. Her postoperative course had been complicated by chronic peritrochanteric pain and bursitis and she had received several injections without improvement. She had chronic groin and peritrochanteric pain that prohibited her from tolerating ADLS, as well as her job requirements. She had been unable to work full duty since the injury. She had localized tenderness to the greater trochanter on the right without swelling or deformities with full range of motion. Stinchfield testing was positive, as was Faber's testing. Piriformis testing was negative. Previous x-rays showed a healed fracture with nailing and adequate joint space. There was increased offset relative to the left side and the lag screw was not prominent. The femoral head appeared to grossly normal. An MRI dated 06/25/15 was reviewed and noted to show incomplete subtrochanteric fracture line involving the posterior femoral neck that extended through the lesser trochanter and it was unknown if this was incomplete healing at the fracture site or if it was acute/subacute developing incomplete stress fracture. There were also large areas of avascular necrosis involving the entire superior femoral head. The previous femoral rod with dynamic hip screw placement that did not demonstrate extensive surrounding osteolysis. There was a focal labral tear at the anterosuperior labrum from the 10 o'clock to the 2 o'clock position. She was referred for a second opinion and smoking cessation was discussed. Limited duty would be continued. then examined the patient on 09/01/15. It was noted had two surgical plans and wanted to assist him in determining which surgery was appropriate. Her exam was essentially unchanged. noted the patient had increased lateral offset of the right hip and significant trochanteric pain in addition to a large vascular lesion in the femoral head, as well as a labral tear. He recommended a hip replacement to restore offset to normal and take care of the avascular necrosis and labral tear. On 09/16/15, noted recommended a total hip replacement. It was noted the patient cut down smoking from one and a half packs per day to one half pack per day, but she had not completely quit. Her diet was also better. Her exam was again unchanged. Acetaminophen and a non-steroidal anti-inflammatory were recommended. The patient's bone health and nutrition were also discussed. Total hip arthroplasty was recommended at that time. On 09/20/15, a utilization review request was made for the right total hip arthroplasty, which, provided an adverse determination for on 10/01/15. The

patient then followed-up on 10/12/15. On exam, she had localized tenderness of the right greater trochanter and antalgic range of motion. Stinchfield testing was positive, as was Faber's. She had a slight limp, as well. A total hip arthroplasty was again recommended. It was noted her recovery was currently lagging behind what was expected. On 10/14/15, also on behalf of, provided another adverse determination for the requested right total hip arthroplasty. On 11/06/15, another utilization review referral was provided for a right total hip arthroplasty.

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

The patient is a female who was reported in the medical records available for review to have sustained a work-related injury in a fall in XXXX. It is unclear from the documentation, but it would appear that she sustained a peritrochanteric fracture (whether intertrochanteric or subtrochanteric is unclear). She subsequently underwent a closed short intramedullary nail for what subsequently described later as a minimally displaced right intertrochanteric fracture. She has continued to complain of poorly localized pain since that procedure. Her medical co-morbidities which have not been addressed include anemia, severe vitamin D deficiency, osteoporosis, protein/nutritional deficiency, and nicotine abuse. Recent MRI scan has been reported to show questionable stress fracture versus delayed healing of the original fracture, labral pathology, and avascular necrosis without collapse. Recently, she now complains of right buttock pain with radiation to her anterior and posterior thigh. Her diagnosis is unclear, at best, at this time. Her physical examination has revealed essentially full range of motion, no limb length discrepancy, and normal muscle strength.

The Official Disability Guidelines (ODG) indications for hip arthroplasty include: 1) Conservative care, exercise therapy (supervised physical therapy and/or home rehab exercises), and medications (non-steroidals or steroid injection), plus 2) subjective clinical findings to include limited range of motion or nighttime joint pain or not pain relief with conservative care, plus 3) objective clinical findings to include over XX years of age and body mass index of less than 35, plus 4) imaging clinical findings to include osteoarthritis on standing x-rays or arthroscopy. It is unclear that the patient has failed an adequate trial of conservative care to include exercise therapy. Her range of motion has been documented several times to be full and neither plain x-rays nor MRI scan have documented significant osteoarthritic changes. There has been reported to be avascular necrosis, but without articular collapse. In addition, significant medical co-morbidities, which have included anemia, severe vitamin D deficiency, osteoporosis, protein/nutritional deficiency, and nicotine abuse, have not been addressed nor medically optimized, as noted above. The patient does not meet the criteria as outlined by the ODG. performed the initial review on 10/01/15, in which the procedure was noncertified. His opinion was upheld on reconsideration/appeal by on 10/14/15. Both reviewers cited the ODG as the basis of their opinions. There has been no additional documentation or new information submitted for review following those opinions which has provided any

additional insight into the patient's current situation. Therefore, the requested conversion to a right total hip arthroplasty is not medically necessary, reasonable, or supported by the evidence based ODG at this time and the previous adverse determinations should be upheld.

**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)