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**IRO REVIEWER REPORT**

**Date:** 12/19/2017 1:09:39 PM CST

**IRO CASE #:** XXXX

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Inpatient surgery left hip resection

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

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Overturned           | Disagree                       |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld    | Agree                          |

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves a XX-year-old XX who is being considered for an inpatient left hip resection. The current diagnoses is detailed as left hip pain. Patient underwent a left total hip arthroplasty in XXXX, with subsequent surgery on XXXX, XXXX, and XXXX, and in XXXX. CT of the left lower extremity performed on XXXX revealed lucency surrounding the acetabular cement bone interface was stable, loosening considered less likely. There is question of mild posterior lateral subluxation of the acetabular prosthesis. There is no CT evidence of femoral stem loosening. There was also no evidence of fractures. The abscess scan performed on XXXX revealed localized area of abnormally increased radionuclide deposition in the soft tissue at the level of the superior margin of the acetabulum anteriorly. These findings were strongly suggestive of presence of infectious process in this location. There are no other abnormalities. Per the operative report dated XXXX, the patient underwent an open incisional biopsy of the left hip followed by excision of heterotopic bone, radical debridement including skin, subcutaneous tissue, deep tendon muscle belly, and periosteum and bone mobilization, profunda femoral vessel sciatic and also sciatic nerve followed by total hip revision with pelvic reconstruction. Preoperative diagnosis and reason for procedure was failed left total hip replacement after pelvic reconstruction and evidence of loosening of the acetabular component and heterotopic bone around the femur. There is discussion of an x-ray of the left hip having been performed that revealed complete radiolucent line at the cement bone interface on the acetabular side with the implant well fixed on the femoral side. It was also noted that there was cemented distal to the stem and it appeared perhaps around the stem as well. The most recent physical assessment was on XXXX which indicated the patient presented with continued complaints and symptoms of the left hip. XX continued to have complaints of pain to the lateral and posterior aspect as well as XX buttock. Physical examination revealed weak abductors less than antigravity. The patient ambulated with a limp. There is no pain on log rolling of the hip. There was some discomfort at the extremes of motion. Flexion was 80°, abduction of 40°, abduction at 30° and internal rotation of 5°. External rotation was also noted to be 40°. The current request under review is for an inpatient surgery left hip resection.

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

**TO SUPPORT THE DECISION:**

The pre-appointment insurance review notification dated XXXX indicate to surgical intervention be performed as XX left hip resection (27091, 11981) with an estimated length of stay of 3-4 days based upon how surgery goes. The code 27091 is removed hip prostheses the reference guidelines indicate hardware removal was not recommended for routine purposes except with exposure, dependence, broken hardware persistent pain after ruling out other causes of pain such as infection and nonunion. The left hip resection is recommended when there is failed total hip replacement, resurfacing or internal fixation. Prosthesis is generally very durable however, failure sometimes does occur, requiring revision. This procedure is recommended if there is recurrent disabling pain and stiffness as well as functional limitations has not responded to conservative nonsurgical management. If there is a fracture dislocation of some of the components, recurrent instability or aseptic loosening, infection, or peri-prosthetic fractures. While it is noted that the patient does have complaints of left hip pain as well as some pain with extremes of range of motion, there is no documentation indicating that the patient is having failure of her current hardware to support the requested resection. Despite the patient's complaints of pain there is no documentation with significant functional limitations. The patient does not have documented recurrent instability or aseptic loosening, infection or peri-prosthetic fracture support the need for the requested surgical intervention. Furthermore, the request as submitted did not include number of days of the inpatient stay portion of the request.

Given information submitted for review the requested inpatient surgery left hip resection is not medically necessary, and the prior determination is 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
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

1. Official Disability Guidelines (ODG), Treatment Index, 15th Edition (web), 2017, Hip and Pelvis/ Hardware implant removal (fracture fixation).
2. Official Disability Guidelines (ODG), Treatment Index, 15th Edition (web), 2017, Hip and Pelvis/ Revision total hip arthroplasty