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Notice of Independent Review Decision

DATE OF REVIEW: 07/23/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

IRO - Outpatient right hip open excision or repair of labral tear to include CPT code 27036

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery
 ABMS Orthopaedic Surgery

REVIEW OUTCOME:

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
IRO - Outpatient right hip open excision or repair of labral tear to include CPT code 27036	27036	-	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	IRO Request		16		
2	First Report of Injury		1	02/02/2009	02/02/2009
3	Claim Dispute Notice	Claims Administration	1	03/05/2009	03/05/2009
4	Claim File	DO	2	07/17/2009	07/17/2009
5	Designated Doctor Report	MD	2	04/20/2010	04/20/2010
6	Designated Doctor Report	, DO	6	07/08/2009	07/08/2009
7	Designated Doctor Report	, MD	6	03/20/2009	03/20/2009
8	Diagnostic Test	Regional Medical Center	2	02/10/2009	02/24/2009
9	Diagnostic Test	, MD	3	05/27/2010	05/27/2010
10	Diagnostic Test	Radiology	1	05/06/2010	05/06/2010
11	FCE Report	, MD	9	03/17/2010	03/30/2010
12	IRO Request	TDI	2	07/05/2010	07/05/2010
13	Office Visit Report	, MD	5	02/17/2009	11/23/2009

14	Office Visit Report	, MD	2	06/02/2010	06/16/2010
15	Office Visit Report	,MD	3	03/11/2009	03/11/2009
16	Peer Review Report	Occupational Orthopedic Specialist	13	04/13/2009	04/13/2009
17	PT Notes	Regional Medical Center	3	03/16/2009	03/16/2009
18	Initial Denial Letter	Solutions	3	06/19/2010	06/24/2010
19	Archive		64	07/16/2010	07/16/2010

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is with a lifting straining injury to the lumbar spine and right hip on xx/xx/xx. She has been evaluated by a number of physicians and orthopedic surgeons. Her initial MRI scan of the lumbar spine 2/10/09 revealed only degenerative lumbar spondylosis. The right hip MRI was interpreted as not revealing pathology. Her symptoms have been consistent and persistent. She complains of pain in the groin and the anterior right thigh. Flexion of the hip has been consistently recorded as diminished. She was awarded a 2% Whole Person Impairment on the basis of diminished range of motion of the right hip. A repeat MRI scan with arthrogram of the right hip dated 5/6/10 revealed a 1.5 cm tear of the labrum of the right hip. The current request is for preauthorization of an open excision or repair of anterior labral tear right hip.

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

This patient suffered an injury leaning forward to lift a. She has had persistent and consistent symptoms of anterior hip pain localized to the groin and anterior thigh. The initial MRI scan was negative. The repeat MRI scan included MR/arthrogram and revealed an anterior labral tear of the right hip. Apparently, this patient had no hip symptoms prior to the injury suffered xx/xx/xxxx. The mechanism of injury is compatible with the production of an anterior labral tear by femoral acetabular impingement in a forced flexed position. Prior to the performance of a surgical procedure for the debridement or repair of a labral tear, one might consider performing a fluoroscopically guided local anesthetic corticosteroid injection in hopes of confirming the tear as the origin of the pain symptoms. Furthermore, the surgical management of this problems appears better dealt with arthroscopically. It would appear that the prior denials of this request to preauthorize an open debridement or repair of the tear of acetabular labrum were appropriate and should be upheld. This request is not medically necessary.

The ODG is silent on the issue of hip labrum injuries. The Wakeforest University Hospital web site includes the following commentary:

Hip Labral Tear & Repair

What Is It?

The hip labrum is a form of cartilage that lines the rim of the socket (acetabulum). Injury to the hip labrum is a recognized source of hip pain. One theory behind the cause of hip labral tears is called [femoroacetabular impingement, "FAI"](#). Treatment of labral tears can be either with or without surgery. Surgical treatment may involve [hip arthroscopy](#). A hip labral tear may be surgically treated with debridement (trimming/removal) or repair/reattachment. [Hip labral repair](#) involves using sutures ("stitches") to reattach the torn cartilage to the rim of the socket.

Who Should Have It?

Some short term clinical research supports hip labral repair as beneficial to improved clinical outcomes. Hip labral repair should be considered in the setting of labral injury.

What Are Some of The Risks?

In addition to other surgical risks, a repaired labrum may re-tear.

Arthroscopy	<p>Recommended when the mechanism of injury and physical examination findings strongly suggest the presence of a surgical lesion. In those cases, it is appropriate to proceed directly with the interventional arthroscopy. Arthroscopy may also be employed in the treatment of joint disorders. (Colorado, 2001) Hip arthroscopy is used both as a diagnostic and therapeutic tool; it has been shown to be of benefit in recent traumatic labral injury, but disappointing in the management of chronic hip pain (which may be associated with degenerative change, and chondral lesions of the acetabulum). (Brukner, 2006) (Parker, 2002) (Byrd, 2006) Hip arthroscopy may be indicated for loose body removal when open treatment is not otherwise necessary. (Mullis, 2006)</p> <p><u>Indications for arthroscopy:</u></p> <p>Symptomatic acetabular labral tears</p> <p>Hip capsule laxity and instability</p> <p>Chondral lesions</p> <p>Osteochondritis dissecans</p> <p>Ligamentum teres injuries</p> <p>Snapping hip syndrome</p> <p>Iliopsoas bursitis</p> <p>Loose bodies (for example, synovial chondromatosis)</p> <p>Other possible indications</p> <p>Management of osteonecrosis of the femoral head</p> <p>Bony impingement</p> <p>Synovial abnormalities</p> <p>Crystalline hip arthropathy (gout and pseudogout)</p> <p>Infection</p> <p>Posttraumatic intraarticular debris</p> <p>In rare cases, hip arthroscopy can be used to temporize the symptoms of mild-to-moderate hip osteoarthritis with associated mechanical symptoms.</p> <p>(Kelly, 2003)</p>
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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)