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Notice of Independent Review Decision

IRO REVIEWER REPORT – WCN

DATE OF REVIEW: 05/11/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right hip arthrogram with Cortisone injection

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 or not medical necessity exists for each of the health care services in dispute.

Right hip arthrogram with Cortisone injection - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An x-ray arthrogram of the right hip interpreted by, M.D. dated 09/24/08

An MRI arthrogram of the right hip interpreted by Dr. dated 09/24/08

An operative report from, M.D. dated 05/19/09

Evaluations with Dr. dated 05/28/09, 06/25/09, 08/06/09, and 02/19/10

A preauthorization request from Dr. dated 03/03/10

A letter of non-certification, according to the Official Disability Guidelines (ODG), from, M.D. dated 03/08/10

A letter of non-certification, according to the ODG, from, M.D. dated 03/24/10

The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

A right hip MRI arthrogram interpreted by Dr. on 09/24/08 showed a probable tear of the anterior superior acetabular labrum and mild arthrosis of the right hip. A right hip arthrogram and steroid injection were performed on 05/19/09. On 05/28/09 and 06/25/09, Dr. recommended physical therapy to the hip. On 08/06/09, Dr. recommended a return to full activity and an impairment rating evaluation. On 02/19/10, Dr. recommended a right hip arthrogram, injection, and postoperative physical therapy. On 03/03/10, Dr. wrote a preauthorization request for the surgery. On 03/08/10, Dr. wrote a letter of non-certification, according to the ODG, for the right hip arthrogram and injection. On 03/24/10, Dr. also wrote a letter of non-certification, according to the ODG, for the procedure.

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

An arthrogram and injection of steroids into the hip can be used as a temporizing pain relief measure and to confirm the diagnosis of a labral tear. This has been accomplished. The current medical literature does not indicate any efficacy in repeating this procedure or injection. The diagnosis of femoral acetabular impingement has been confirmed and to proceed with another injection is neither reasonable nor necessary. Current medical literature indicates that if there is such a diagnostic entity as femoral acetabular impingement, this is a condition that occurs strictly as a disease of life. That is, due to the abnormal shape of the acetabulum, there is contact of the femoral neck on the acetabular rim. Therefore, the requested right hip arthrogram with Cortisone injection is neither reasonable nor necessary 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)

Orthopedic Knowledge Update for hip and knee pathology