

SENT VIA EMAIL OR FAX ON  
Jan/31/2011

## P-IRO Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jan/28/2011

**IRO CASE #:**

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

Outpatient Left Hip Joint Injection under Fluoroscopy

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

Board Certified Orthopedic Surgeon

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

Office note of Dr. 04/01/10

04/06/10 to 06/14/10 chiropractic notes

Office notes of Dr. 10/11/10, 11/23/10, 12/06/10

MRI left hip report 11/05/10

Peer reviews 12/02/10, 12/06/10, 12/09/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is a female with complaints of left hip pain for date of injury of xx/xx/xx. On 10/11/10, Dr. saw the claimant who reported taking Naprosyn. Dr. noted previous/surgery was arthrocentesis of left hip trochanteric bursa. Examination revealed mild swelling, tenderness to the greater trochanteric, active range of motion was painful and restricted motion of the hip. Strength was 3/5 of the hip except for abduction, which was 5/5. Diagnosis was acute trochanteric bursitis. Dr. performed joint aspiration of the left hip. Medication and physical therapy was recommended. The MRI of the left hip from 11/05/10 was suspicious for cleave

type labral tear along the lateral portion of the left acetabular labrum, left sided gluteus medius tendinosis and mild insertional strain. On 11/23/10, the claimant reported a few hours of relief from the left hip injection. Examination was essentially unchanged. Enthesopathy of the hip was the impression. A left hip joint injection was recommended. On 12/06/10, Dr. stated that the requested injection was an intraarticular injection and not the extraarticular injection that was previously provided.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The evidence-based Official Disability Guidelines state that intra-articular injections in the hip are under study for moderate to severe degenerative change. When performed, these studies should be done fluoroscopically.

The records in this case include an MRI scan, which suggests a labral tear. The records document that the claimant's trochanteric bursa was injected. There is no indication from the records provided that she had an intra-articular injection.

While the evidence-based Official Disability Guidelines do not specifically address the indications for diagnostic injection in the left hip, one would certainly be to determine if an individual had symptomatic labral pathology as it could be considered diagnostic in advance of consideration for surgical arthroscopy.

Based on the claimant's age and the fact that the next steps would be to consider surgery, it would be more reasonable, based on this reviewer's opinion and the guidelines, to consider an intra-articular injection for both diagnostic and therapeutic purposes in this particular case. It does not appear as though that injection was ever completed, as the only documentation was that of a bursal injection.

Based on the above statements, the request for intra-articular injection would be considered reasonable and medically necessary.

Official Disability Guidelines Treatment in Worker's Comp, 16<sup>th</sup> edition, 2011 Updates, chapter hip, corticosteroid injection

Not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Intraarticular glucocorticoid injection with or without elimination of weight-bearing does not reduce the need for total hip arthroplasty in patients with rapidly destructive hip osteoarthritis. ([Villoutreix, 2005](#)) A survey of expert opinions showed that substantial numbers of surgeons felt that IASHI was not therapeutically helpful, may accelerate arthritis progression or may cause increased infectious complications after subsequent total hip arthroplasty. ([Kasper, 2005](#)) Historically, using steroids to treat hip OA did not seem to work very well, at least not as well as in the knee. However, the hip joint is one of the most difficult joints in the body to inject accurately, and entry of the therapeutic agent into the synovial space cannot be ensured without fluoroscopic guidance. Fluoroscopically guided steroid injection may be effective.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

ACOEM-AMERICA 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)