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Notice of Independent Review Decision

DATE OF REVIEW: January 17, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right hip injection (cortisone) with fluoro

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

This physician is Board Certified by American Board of Orthopedic Surgeons with over 40 years of experience.

REVIEW OUTCOME:

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

Upheld (Agree)

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

01/13/11: Office Visit at Pain Associates by PA-C for MD
02/15/11: Office Visit at Pain Associates by PA-C for MD
03/24/11: Office Visit at Pain Associates by FNP-C for MD
05/04/11: Fluoroscopic Guidance for Arthrogram Hip-Right at Radiological Association by MD
05/04/11: MR Arthrogram Hip-Right at Radiological Association interpreted by MD
05/12/11: History and Physical by MD
07/12/11: Follow-up evaluation by MD

07/15/11: Operative Report by MD
07/29/11: Follow-up evaluation by PA-C for MD
08/09/11: Office Visit at Pain Associates by PA-C for MD
08/25/11: Follow-up evaluation by PA-C for MD
11/18/11: Follow-up evaluation by, PA-C for MD
11/29/11: UR performed by MD
12/12/11: UR performed by MD

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who suffered a work comp injury on xx/xx/xx to his cervical spine, lumbar spine, and right hip after he fell down some stairs.

01/13/11: The claimant was evaluated at Pain Associates by PA-C for MD who indicated his right hip was giving out more frequently. His chronic problem list included: lumbar radiculopathy, chronic pain syndrome, neck pain, low back pain, medication management high risk medications, and sprain/strain of hip and thigh. It was recommended he continue medications and a home exercise program.

05/04/11: A Fluoroscopic Guidance for Arthrogram Hip-Right was ordered by MD. Impression: 1. Successful fluoroscopic-guidance for right hip arthrogram. 2. Please see the cross-sectional arthrogram of the right hip, which is dictated separately.

05/04/11: A MR Arthrogram Hip-Right was ordered by, MD. Impression: 1. Multiple low-intermediate signal intensity bodies in the inferior joint raising concern for synovial chondromatosis. 2. Tear of the posterior lateral acetabular labrum.

05/12/11: The claimant had a follow-up evaluation by MD who indicated prior treatment included cortisone injection which failed to relieve symptoms, Ibuprofen which failed to relieve symptoms and physical therapy which failed to relieve symptoms. His current complaints included stiffness and catching, popping, decreased ROM and pain. On physical examination he had a stable gait, pain with full ROM in groin, 5/5 motor strength, positive labral compression test, and no instability. X-rays of the hip showed a normal hip. Dr. diagnosed: 1. Loose body in joint. 2. Labral tear hip. 3. Pain in hip. 4. Sprain of hip. 5. Cervicalgia. Dr. recommended hip arthroscopy Labral repair FOCP and removal of loose bodies.

07/12/11: The claimant had a follow-up evaluation by MD who recommended the hip arthroscopy followed by TTWB use crutches, and post-op physical therapy 3 times per week for 4 weeks.

7/15/11: Operative Report by MD. Postoperative diagnosis: Right hip labral tear with associated loose body, synovitis and impingement. Procedure: Right hip arthroscopy with labral debridement, synovectomy, removal of loose body, and _____ with platelet-rich plasma injection.

07/29/11: The claimant had a follow-up evaluation by, PA-C for MD who indicated he had been doing well since surgery. On physical examination he had well healed portal sites, tenderness over the incision, pain with full ROM in groin, and no evidence of instability. It was recommended TTWB use crutches for 2 weeks then start progress to WBAT. Post-op physical therapy was also recommended.

08/09/11: The claimant had a follow-up evaluation with PA-C for, MD who noted on physical examination that he had decreased sensation in the lateral aspect of the right hip.

08/25/11: The claimant had a follow-up evaluation by, PA-C for MD who noted he was having some popping and sharp pain to his hips. There was no changes on physical examination. X-rays of the hip showed a normal hip. He was recommended to continue NSAIDS and Tylenol. He was placed on WBAT and instructed to continue physical therapy and his home exercise program.

11/18/11: The claimant had a follow-up evaluation by, PA-C for MD who reported that the claimant felt his hip was no better since his operation. On examination his gait was stable, there was no obvious deformity, there was tenderness over the incision, pain with full ROM in groin and no instability. X-rays of the hip showed a normal hip. Diagnosis: 1. Sprain of right hip. 2. Loose body in joint pelvis/right, status post surgery. 3. Labral tear hip/right, status post surgery. 4. Pain in hip/right/FAI, status post surgery. A intra-articular cortisone injection was recommended as well as continuation of physical therapy, WBAT, NSAIDS and Tylenol.

11/29/11: UR performed by MD. Clinical Basis for Conclusion: The history and documentation do not objectively support the request for an intra-articular injection to the right hip. There is no evidence of internal derangement or significant arthritis of the hip in the medical notes. The medical necessity of this type of injection for his current symptoms and findings has not been clearly demonstrated. Clarification was not obtained from the provider's office.

12/12/11: UR performed by MD. Analysis and Clinical Basis for Conclusion: I spoke to Dr.. He believes intra articular corticosteroid injections are 'standard of care' post hip arthroscopy. The applicable passage from the ODG, 2011, hip and pelvis chapter is cited above. Such injections are not recommended for early osteoarthritic changes. Adverse determination is respectfully recommended at this time. The prior denial of this request to preauthorize intra articular corticosteroid injection in the hip was appropriate and should be upheld.

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

The prior decisions are upheld. There is no indication in the clinical records or in his follow-ups after surgery that would indicate a diagnosis that would likely be helped by an intra articular corticosteroid injection. Per ODG, corticosteroid injections are effective for greater trochanteric pain syndrome (or trochanteric bursitis), but the claimant does not have this as a diagnosis, therefore he would not meet the ODG criteria and the requested intra articular corticosteroid injection is not medically necessary.

ODG:

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| Intra-articular steroid hip injection (IASHI) | <p>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. Recommended as an option for short-term pain relief in hip trochanteric bursitis. (Brinks, 2011) 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. (Lambert, 2007) Corticosteroid injections are effective for greater trochanteric pain syndrome (GTPS) managed in primary care, according to a recent RCT. GTPS, also known as trochanteric bursitis, is a common cause of hip pain. In this first randomized controlled trial assessing the effectiveness of corticosteroid injections vs usual care in GTPS, a clinically relevant effect was shown at a 3-month follow-up visit for recovery and for pain at rest and with activity, but at a 12-month follow-up visit, the differences in outcome were no longer present. (Brinks, 2011) See also Sacroiliac joint blocks; Sacroiliac joint radiofrequency neurotomy; Trochanteric bursitis injections; & Intra-articular growth hormone (IAGH) injection.</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)**