

Notice of Independent Review Decision

DATE OF REVIEW: December 27, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left hip arthroscopy – 29862, 29915, 29999, 0232T

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

This case was reviewed by a board certified Orthopaedic Surgeon currently licensed and practicing in the State of Texas.

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

Type of Document Received	Date(s) of Record
X-rays of sacrum and coccyx	09/27/2012
MRI of the left hip	10/12/2012
X-rays of left hip	11/19/2012
Office visits	10/29/2012, 09/04/2013
Office visits	11/19/2012, 10/02/2013
Scheduling form	11/12/2013
An initial denial letter	11/15/2013
A reconsideration denial letter	12/03/2013
A request for an IRO for the denied services of, "Left hip arthroscopy – 29862, 29915, 29999, 0232T"	12/16/2013

EMPLOYEE CLINICAL HISTORY [SUMMARY]:



**MEDICAL EVALUATORS
OF TEXAS** ASO, L.L.C.

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This is a female who sustained injury on xx/xx/xx and reported pain in her left hip and back. She had x-rays of sacrum and coccyx on 09/27/2012 that showed normal sacrum and coccyx. She then had MRI of left hip on 10/12/2012 that showed, "Findings suspicious for a tear within the superior labrum of the left hip." An office visit dated 10/23/2012 indicates she presented with complaint of left hip pain with aggravating factors include overexertion, bending forward, and sitting or standing too long. On physical exam, she was able to perform heel/toe walk without difficulty. She was able to hop and squat without discomfort. Left hip motion was full but painful ER and flexion. Right EHL and right Psoas was 4/5. SLR was negative Figure four Test was positive on left. Sensation and reflexes normal. She was referred to an orthopedist for evaluation of left hip capsular tear. She was seen on 11/19/2012 and was noted to have mildly positive Impingement, Scour, and Faber tests. ROM of hip was normal but pain with IR and ER. recommended injection. A follow up note dated 09/24/2013 indicates she complained of no change in pain symptoms. On physical exam, there was no tenderness along left hip joint line. ROM was normal in all major extremities including shoulders, elbows, wrists, hips, knees, and ankles. Strength was 5/5 in all muscle groups. SLR was negative. Anvil Test was negative. Figure Four test was positive on left. Normal reflexes. The last note dated 10/02/2013 indicates she ambulated with antalgic gait, Positive Impingement, Scour, and Faber tests, Pain with hip flexion, IR, and ER. Normal sensation, strength, and pulses. recommended left hip arthroscopy.

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

This patient had a traumatic onset of LEFT hip and back pain. Per submitted records, she had exam findings for antalgic gait with positive impingement, Scour, and Faber tests and pain with ROM including flexion/IR/ER at her last visit 10/02/2013. She had MRI findings for possible labral tear. Per PCM notes, the patient underwent conservative treatment with work restrictions and home exercise program. An intraarticular hip injection was recommended but I could find no documentation that it was actually performed. The patient did not have a formal trial of physical therapy. The ODG does support the use of hip arthroscopy in cases of symptomatic acetabular labral tears, however I do not think it is totally clear that the labral tear is necessarily responsible for the patient's symptoms. The surgeon's notes also indicate an iliopsoas contracture. It would thus seem that an intraarticular injection could be very useful in elucidating whether the pain is truly intraarticular. A trial of formal therapy could also be useful in potentially improving the iliopsoas contracture. If pain persisted AFTER those modalities had been attempted, then I would support surgery. However, as an adequate trial and failure of conservative treatments has not been clearly established, I would tend to agree with the previous adverse determination for this case.

**ODG Criteria: Hip and Pelvis Chapter, Online Edition
Indications for arthroscopy:**



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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) It is being employed more and more often based on its significantly lower complication rate compared to open surgical procedures. (Clarke, 2003) (Griffin, 1999) (Narvani, 2003) (Enseki, 2006) (Sampson, 2001) (Funke, 1996) (Kim, 1998) 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) (Farjo, 1999) (Fitzgerald, 1995) (Hase 1999) (Lage, 1996) (O'leary, 2001) (Potter, 2005) (Santori, 2000) (Kelly, 2005) (Philippon, 2006) (McCarthy, 2001) Hip arthroscopy may be indicated for loose body removal when open treatment is not otherwise necessary. (Mullis, 2006)

Symptomatic acetabular labral tears

Hip capsule laxity and instability

Chondral lesions

Osteochondritis dissecans

Ligamentum teres injuries

Snapping hip syndrome

Iliopsoas bursitis

Loose bodies (for example, synovial chondromatosis)

Other possible indications

Management of osteonecrosis of the femoral head

Bony impingement

Synovial abnormalities

Crystalline hip arthropathy (gout and pseudogout)

Infection

Posttraumatic intraarticular debris

In rare cases, hip arthroscopy can be used to temporize the symptoms of mild-to-moderate hip osteoarthritis with associated mechanical symptoms.



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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)