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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 01/02/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

General Surgery

Description of the service or services in dispute:

Denervation of left hip joint

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)

Patient Clinical History (Summary)

This patient is a male with complaints of hip pain. On 04/24/14, this patient was seen in clinic and stated he was working on a ramp and reached over to retrieve a part from a crate and the crate was not secured and rolled, causing his leg to get caught between the ramp and the crate which caused his hip to move out of place with subsequent pain. He is reporting increasing right anterior lateral hip pain with compensatory right hip pain. On exam, he had pain with attempts at internal and external rotation of the left hip. No sensory abnormalities were noted. On 05/05/14, an MRI of the left hip was obtained revealing insufficient intraarticular contrast limiting the sensitivity of the study. Arthritic changes in the anterior superior femoral acetabular joint were noted with subchondral cystic changes and a superior/anterior labral tear. On 07/23/14, this patient underwent a left hip injection for a diagnosis of hip sprain and labral tear. On 07/25/14, he returned to clinic and stated he was doing more than 90% better after the injection and only required taking ½ of his Tramadol pill. On 10/15/14, this patient underwent a left femoral nerve block to the hip as well as a left peripheral nerve/obturator nerve block to the hip. On 10/16/14, this patient returned to clinic and stated he got 100% relief of his inner hip pain for up to 24 hours. He was pending a nerve ablation procedure at that time. Medications included Tramadol 50mg 1 x daily PRN as well as Naprosyn 500mg tablet 2 x per day. Pain was rated at 0/10 at that time.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

On 10/27/14, a utilization review report was submitted for the requested left hip denervation radiofrequency ablation. It was noted then that the request was not medically necessary. Official Disability Guidelines Hip

and Pelvis Guidelines were used regarding SI joint radiofrequency ablation stating the procedure was not recommended. On 10/30/14, a utilization review determination also stated the requested left hip denervation radiofrequency ablation was not medically necessary, and utilized Official Disability Guidelines Hip and Pelvis Chapter for SI joint radiofrequency neurotomy guidelines.

In reviewing the anatomy of the innervation of the hip joint, 3 nerves innervate the joint itself, the femoral nerve, the sciatic nerve, and the obturator nerve. This patient underwent injections for both the femoral nerve and the obturator nerve with good relief. There is no indication that the sciatic nerve has been addressed as a possible pain generator for this patient's left hip. In utilizing the Official Disability Guidelines, guidelines do not recommend SI joint radiofrequency neurotomy. In addition, recent research indicates there was preliminary evidence that an S1-S3 lateral branch radiofrequency denervation may provide intermediate term pain relief and functional benefit in selective patients with suspected SI joint pain.

In support of Official Disability Guidelines, in an article by Gupta, et al, the authors indicate that "the current clinical literature concerning radiofrequency for treatment of hip joint pain is of low quality." Therefore, it is the opinion of this reviewer that the request for denervation of the left hip joint is not medically necessary and the prior denials are upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)