

May 27, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Medical Necessity: Right Hip Diagnostic Arthroscopy, Possible Labral Debridement Synovectomy and all indicated procedures 29806, 29861 & 29862

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

The physician performing this review is Board Certified, American Board of Orthopedic Surgery. The physician has been in practice since 1982 and is licensed in Texas and Oklahoma.

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 medical necessity exists for each of the health care services in dispute.

Upon independent review, the physician finds that the previous adverse determination should be ~ Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

This female was injured xx/xx/xx in a motor vehicle/pedestrian accident. The patient was seen xx/xx/xx in the emergency room, where she was evaluated with x-rays and a CT scan. On 04/01/13, evaluated the patient for sharp, severe, continuous pain, 8/10, described in the left elbow, arm, shoulder, hip, and back. noted the patient reported swelling, numbness, pain with activities, night pain, and daytime pain, even at rest. Driving, bending, moving, lying supine, engaging in athletics, and lifting made the pain worse. Rest, elevation, and narcotic medication had been utilized since the accident. The patient was diagnosed left elbow, shoulder, and wrist pain and a possible scaphoid fracture with a thumb spica cast applied.

The DYLL REVIEW

We take the worry out of Peer Reviews

25 Highland Park Village #100-177 Dallas TX 75205
Phone: 888-950-4333 Fax: 888-9504-4443

On 05/09/13, saw the patient noting symptoms had returned in the left hip and shoulder. A subacromial injection, left shoulder, was performed. Corticosteroid and local anesthetic were utilized.

The patient did have right L4-5 and L5-S1 facet injections 07/25/13.

The next information provided was 01/05/15 for now right hip pain with the patient reporting rest and physical therapy with dry needling on four sessions having improved symptoms. The patient now was having improved range of motion, no clicking or popping, but constant groin pain was present regardless of lack of increase of activity. Hip exam indicated antalgic gait with passive range of motion painful. Hip rotation was limited, and femoral acetabular impingement was negative.

An MRI of the hip with arthrography was ordered and performed 02/20/15. The MRI report indicated no evidence of labral tear with a small ganglion cyst, posterior aspect of femoral neck, trochanteric bursitis, and degenerative subchondral bony changes of the superior and lateral acetabulum.

On 03/12/15 in follow-up, noted the hip pain did improve with rest and ice, and the patient reported her back was the same as preinjection level. The patient did have near complete relief with the injection. The patient was currently taking naproxen, tramadol, Atenolol, Zyrtec, multivitamins, and Tylenol No. 3. Examination noted limited motion at flexion of 90 degrees, internal rotation 15 degrees passive, and external rotation 15 degrees. There was crepitus with motion. Acetabular impingement was negative. The problem was unspecified pelvic joint derangement.

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

The rationale supporting my determination that the request is not necessary is in agreement with the previous reviews provided by and . They noted that the documentation was only that of hip pain with no laxity or instability. Imaging noted no labral tears, osteochondritis dissecans, ligamentous injury, loose bodies, osteonecrosis of the femoral head, bony impingement, infection, or posttraumatic intraarticular debris that would support a diagnostic arthroscopy with labral debridement, as the patient's current clinical scenario presents as that of pain from the noted degenerative subchondral changes on the MRI. This is in line with ODG guidelines for arthroscopy of the hip.

The DYLL REVIEW

We take the worry out of Peer Reviews

25 Highland Park Village #100-177 Dallas TX 75205
Phone: 888-950-4333 Fax: 888-9504-4443

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)