Matriarch
CONSULTING SERVICES

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February 5, 2018

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Denial of Left Hip Injection

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 Orthopedic Surgeon who is considered to be an expert in their field of specialty with current hands on experience in the denied coverage

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
X Upheld (Agree)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XX year-old-XX who sustained injury on XXXX as result of a XXXX. XX was transported to emergency room via ambulance where XX was given medications. Extent of injuries are not clear based on medical records provided. Radiographs of the cervical radiographs XXXX revealed no fractures, loss of lordosis, break in George's line. Thoracic radiographs revealed loss of disc height and degenerative changes at T6-9 levels. Lumbar radiographs revealed 7mm "pelvic unleveling" with right side higher and disc degeneration at L4-S1 levels. MRI of the lumbar spine dated XXXX is significant for 1) Edema in the L4-5 interspinous space 2) Increased fluid in L5-S1 facet joint 3) Broad based L4-5 disc herniation with tear of annulus fibrosis and impingement of left descending L5 nerve root. MRI of the cervical spine dated XXXX revealed 1) Straightening of normal cervical lordosis 2) Multilevel degenerative disc changes at C2-7 3) Multilocular thyroid gland. Of note, there are no imaging results submitted for the left hip. Submitted handwritten notes from clinic visits with PA XXXX are blurred and illegible. Request was made for resubmission of clinical documentation but was not answered. Clinical notes submitted from XXXX dated XXXX are significant for patient complaints for lower back pain on left side worse with standing. The examiner reported pain and decreased cervical and lumbar ROM, but no subjective or objective exam findings regarding left hip. This case has undergone 2 previous adverse determinations.

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

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The review of submitted records has no imaging evidence for left hip pathology, and there is no supporting clinical documentation available reporting subjective or physical exam findings related to the left hip. The submitted clinical records are illegible, and request for resubmission of these records was not successful. Without any supporting documentation for the need for this injection, there is no medical justification for its necessity. Therefore, the previous adverse determinations are upheld, and the request for left hip injection is denied.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:
Official Disability Guidelines
Hip and Pelvis (Acute and Chronic)
Intra-articular steroid hip injection (IASHI)

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)
See also Sacroiliac joint blocks; Sacroiliac joint radiofrequency neurotomy; Trochanteric bursitis injections; and Intra-articular growth hormone (IAGH) injection.
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)