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JUNE 11, 2018 AMENDED JUNE 20, 2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Medical necessity of proposed right Hip Arthroscopy, labral repair vs debridement (29916, 29862)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Orthopedic Surgery and is engaged in the full time practice of medicine.

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

XX Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a XXXX who was injured on XXXX, when XXXX. An MRI on XXXX, suggested evidence of a tear of the labrum. This study was not submitted for review. Treatment included oral medications, physical therapy, sacroiliac injection. An evaluation on XXXX, documented right hip pain radiating into the groin and back with clicking and weakness. Medications included XXXX. The claimant had been prescribed XXXX but was not taking them. The Body Mass Index was XXXX. The right hip had diffuse tenderness with positive C sign. Normal alignment was noted with decreased strength with pain. There was 100 degrees of flexion and 0 degrees of extension. There was 20 degrees of external rotation and internal rotation of 10 degrees with abduction of 20 degrees. Impingement sign was positive. FABER (Patrick's test)'s was negative. A right hip x-ray was stated to have shown no significant degenerative change and no evidence of CAM lesion of the femoral neck.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.
RATIONALE:
The request was previously nonauthorized on XXXX, due to lack of medical necessity and lack of exhaustion of lower levels of care. The guidelines would not support surgery for labral abnormalities with a Body Mass Index of greater than XXXX or for those who are over the age of XXXX. The MRI was not submitted for review. The records do not reflect exhaustion of lower levels of care as required by the guidelines. The request for a right hip arthroscopy and lateral repair versus debridement is not certified as per the guidelines it is not deemed medically necessary.

Official Disability Guidelines Treatment Integrated Treatment/Disability Duration Guidelines Hip and Pelvis (Acute and Chronic) (updated 05/15/18) Repair of labral tears Recommended as indicated below.

See also Arthroscopy and Surgery for femoroacetabular impingement (FAI). Indications for acetabular labrum surgery: Labral debridement for small tears, repair for larger tears, and rarely reconstruction for irreparable or previous labral excision (up to 70% of asymptomatic individuals have MRI abnormalities of the labrum, which does not warrant surgery) * Symptomatic acetabular labral tear(s) resulting from a defined injury * Failure of a minimum of 6 weeks conservative treatment, including rest, anti-inflammatory medications, and physical therapy * Persistent mechanical symptoms, including clicking-catching AND/OR locking AND/OR giving way * Physical findings of hip tenderness, pain on extremes of motion, and positive anterior hip impingement test * MRI shows sizable labral tear which correlates with above * Absent or minimal arthritic changes (Tonnis 0 or 1) AND hip joint space >2 mm AND no chondral defects or subchondral cysts * Under age XXXX * BMI < XXXX * Pain relief should be demonstrated with a diagnostic intra-articular anesthetic injection in questionable or borderline cases

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES