Evidence Discussion: CMM 314 Hip AVN

Avascular Necrosis (AVN) is an ischemic or cytotoxic necrosis of epiphyseal bone responsible for joint pain and possible structural collapse and loss of joint function. A diagnosis of AVN may be made based on history and supportive imaging findings. Physical exam is helpful, but in the critical early stages of the disease may be negative and of minimal help. MRI is the mainstay of diagnosis [7]. The Arlet and Ficat classification system is used, but basically separates the disease into early (Stage 1 and 2 without collapse) and late (Stage 3 and 4 with collapse), with conservative and surgical treatments recommended accordingly [1][2]. Conservative management can consist of protective weight bearing and bisphosphonate treatment, but results are not reliable and surgical intervention when criteria are met is the mainstay of treatment [3].

Complications of surgical treatment include the usual issues associated with anesthesia and surgery, infection, failure of surgery necessitating further surgery, fracture, distortion of the hip anatomy increasing the difficulty of future THR, and donor site morbidity (in free vascularized grafting) [4,5,6]. There is also a small risk from radiation exposure due to fluoroscopy. Given the potential possibility for significant complications, proper patient selection per EviCore's evidence based guidelines is crucial to minimize the risk benefit ratio and to best ensure patient safety. Although the use of any coverage criteria includes the possible risk of delayed care, EviCore firmly believes the benefits of our evidence based criteria highly outweigh any clinical harms [8].

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4 – S E Emery, et al. Tibial Stress Fracture After a Graft Has Been Obtained From the Fibula. A report of five cases. JBJS Am. Aug 1996; 78(8): 1248-51.

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8 – Hoskinson, Simon, et al. Managing AVN Following Internal Fixation: Treatment Options and Clinical Results. Injury. Volume 46, Issue 3, March 2015, p 497-506.