

Evidence Discussion: Hip FAI

A diagnosis of femoroacetabular impingement may be made based on symptoms, history, physical examination and supportive imaging findings [9,10]. Conservative management is the initial treatment. Treatment is indicated to improve symptoms and activity, and to prevent progression to labral tearing and possible subsequent progressive arthritis [1,2]. Non-operative care is still the frontline of treatment and can help to avoid unnecessary surgical intervention and risk. Success with conservative management appears limited to milder pathology and patients willing to modify their activity [3]. Risks of surgical intervention are similar but higher in the hip than for other large joint closed and open procedures due to the more complex anatomy and surrounding structures.

Besides the risk of undergoing anesthesia and surgery, complications can include femoral neck fracture, need for repeat surgery, need for total hip arthroplasty, nerve and blood vessel damage, infection, heterotopic calcification, and failure of surgery to improve symptoms [2,6]. There is also radiation risk from Fluoroscopy, which is used more commonly in hip arthroscopy than other arthroscopic procedures [4]. 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 [5,7].

1 – JC McCarthy, et al. The Otto E Aufranc Award: the role of labral lesions to development of early degenerative hip disease. *Clinical Orthopedics*. 2001;393:25-37.

2 - Joshua D. Harris, Hip Labral Repair: options and outcomes. *Current Review of Musculoskeletal Medicine*. (2016) 9:361-367.

3 – T. Lynch, et al. Best practice guidelines for hip arthroscopy in FAI: Results of a Delphi Process. *Journal of the AAOS*.; Jan 15, 2020: 28(2):p81-89.

4 – Henry Budd, et al. Establishing the radiation risk from fluoroscopically-assisted arthroscopic surgery of the hip. *International Orthopedics*; May 17, 2012: Volume 36, p1803-1806.

5 – Itay Perets, et al. Hip arthroscopy for FAI and labral tears in patients younger than 50 years: Minimum 5 year outcomes, survivorship, and risk factors for reoperations; *Journal of AAOS*; Feb15,2019: 27(4):p e173-183.

6 – T Sean Lynch, et al. Athletic Hip Injuries. *Journal of the AAOS*: April 2017; 25(4): 269-279.

7 – James D Wylie, et al. Natural history of structural hip abnormalities and the potential for hip preservation; *Journal of the AAOS*; August 1, 2018: 26(15): p515-525.

8 – Marc Philippon, et al. Femoroacetabular impingement in 45 professional athletes: associated pathologies and return to sport following arthroscopic decompression. *Knee Surgery Sports Traumatology Arthroscopy*. July 2007; 15(7): 908-914.

9 – Nepple, Jeffrey J, et al. Clinical Diagnosis of Femoroacetabular Impingement. Journal of the AAOS. July 1 2013; 21(Supp 1), S16-19.

10 – Yen, Yi –Meng, et al. Clinical and Radiographic Diagnosis of Femoroacetabular Impingement. Journal of Pediatric Orthopedics. July/August 2013: 33;p112-120.