Evidence Discussion: CMM 314 Labral Repair or Reconstruction

A diagnosis of labral tear may be made based on symptoms, history, physical examination and supportive imaging findings [7,8]. Multiple articles have shown MRIs can often demonstrate labral tears in asymptomatic patients [9,10]. Many documented tears can become asymptomatic with conservative management, but symptoms often recur with return to activity [2]. Non-operative care is still the frontline of treatment and can help to avoid unnecessary surgical intervention and risk. Symptomatic labral tears are considered for debridement or repair to increase function and decrease risk of progressive arthritis [1,3]. Tears in patients with already advanced arthritis normally will not have improved outcomes with surgical care [4].

Risks of repair and reconstruction are similar but higher in the hip than for other 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 need for repeat surgery, need for total hip arthroplasty, nerve and blood vessel damage, infection, and failure of surgery to improve symptoms [3]. There is also radiation risk from Fluoroscopy, which is used more commonly in hip arthroscopy than other arthroscopic procedures [5]. 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 [6].

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