

Ten-Year Outcomes of Hip Arthroscopy for the Treatment of FAI and Labral Tears in Patients with Workers Compensation Claims

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INTRODUCTION: Workers' compensation (WC) status has been associated with inferior outcomes in orthopedic procedures. Therefore, it is usually excluded from clinical outcome studies. The purpose of this study is to determine the impact WC status has on outcomes for patients undergoing hip arthroscopy for femoroacetabular impingement (FAI) and labral tears at a minimum 10-year follow-up, and to compare these findings with a propensity score-matched 1:3 benchmark control group without WC claims.

METHODS: Data was retrospectively analyzed for patients who underwent hip arthroscopy as treatment for FAI and labral tears between 2008 and 2013 with a WC claims. Included patients had complete pre- and postoperative questionnaires at minimum 10-years follow-up for [mHHS](#), [NAHS](#), [HOS-SSS](#), [patient satisfaction](#), and [VAS](#) or documented an endpoint during the study time frame. Patients were propensity matched in a 1:3 ratio to a benchmark control group without WC claims based on age at surgery, sex, body mass index (BMI), acetabular outerbridge grade and capsular treatment. Clinically significant thresholds for hip arthroscopy, complications, revision hip arthroscopy, conversion total hip arthroplasty (THA) rates, type of work and return to work rates were included in the analysis.

RESULTS: A total of 280 patients were included in the study. WC patients displayed significant improvements across all PROs and reported high patient satisfaction. When compared to the benchmark control group, the WC group started with significantly lower baseline preoperative scores for all PROs. The study group displayed a significantly higher magnitude of improvement for mHHS, NAHS, HOS-SSS, and VAS. Both groups reached similar postoperative scores across all PROs, reaching the MCID and PASS for mHHS, NAHS, HOS-SSS, and VAS at similar rates at the latest follow-up. Importantly, 74.3% of patients were able to return to work at an average of 8.04 ± 7.40 months. However, the WC group showed a higher revision hip arthroscopy rate ($p < 0.05$).

DISCUSSION AND CONCLUSION: Hip arthroscopy for the treatment of FAI and labral tear in patients with WC claims showed favorable outcomes and a high return-to-work rate at a minimum 10-year follow-up. These results were comparable to a benchmark control group with no WC claims. However, the WC group had a significantly higher rate of revision hip arthroscopy with a 3-fold relative risk ($p < 0.01$).