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## OVERVIEW

Sports-related groin pain, commonly known as athletic pubalgia or sports hernia, is characterized by disabling activity-dependent lower abdominal and groin pain that is not attributable to any other cause. Athletic pubalgia is most frequently diagnosed in high-performance male athletes, particularly those who participate in sports that involve rapid twisting and turning such as soccer, hockey, and football. For patients who fail conservative therapy, surgical repair of any defects identified in the muscles, tendons or nerves has been proposed.

## MEDICAL CRITERIA

Not applicable

## PRIOR AUTHORIZATION

Not applicable

## POLICY STATEMENT

### BlueCHiP for Medicare and Commercial Products

Surgical treatment of athletic pubalgia groin pain in athletes (also known as athletic pubalgia, Gilmore groin, osteitis pubis, pubic inguinal pain syndrome, inguinal disruption, slap shot gut, sportsmen groin, footballers groin injury complex, hockey groin syndrome, athletic hernia, sports hernia, or core muscle injury) is considered not medically necessary for BlueCHiP for Medicare members and Commercial products as the body of evidence is insufficient to permit conclusions concerning the effect of these procedures on health outcomes.

## COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate section of the Benefit Booklet, Evidence of Coverage or Subscriber Agreement for services not medically necessary.

## BACKGROUND

Groin pain in athletes is a poorly defined condition for which there is no consensus on the cause and/or treatment. Alternative names include Gilmore groin, osteitis pubis, pubic inguinal pain syndrome, inguinal disruption, slap shot gut, sportsmen groin, footballers groin injury complex, hockey groin syndrome, athletic hernia, sports hernia, and core muscle injury.

Some believe the groin pain to be an occult hernia process, a prehernia condition, or an incipient hernia, with the major abnormality being a defect in the transversalis fascia, which forms the posterior wall of the inguinal canal. Another theory is that injury to soft tissues that attach to or cross the pubic symphysis is the primary abnormality. The most common of these injuries is thought to be at the insertion of the rectus abdominis onto the pubis, with either primary or secondary pain arising from the adductor insertion sites onto the pubis. It has been proposed that muscle injury leads to failure of the transversalis fascia, with a resultant formation of a bulge in the posterior wall of the inguinal canal. Osteitis pubis (inflammation of the pubic tubercle) and nerve irritation/entrapment of the ilioinguinal, iliohypogastric, and genitofemoral nerves are also believed to be sources of chronic groin pain. A 2015 consensus agreement recommended the more general term groin pain in athletes, with specific diagnoses of adductor-related, iliopsoas-related, inguinal-related, and pubic-related groin pain.

An association between femoroacetabular impingement (FAI) and athletic pubalgia has also been proposed. It is believed that if FAI presents with limitations in hip range of motion, compensatory patterns during athletic activity may lead to increased stresses involving the abdominal obliques, distal rectus abdominis, pubic symphysis, and adductor musculature. Surgery for athletic pubalgia has been performed concurrently with treatment of FAI, or following FAI surgery if symptoms did not resolve.

A diagnosis of athletic pubalgia is based primarily on history, physical exam, and imaging. The clinical presentation will generally be one of gradual onset of progressive groin pain associated with activity. Physical exam will not reveal any evidence for a standard inguinal hernia or groin muscle strain. Imaging with MRI or ultrasound is generally done as part of the workup. In addition to exclusion of other sources of lower abdominal and groin pain (e.g., stress fractures, femoroacetabular impingement, labral tears), imaging may identify injury to the soft tissues of the groin and abdominal wall.

Many injuries will heal with conservative treatment, which includes rest, icing, nonsteroidal anti-inflammatory drugs, and rehabilitation exercises. A physical therapy program that focuses on strength and coordination of core muscles acting on the pelvis may improve recovery. In a 1999 study, 68 athletes with chronic adductor-related groin pain were randomized to 8 to 12 weeks of an active training program consisting of physical therapy (PT) that focused on strength and coordination of core muscles, particularly adductors (PT+), or to standard physical therapy without active training (PT-). At 4 months after treatment, 68% of patients in the active training group had returned to sports without groin pain compared with 12% in the PT group. At 8 to 12 year follow-up, 50% of athletes in the active training group rated their outcome as excellent compared with 22% in the PT group or in-season professional athletes, injections of corticosteroid or platelet-rich plasma, or a short corticosteroid burst with taper have also been used.

The evidence to date on the surgical treatment of athletic pubalgia consists of 1 small randomized controlled trial (RCT) that used laparoscopic total extraperitoneal repair with mesh reinforcement behind the pubic bone/posterior wall of the inguinal canal, and a number of uncontrolled case series. The single RCT is insufficient to determine outcomes of surgical treatment for this relatively common condition. Further high-quality RCTs are necessary to determine whether improvements in pain and functional status with surgical treatment of athletic pubalgia exceed that of alternative treatments.

Surgical treatment for groin pain in athletes or athletic pubalgia has not demonstrated improvements in health outcomes and remains not medically necessary for all indications.

## **CODING**

### **BlueCHiP for Medicare and Commercial Products**

There is not a specific code for the surgical treatment of groin pain in athletes, use the unlisted codes below following the unlisted process

27299 Unlisted procedure, pelvis or hip joint

49659 Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy

49999 Unlisted procedure, abdomen, peritoneum and omentum

## **RELATED POLICIES**

None

## **PUBLISHED**

Provider Update, April 2016

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