Advanced Medical Reviews

ACCREDITED EXTERNAL REVIEW

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 2/8/2010
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Injection of platelet rich plasma into left Achilles tendon lesion

QUALIFICATIONS OF THE REVIEWER:
This reviewer graduated from University of Maryland School of Medicine and completed training in Orthopaedics at University Hospital at Case Western Reserve. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopaedics since 7/11/2004 and currently resides in MO.

REVIEW OUTCOME:
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Injection of platelet rich plasma into left Achilles tendon lesion Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Notice to air analyes by dated 1/19/2010
2. IRO request form by dated 1/15/2010
3. Request form by author unknown dated 1/7/2010
4. Letter by MD, dated 12/29/2009
5. Letter by author unknown dated 12/11/2009
6. Letter by MD, dated 12/11/2009
7. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:
This is a morbidly obese female with non-insulin dependent diabetes mellitus (NIDDM) injured on xx/xx/xx when she tripped in the parking lot. She stated she fell to her knees with most of the weight on her right knee. She also used her right hand to stop the fall. She had surface abrasions on the right knee and palm which were superficial. She was treated in ED and radiographs of knee and hand were normal. There was no mention of ankle/foot pain.

She then saw Dr. 12/23/08 and complained of right heel pain per records. The ankle and Achilles appeared normal. She was diagnosed with a heel contusion.

On 12/29/08 she had 3 views of the left ankle and calcaneus demonstrating degenerative spurring near Achilles attachment, no bony abnormalities and no traumatic injury. She rated her pain as 9/10. She was treated with NWB and Voltarin gel and restricted work.

MRI done on 1/7/09 indicated partial thickness tear of Achilles near insertion; the injured employee was prescribed narcotics and no work. She was referred to an orthopedist and on 1/19/09 saw Dr. The left Achilles was intact to palpation and she had good strength in plantar flexion. She was treated in a 3D ankle walker. There was no change in her exam at several subsequent follow up visits. Radiographs again were obtained 4/1/09 with no calcification of Achilles; spurring at insertion.

On 4/15/09 an injection of platelet rich plasma (PRP) was recommended.

On 8/26/09 a DDE was completed. Exam demonstrated minimal tenderness of Achilles and it was intact. Opinion was that she was at MMI and could work at a sedentary level.

She saw both Dr. and Dr. in September and she had been in a boot for 8 months with no physical therapy (PT).

She then had a repeat MRI of the Achilles tendonitis. It revealed a partial insertion tear unchanged compared to the previous MRI. It was revealed that she has mild chronic plantar fasciitis.

She saw Dr. in 11/09 after being placed in a rocker bottom shoe by Dr.. She liked the shoe. Dr. continues to recommend PRP.

In December 2009 there was no change. She returned to 3D walker.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

There has been no physical therapy (PT) attempted for this injured employee.

There have been recent studies on this and there is no proven superiority of this treatment intervention. There was no better result in a large prospective randomized controlled clinical trial in reducing pain or increasing activity compared to a placebo. There have been a few other studies on platelet rich plasma (PRP) in sports injuries provided below. The injured employee does not fit this profile.

The request for PRP is not considered medically necessary as the PRP injections are not supported by ODG or peer literature. PRP has been tried in numerous clinical settings over the past several years with no success in a use for this. It has been tried in fracture healing, wound healing, tendinopathies and bone grafting procedure augmentation. Thus, the recommendation is to uphold the previous denial.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☐ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- **X** ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- **X** PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Disabil Rehabil. 2008;30(20-22):1714-20.
Surgery for chronic Achilles tendinopathy produces worse results in women.
Maffulli N, Testa V, Capasso G, Oliva F, Panni AS, Longo UG, King JB.

J Am Acad Orthop Surg. 2009 Oct;17(10):602-8.
Platelet-rich plasma: current concepts and application in sports medicine.
Hall MP, Band PA, Meislin RJ, Jazrawi LM, Cardone DA.
Erratum in:

J Am Acad Orthop Surg. 2010 Jan;18(1):17A.

JAMA. 2010 Jan 13;303(2):144-9.
Platelet-rich plasma injection for chronic Achilles tendinopathy: a randomized controlled trial.
de Vos RJ, Weir A, van Schie HT, Bierma-Zeinstra SM, Verhaar JA, Weinans H, Tol JL.

Br J Sports Med. 2007 Jul; 41(7):e5. Epub 2006 Dec 18.
Eccentric loading compared with shock wave treatment for chronic insertional achilles tendinopathy. A randomized, controlled trial.

J Bone Joint Surg Am. 2008 Jan; 90(1):52-61. Eccentric loading versus eccentric loading plus shock-wave treatment for midportion achilles tendinopathy: a randomized controlled trial.

Am J Sports Med. 2009 Mar; 37(3):463-70. Epub 2008 Dec 15.