

SENT VIA EMAIL OR FAX ON  
Sep/16/2011

## Independent Resolutions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Sep/16/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Platelet Rich Plasma Injection

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**  
Orthopedic Surgery

**REVIEW OUTCOME:**

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**  
OD Guidelines

1. Request for IRO 09/02/11
2. Utilization review determination 07/08/11
3. Utilization review determination 07/29/11
4. Clinical records Dr. 01/26/11 through 06/30/11
5. MRI elbow without contrast 06/16/11
6. Employer's first report of injury or illness

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. On this date the claimant who is employed by was utilizing a lift A arm when the shocks broke. He had to manually lift the assembly which subsequently resulted in the development of right elbow pain. The claimant was subsequently seen by Dr. on 01/26/11. This note indicates he was doing axel work when he started to get acute pain in the lateral elbow that refers down the posterior arm. He's not had any physical therapy. He's tried Aleve and a

counter force brace. He points to the lateral epicondylar area where his greatest pain is. On physical examination he has severe pain with palpation on the lateral epicondylar region and along the musculotendinous junction increased with ECRB and ECRL testing as well as full wrist extension. He's reported to have undergone needle EMG which is reported as normal. He was subsequently referred for physical therapy. He is status post injection, is not taking any pain medications and reports feeling better. On physical examination he has mild palpatory tenderness along the lateral epicondyle region and along the extensor tendon insertion. He is to continue in physical therapy and will be seen in follow up. The claimant was seen in follow up on 03/25/11. He's reported to have had a couple of random episodes involving the right elbow that result in tingling in the dorsum of the forearm. He was given Lidocaine patches to try at night. He's to follow up and it's reported that his right lateral epicondylar pain has resolved and he's to be seen in follow up in six weeks.

On 05/13/11 the claimant was seen in follow up and is reported to be doing better, has a little aching when he's not doing repetitive work, seems to be aching along the triceps insertion along the lateral epicondylar region but this is much better than it was before. When he is doing a lot of work and repetitive activity it actually does not hurt. His physical examination is unremarkable. He is opined to have right lateral epicondylar pain probably common extensor tendon discomfort as well as triceps insertional pain. A discussion occurred regarding platelet rich plasma. Claimant wants to think about it.

The claimant was seen in follow up on 06/10/11 and it's reported that his pain is starting to come back in the right lateral epicondylar region at the insertion of the extensor mass particularly increased with repetitive wrist extension. The long finger does not really seem to bother him but he has discomfort along the triceps or anconeus insertion. His pain is reported to be starting to increase he is now taking Ultram. An MRI of the right elbow was performed on 06/16/11 which notes a strain of the common extensor tendon origin without focal tear. The claimant was seen in follow up on 06/30/11. Dr. subsequently recommends platelet rich plasma injection. He notes that the claimant has had several months of relief from a previous injection and that repeat exposure to repeat steroid exposure to the tendon can weaken it and make it worse over time. The initial request was reviewed by Dr. on 07/08/11 who non-certified the request noting that evidence based medicine support for this procedure is not adequate to consider it medically necessary. The number of injections is not disclosed the results to be expected are not reported he's noted that the claimant had a significant response to prior steroid injection another injection would be reasonable. He notes that he had a telephonic consultation with Dr. and discussed Official Disability Guidelines and current literature regarding use of PRP which is still investigational. A subsequent appeal request was reviewed by Dr. on 07/29/11 who notes that the request for platelet rich plasma injection is not medically necessary and that large randomized controlled studies have not determined the effectiveness of PRP injection in treating lateral epicondylitis of the elbow. Telephonic consultation was performed with Dr. who reports using PRP in other workers' compensation patients and they did well. He could not provide high level evidence studies supporting the use of PRP in the elbow. He does not that Texas does not routinely approve in workers' compensation cases but Colorado does and recognizes the benefits of this treatment. He further reported that he did not feel the claimant was a surgical candidate as MRI just demonstrated a small split single changes in the tendon.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The request for PRP injection is not supported by current evidence based guidelines. The submitted clinical records indicate that the claimant has developed a lateral epicondylitis of the right elbow. He has been effectively treated with physical therapy and corticosteroid injections which is the current standard of care. There is no significant published data to establish that PRP injections are of any significant benefit in treating orthopedic conditions. It is further noted that the use of PRP is not endorsed by the AAOS based upon the submitted clinical records and current evidence based guidelines the performance of PRP injections would be considered experimental investigational due to the lack of peer reviewed literature to establish both the safety and efficacy of this treatment. Based upon the totality of the

clinical information the previous utilization review determinations were appropriate and consistent with evidence based recommendations and therefore they are upheld.

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

ACOEM-AMERICA 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

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

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)