

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Feb/28/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Platelet rich plasma injections

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

Board Certified 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Request for IRO dated 02/06/13
Receipt of request for IRO dated 02/11/13
Utilization review report dated 11/19/12
Utilization review determination dated 11/19/12
Peer review report dated 12/21/12
Utilization review determination dated 12/27/12
Clinical notes Dr. dated 10/05/12 and 11/29/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who is reported to have sustained work-related injuries to his thorax as a result of twisting on xx/xx/xx. The claimant is reported to have a diagnosis of chest wall pain. Per clinical notes dated 10/15/12, he has pain across the right anterior chest wall. It is reported that his pain ranges from 4-8/10. He has been seen by a pain management specialist who did not have anything to recommend other than medications. He is noted to

have a history of quadruple bypass performed in 01/10, but is reported not to have had significant anterior chest wall pain following that. On physical examination dated 10/05/12, he has localized tenderness which is just along the articulation of his ribs on the right with his sternum at approximately the 4th and 5th rib, just above the nipple line. This appears to involve 2-3 rib articulations. The mid-sternal region is not particularly tender. The left side is nontender. He is not tender toward the axillary regions or more than approximately 7-8 cm lateral from the midline. He has good range of motion at the shoulder. He has no particular tenderness or pain in the posterior rib cage. It is subsequently opined that the claimant sustained a costochondral injury and he is subsequently recommended to undergo either prolotherapy with Dextro/Lidocaine or injections with platelet rich plasma.

The initial request was not approved under utilization review. The claimant was seen in follow-up on 11/29/12. He has no particular new focal changes and continues to have tenderness along the anterior chest wall region. Subsequent recommendations were again made for the performances of prolotherapy or platelet rich plasma injections.

The initial request was reviewed by Dr. on 11/19/12. Dr. non-certifies the request, noting that platelet rich plasma injection treatment is unproven as an effective alternative for long-term pain relief and is considered understudied based on the guideline criteria. He therefore finds the request to be not medically necessary or reasonable.

The appeal request was reviewed by Dr. on 12/21/12. Dr. non-certifies the appeal request and notes that the Official Disability Guidelines for platelet rich plasma have not been met. She notes that there is minimal published clinical evidence that proves its efficacy in treating the multitude of injuries/disorders that are thought to benefit from platelet rich plasma. She notes that platelet rich plasma is not recommended except in a research setting per Official Disability Guidelines.

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

The request for platelet rich plasma injections is not supported under the Official Disability Guidelines. The submitted clinical records indicate that the claimant is a old male who sustained a twisting injury to the thorax and subsequently has chronic right-sided chest pain. The record provides no imaging studies assessing the costochondral junction. Historically, the claimant's pain is reported to be unremitting. The Official Disability Guidelines do not support the concept of prolotherapy noting that there is currently insufficient clinical data to establish the efficacy of this treatment modality. Further, the Official Disability Guidelines do not support the use of platelet rich plasma, again noting that there is insufficient peer-reviewed literature to establish the efficacy of its use in the treatment of acute or chronic injuries. As such, it is the opinion of this reviewer that the prior determinations are appropriate and consistent with the Official Disability Guidelines and should be upheld.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES