

**IRO NOTICE OF DECISION – WC**



**Claims Eval**

Notice of Independent Review Decision

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**October 7, 2014**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Right ankle platelet rich plasma injection (CPT code 0232T)

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

American Board of Podiatric 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 of the health care services in dispute.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

3-31-14- PT., the claimant presents for exam. On exam, the claimant was consistent with the medical diagnosis of right ankle sprain. The claimant was prevented from performing their standard activities. Impairment list: AROM, PROM, pain, muscle performance, joint mobility, integumentary gait.

Physical therapy: 4-8-14, 4-9-14, 4-11-14, 4-14-14, 4-16-14, 5-19-14, 5-21-14, 5-23-14, 5-30-14.

6-6-14-MRI of the right ankle showed chronic thickening of the anterior inferior tibiofibular ligament with a small adjacent traction fibular osteophyte at the attachment. No acute tear. Mild posterior tibialis tenosynovitis. Amorphous low T2 13mm focus anteriorly along the tibiotalar articulation, possibly localized fibrosis/synovial thickening or small loose body. No osteochondral irregularity of the talar dome. Ganglion within the posterior aspect of the sinus tarsi which projects anteriorly and laterally. Moderate calcaneal spurring with proximal plantar fasciitis.

6-6-14- MRI of the right foot showed mild plantar subcutaneous edema. Mild first MTP osteophytes formation. Mild degenerative/stress edema within the medial sesamoid.

6-23-14- PT., the claimant presents for follow up. Pain level 5/10. On exam, right ankle active range of motion dorsiflexion 5 degrees-plantar flexion 35 degrees-inversion 22 degrees-eversion 7 degrees. Plan: physical therapy evaluation, lace up ankle brace, heel lift dispensed.

6-23-14- DPM, the claimant reports pain level at 6/10. On exam, ankle joint range of motion within normal limits. No pain with palpation of anterior talofibular ligament. No pain with palpation of calcaneofibular ligament. No pain with palpation of posterior talofibular ligament. No edema along peroneal tendons, posterior to fibula. No pain with palpation of deltoid ligaments. Pain with palpation of distal tib-fib syndesmosis arid with ankle joint dorsiflexion. No pain with palpation of fibular neck. No pain with palpation of medial malleolus. No pain with palpation of anterior calcaneal process. No pain with palpation of 5th metatarsal base, unable to perform single limb stand or single limb hop due to pain. Plan: Physical therapy evaluation.

7-15-14- DPM, the claimant reports no pain improvement. The claimant was there to receive syndesmotomic injection. On exam, muscle strength 4/5. Pain with palpation of distal tib-fib syndesmosis with simultaneous dorsiflexion of ankle joint. Plan: Physical therapy and follow up.

7-26-14- DPM, the claimant presents for follow up. Related to 50% improvement. Plan: recommended PRP injection.

7-28-14- DPM, the claimant presents for follow up. Related to 50% improvement. Assessment: ankle pain "high" ankle sprain and tibial tendinitis, posterior, right. Plan: Recommended PRP injection.

7-31-14 UR non certification for PRP injection. It was noted that PRP injections are not recommended for a sprain ankle.

8-11-14- DPM, the claimant presents for follow up. The claimant related to being the same, no new pain or discomfort. Stated he was able to return to work. On exam, pain with palpation of distal tib-fib syndesmosis and dorsiflexion of foot on ankle. No pain with external rotation or squeezing of distal tib-fib syndesmosis. Plan: heel wedge, and trying to obtain authorization for PRP injection.

9-5-14- Adverse Determination Letter stated physician had non authorized reconsideration for platelet rich plasma injection for the right ankle and foot as not medically necessary. The previous noncertification on July 10, 2014, was due to the guidelines not recommending platelet-rich plasma injection for ankle sprains. Additional documentation was provided for review with the clinical note of August 11, 2014. The guidelines state that platelet-rich plasma injections for the ankle and foot are not recommended, as there is no high-quality evidence showing that treatment is no better than placebo. The claimant has been returned to full work duties. The claimant wanted to return to work while using the ankle air cast. There is no indication as to the necessity for the requested platelet-rich plasma injection. The reconsideration request for DPM for platelet-rich plasma injection for the right ankle and foot is non-authorized.

9-17-14-Request for a review by an independent review organization sent.

9-19-14- Department of Insurance facsimile cover sheet.

9-19-14- Notice to Claims Eval of Case Assignment.

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

Medical records reflect a claimant with a diagnosis of ankle pain, right ankle sprain, and tibial tendinitis. The claimant has been treated with the use of DME and physical therapy. MRI from 6-6-14 showed mild plantar subcutaneous edema, mild first MTP osteophytes formation, and mild degenerative/stress edema within the medial sesamoid. There is a request for PRP. ODG does not support this form of treatment. Per ODG, recent higher quality evidence has shown this treatment to be no better than the placebo. Therefore, based on the records provided, the request for right ankle platelet rich plasma injection is not reasonable or medically necessary.

**ODG 2014 Platelet rich plasma (PRP):** Not recommended, with recent higher quality evidence showing this treatment to be no better than placebo. The first high quality study (an RCT in JAMA) concluded that injections of platelet-rich plasma (PRP) for chronic Achilles tendon disorder, or tendinopathy (also known as

tendinitis), does not appear to reduce pain or increase activity more than placebo. Making a prediction based on previous studies, the authors hypothesized that the VISA-A (Victorian Institute of Sports Assessment-Achilles) score of the PRP group would be higher than that of the placebo group, but their findings proved otherwise. Results after 24 weeks showed that for the PRP group, the mean VISA-A score improved by 21.7 points, and the placebo group's score increased by 20.5 points, with no significant distinction between the 2 groups during any measurement period. Plus, no differences were seen in secondary outcome measures, including subjective patient satisfaction and the number of patients returning to activity. Both treatment groups showed clinical progression in this study and also in other studies on PRP, maybe due to the fact that exercises were performed in each group, and exercises have been shown to be effective, but conservative treatment is disappointing and 25% to 45% of patients eventually require surgery. ([de Vos, 2010](#)) PRP looks promising, but it is not yet ready for prime time. PRP has become popular among professional athletes because it promises to enhance performance, but there is no science behind it yet. In a prospective cohort study 30 patients with chronic refractory Achilles tendonosis were treated with PRP, and the authors concluded that PRP should be reserved for the worst of the worst patients with refractory Achilles tendonosis. ([AAOS, 2010](#)) This systematic review concluded that PRP injections for Achilles tendinopathy does not improve health outcomes. Overuse injuries of the Achilles tendon are common, particularly among runners, and many injuries can be managed conservatively, but recovery is often slow and prolonged. The limited blood supply to the tendon may contribute to slow or stalled healing, and the growth factors in PRP are hypothesized to jump-start the healing process. One case report highlighted the rapid recovery of a competitive athlete, and one case series of 14 patients reported dramatic improvements. However, the one high quality, double-blinded, sham-controlled randomized trial found no benefit to PRP injections compared with sham injections. The trial was relatively small, so it may have been underpowered to detect small improvements from PRP injection. There are also alternative approaches to processing and activating PRP. It may be that the approach used in this trial was not effective, but other approaches will be effective. However, based on the current evidence, PRP injection does not appear to be an effective approach to the treatment of Achilles tendinopathy. ([Tice, 2010](#)) This small low quality case series suggested that treating chronic plantar fasciitis with PRP injections is safe and has the potential to reduce pain. ([Martinelli, 2012](#)) For more discussion and references, see the [Elbow Chapter](#). Platelet rich plasma (PRP) is a bioactive component of whole blood, with a higher concentration of platelets compared with baseline blood, and containing many growth factors, including platelet-derived growth factor, transforming growth factor, insulin-like growth

factor, and vascular endothelial growth factor. The theory is that a concentrated preparation of PRP, with its inherent growth factors, may promote faster healing of injuries, when an area of injury is injected with PRP derived from the patient's own blood (autologous). PRP injection(s) may be administered in an outpatient setting. See also [Autologous blood-derived injections](#); [Injections](#) (corticosteroid).

## **IRO REVIEWER REPORT - WC**

### **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**
- 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)**