

<b>Case Number:</b>	CM15-0197470		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	10/19/2013
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, District of Columbia,  
Maryland Certification(s)/Specialty: Anesthesiology, Pain  
Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 28 year old female who sustained an industrial injury on 10-19-2013. Medical records indicated the worker was treated for chronic plantar fasciitis. In the provider notes of 08-24-2015, the injured worker complains of pain with ambulation and standing. She can stand/ambulate for 15 minutes to 2 hours maximum at any given time. Treatment has included physical therapy, orthoses, oral nonsteroidal anti-inflammatories, stretches, proper shoes and numerous steroid injections. Percutaneous plantar fasciotomy in combination with plasma rich platelet injection (PRP) was given in December 2014. On physical exam, the worker has tenderness over the medial calcaneal tubercle and medial slip of plantar fascia, slight gastroc equinus and cavus feet. A request for authorization was submitted 08-24-2015 for PRP (platelet rich plasma) Injection B/L QTY 2. A utilization review decision on 10-01-2015 denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**PRP (platelet rich plasma) Injection B/L QTY 2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Platelet-rich Plasma (PRP).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Platelet-rich plasma (PRP).

**Decision rationale:** Per the ODG guidelines: 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 tendinosis were treated with PRP, and the authors concluded that PRP should be reserved for the worst of the worst patients with refractory Achilles tendinosis. (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. As the requested treatment is not supported by the evidence based guidelines, medical necessity cannot be affirmed.