

<b>Case Number:</b>	CM13-0033927		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	11/23/2012
<b>Decision Date:</b>	11/04/2015	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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: Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 27-year-old female who she suffered a work-related injury on 11/23/12. She developed left ankle pain and swelling. Conservative management was not effective in alleviating the left ankle pain; therefore, she underwent an arthroscopic procedure on 8/22/13 including platelet rich plasma application. Adequate improvement did not occur and she continued to complain of left ankle pain. The patient was diagnosed with osteochondral defect of the talar bone with mild to moderate arthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective platelet rich plasma injection (DOS 8/22/13) to left ankle: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Foot and Ankle: PRP.

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

**Decision rationale:** Following discussion regarding platelet rich plasma treatment is documented in the official disability guideline - TWC Pain (platelet rich plasma section). Ankle: Not recommended, with recent higher quality evidence showing this treatment to be no better than placebo. 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. The request is not medically necessary.