

# **Under What Circumstances Are PRP Injections Approved?**

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### **Under What Circumstances**Are PRP Injections Approved?

- State Treatment Guidelines
  - Medical treatment guidelines are evidence based and developed by collaboration with practicing physicians and advisors
  - (MA Treatment Guidelines are silent for PRP)
- Official Disability Guidelines (ODG)
  - Provides evidence-based guidelines for medical treatment which combines evidence-based medical literature (evidence-based medicine) with claims data analytics (data driven medicine)
  - Clinical summaries are up-to-date with medical necessity guidance that includes patient selection criteria and citations to the medical literature
  - ODG is used by claims, case managers, utilization review and health care providers

#### PRP for Pain

- Per ODG "Not Recommend" (GENERALLY)
- There are several conditions where PRP is not recommended as first-line treatment but may be considered as second-line option only when specific criteria are met

#### **PRP for** Elbow

Not recommended as primary first-line treatment for epicondylitis

 PRP may be considered only as second-line treatment for severe chronic (>1 year) lateral epicondylitis, following failure of first-line physical therapy (eccentric stretching and strength), bracing and time

#### **PRP for** Knee

- PRP may be considered as second-line treatment option for chronic (>1 year) refractory patellar tendinopathy which has not responded to conservative non-pharmacologic (eg, exercise) and pharmacologic treatments
- PRP may also be considered second-line treatment for option for chronic (>1 year) and persistent refractory knee pain due to early (not moderate to severe) osteoarthritis in patients younger than age 50 who have not responded to conservative non-pharmacologic and pharmacologic treatment including failed aspiration and injection of intra-articular corticosteroid; and can be repeated after 12 months with documentation of significant relief lasting over 6 months

## Conditions That Would Require Peer Review per ODG

#### **NOT RECOMMENDED**

- Musculoskeletal soft tissue injuries
- Ankle & foot
  - Achilles Tendon, plantar fasciitis, talar osteochondral lesion, total ankle replacement and fusion
- Burns & wounds
  - Burns, acute wounds, venous leg ulcers, chronic non-diabetic wounds
  - Very limited evidence supports PRP only as second-line alternative for refractory diabetic ulcers, as well as an option to enhance adherence of split-thickness skin grafts-gel form 1-2x/week
- Carpal tunnel syndrome
- Chronic pain
- Forearm, wrist, & hand
- Hip & Pelvis
  - Osteoarthritis, tendinopathy, trochanteric pain, fracture, arthroscopy or arthroplasty
  - Low quality reports suggestive potential PRP for hip OA and tendinopathy of hamstring, adductor longus and gluteus medius
- Low back
  - Fusion, low back pain
- Neck & upper back
- Shoulder
  - Rotator cuff repair, impingement surgery, tendinopathy or calcific tendinitis

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