

Workplace Injuries & *2016 NJAJ Meadowlands Seminar Guide*

Platelet-rich Plasma: An Alternative Treatment for Injured Workers

By Vanessa Mendelewski

Parties to a workers' compensation case are always looking for ways to better treat the injured worker and get him or her back on the job. If conservative treatment fails to provide injured workers relief, they can receive some form of pain management treatment if the authorized treating physician believes the treatment will reduce pain.

Typically, injured workers can receive cortisone injections to help relieve pain and inflammation. This type of injection contains corticosteroid medication and a local anesthetic. Cortisone/corticosteroid injections are not without complications, which include, but are not limited to, deteriorating of cartilage in the joints, joint infection, nerve damage and tendon weakening. See "Cortisone Shots Risks,"

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Mayo Clinic, mayoclinic.org/tests-procedures/cortisone-shots/details/risks/. Additional injections can produce paralysis, hemorrhage, hematoma, spinal cord embolisms and septic aseptic meningitis. See Brian A. Lemper, et. al., "Chronic Pain Management and Pregnancy a Platelet Rich Plasma Epidural Case Study," American Association of Orthopaedic Medicine.

Due to the noted possible complications, cortisone injections are limited normally to every six weeks, and no more than three to four times per year.

Cortisone injections are also not without benefit. Pain typically decreases after an injection and can be absent for several months. "Cortisone Shots Results," Mayo Clinic, mayoclinic.org/tests-procedures/cortisone-shots/details/results. The cost of cortisone injections may vary and after several months, the injured worker might need repeat injections to keep the pain from returning.

Platelet-rich plasma (PRP) could be an alternative for treating injured workers. In this process, the injured worker's blood is withdrawn. The platelets in

the blood are spun down to produce platelet concentration above the normal levels through a process called centrifugation. The platelet concentration is then injected into the affected area. See "Platelet-Rich Plasma (PRP)," American Academy of Orthopaedic Surgeons, <http://orthoinfo.aaos.org/>. At times, the PRP injection can be combined with 1 cc of 1 percent of lidocaine and 1 cc of 0.25 Marcaine. (Steven Sampson, et al. *Curr Rev Musculoskeletal Med.*, "Platelet rich plasma injection grafts for musculoskeletal injuries: a review," (July 16, 2008).)

PRP injections can be used to treat a number of chronic conditions that are commonly treated by cortisone injections including knee tears/sprains, partial rotator cuff tears, ankle sprains and sacroiliac joint pain. PRP injections are also used in tendon injuries to the Achilles, elbow, patella and fractured bones.

Unlike cortisone injections, injured workers receiving PRP injections can have discomfort for up to one week after the procedure. Depending on the injury, two injections may be needed for the injured worker to fully benefit from a PRP injection.

One issue with PRP injections is the potential cost. An injection can cost between \$500 and \$1,000. The cost of PRP injections can vary depending on the experience of the medical provider performing the harvesting of the PRP and injection. However, studies have shown PRP can be more effective for long term relief than corticosteroid injections. One such study involved chronic plantar fasciitis. (Dr. Sandesh Reddy, et al., IOSR Journal of Dental and Medical Sciences Vol. 14, Issue 9 Ver. III, "Platelet Rich Plasma Injection Compared to Corticosteroid Injection in the Treatment of Chronic Plantar Fasciitis," (Sept. 2015).)

In addition to long term effectiveness, the chance of complications is very minimal, as the injured workers' own blood is used to withdraw platelets which are then injected into the body. The risk of infection, which is always possible when being injected, does exist, but the injured worker is at no risk of allergic reaction to PRP as it is part of his or her own blood being injected into the area of pain. If an injured worker receives a cortisone injection, there is the risk of a reaction to the corticosteroid injection or local anesthetic.

Another benefit to PRP injections is the potential ability to avoid a more invasive form of treatment, such as surgery. While cortisone injections do provide relief, the relief is short term and may cause more harm to the affected area thereby requiring surgery in the end.

After an injured worker receives the PRP injection, he or she may

have an increase in inflammation and pain to the area for a week or more. It also may take several weeks

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before the injured worker feels any benefits. This might be outweighed by the relief the worker is able to obtain in the long run as the damaged tissue can regenerate and regrow. Additionally, this treatment does not require surgery thereby reducing costs to the workers' compensation carrier. The costs of having one to two PRP injections may ultimately be less than the expense of surgery to the affected area.

An issue that arises in New Jersey workers' compensation claims is whether the employer should be required to pay for treatment that could be seen as experimental at this time. Under New Jersey workers' compensation law:

The employer shall furnish to the injured worker such medical, surgical and other treatment, and hospital service

as shall be necessary to cure and relieve the worker of the effects of the injury and to restore the functions of the injured member or organ where such restoration is possible. N.J.S.A. 34:15-15.

In other words, the employer must pay for doctors' visits, diagnostic testing, physical therapy, pain management, surgery, hospital services, prescription medication and any other medical treatment incurred due to the work-related injury. If the treatment the medical provider wishes to pursue is something experimental, or not commonly used, the employer is not required to authorize and pay for the treatment.

At this time, it does not appear as though many medical providers are offering PRP injections as an alternative form of treatment. If an insurance carrier is faced with the decision as to whether to authorize PRP injections over some other form of treatment, such as cortisone/corticosteroid injections, it may be beneficial to authorize PRP injections. An injured worker receiving PRP injections rather than cortisone injections may be able to return to work more quickly due to the possible need for fewer injections than cortisone. They may also be less likely to need treatment in the future due to the long term relief being provided by PRP injections. While PRP treatment may cost the employer more early on, it would be money well spent when the employer could avoid having the injured worker out of work for an extended period of time and avoid paying for further medical treatment. ■