

Peer Review Services

Date: January 4, 2007
Claimant:
Date of Birth:
File#:

Contact with the provider:

A call was placed to _____ on 01/02/07 at 2:20 pm, EST; and the number for call back and a message as to the nature of the call were left with Anne, Receptionist. A call was placed on 01/03/07 at 10:51 am, EST; and the number for call back and a message as to the nature of the call were left with Anne, Assistant. Discussion occurred with _____ on 01/03/07 at 2:28 pm, EST.

Summary of Records:

The claimant is a 40-year-old male who sustained bilateral patella fractures in a fall in March of 1991. The claimant was off work for one year. He subsequently underwent numerous surgeries to both knees including patellar realignment in the right knee. The claimant developed significant patellofemoral degenerative joint disease in both knees and continued with pain, decreased function and muscle weakness. The claimant's last day of work was 03/07/95, according to the records. He was employed as an account manager for an elevator company.

The records reviewed indicated the claimant underwent a right tibial tubercle advancement on 07/07/95 which failed postoperatively and salvage surgery with scar tissue debridement, removal of a painful screw from underneath the patella and removal of marsaline tape was performed approximately one week later by _____

_____ continued to follow the claimant for ongoing bilateral knee pain. The claimant then underwent left knee arthroscopic lateral release in an attempt to re center the patella some time in early 1996. On 04/30/96, _____ referred to a CT scan, which revealed degenerative changes on both the medial and lateral sides of the patella in the right knee. Patellectomy for pain control was considered.

The claimant then underwent patella osteotomies some time in 1997. An office note on 05/30/02 noted persistent bilateral knee pain with a possible chondral lesion in the left knee. The claimant received a series of Synvisc injections to the right knee. A note on 03/27/03 indicated the claimant had continued knee pain and was taking OxyContin, Elavil and Neurontin for pain control. Clinical findings noted increased left patellar tenderness and pain with crepitus on motion, positive tilt and patellar compression tests and increased pressure over the medial plica. In the right knee, there was marked tenderness over the saphenous nerve.

On 09/06/05, the claimant underwent a right infrapatellar saphenous neurectomy with noted improvement in anterior knee pain.

_____ completed an Independent Medical Evaluation on 02/07/06. Flexion in the right knee was to 110 degrees with near full extension. There was numbness in the medial aspect and hypersensitivity to touch in both knees. Flexion in the left knee was from zero to 130 degrees with patella crepitus. No instability was noted in either knee. The impression was bilateral degenerative joint disease, chronic pain syndrome in knees, reactive depression and mild cognitive impairment due to narcotic use. Also noted was a healed right wrist fracture secondary to a seizure resulting from a pain medication. There was no mention of the wrist fracture in the clinical notes provided for review. _____ determined the claimant could sit continuously, and frequently lift and