

## 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

January 4, 2007

carry up to ten pounds. Fine finger manipulation may be limited due to medication effects. The claimant could occasionally stand, walk, and push and pull up to twenty pounds. He was not able to climb stairs or ladders, stoop, knee, crawl or crouch.

On 04/05/06, a lumbar spine x ray noted degenerative disc disease at L4-L5. On 04/06/06, a prescription for postoperative physical therapy following left knee arthroscopy and chondroplasty was submitted. [redacted] penned a letter on 04/13/06 noting the claimant had continued bilateral knee issues that made it difficult for the claimant to ambulate or sit for extended periods. He was unable to drive for more than short distances and required the ability to move around from a sedentary position every ten to fifteen minutes for at least five minutes. The claimant remained on chronic opioid treatment that may cause impaired judgment.

Physician Advisor Review Questions/Determination:

I spoke with [redacted] about this claimant on January 3, 2007 at 2:28 p.m.

- 1. Please review the medical information sent to you and comment whether the Restrictions and Limitations are supported or not in the documentation provided for review.**

With my discussion with [redacted] it is clear that this claimant has bilateral knee problems as a result of poor operations on his tibial tubercles that were performed way back in 1995. [redacted] attempted a salvage procedure back then with his knees and the patient was left with significant patella femoral disease and does have significant problems with the use of his knees. In addition he has developed reflex sympathetic dystrophy, has chronic pain management problems and is on long term heavy doses of OxyContin. [redacted] agrees that theoretically this patient would be able to perform sedentary work activities were he able to get back and forth to work but he is not able to drive because of the inability to move his legs and also because of his ongoing use of OxyContin. In terms of his work capabilities, he is able to sit at a desk but would require frequent position changes with changing position every 10 to 15 minutes. He is unable to do any standing, climbing, balancing, stooping, kneeling, crawling, or crouching. He would be able to frequently lift or carry up to 10 pounds but would not be able to lift or carry anything for any distance more than approximately 2 feet.

- 2. List the documents provided for review, identify provider and date of the service provided. Include a beginning comment that the opinions reached are based on the documents provided and available to review and any telephonic conversation with the Attending Physician.**

Office notes, Dr. [redacted], 10/12/94  
Office notes, provider unknown, 12/12/94, 02/01/95, 02/06/95, 10/09/03, 07/14/04, 11/04/04, 03/14/05, 09/15/05 and 10/13/05  
Operative report, 03/07/95 and 09/06/05  
X-ray, 03/13/95  
Office notes, Dr. [redacted], 05/17/95, 03/14/95, 08/07/97, 05/30/92 and 03/27/93  
Letter, [redacted], 08/18/95, 03/25/97 and 04/13/06  
Letter, author unknown, 04/30/96  
Disability report by claimant, 03/26/01  
Physical abilities assessment, Dr. [redacted], 04/17/01  
LOMN, 06/05/02  
Visits for Synvisc, 08/08/02 to 08/22/02  
Disability questionnaire, 04/09/03  
Disability statement, author unknown, 10/04/04  
Physician's statement, author unknown, 11/23/05  
Independent Medical Evaluation, Dr. [redacted], 02/07/06  
Lumbosacral x-ray, 04/05/06  
Prescription for physical therapy, 04/06/06  
Appeal letter, Dr. [redacted], 05/03/06

January 4, 2007

3. **If you find the available information conflicting or if you disagree with the attending Provider (AP), please contact the claimant's AP. Please discuss with the Attending Physician your conclusion as well as any conflicting medical information, and include a summarization of this conversation in your report.**

I spoke with Dr. \_\_\_\_\_ and we had a frank discussion. See above #1.

Demeter, Stephen C., Anderson, Gunmar B.J.: Disability Evaluation: second edition

Sincerely,

Board Certified Orthopedic Surgeon  
American Board of Orthopaedic Surgery  
Pennsylvania License  
Oklahoma License  
Mississippi License  
Connecticut License