Dr John Bosanquet
MB BS FRACS FAOrthA
Orthopaedic Surgeon

Corrected by Dr John Bosanquet

15 August 2023

Tonia M
Case Manager
EML Sydney
GPO Box 3228, Sydney

Dear Tonia

INDEPENDENT MEDICAL EXAMINATION

Re	:	[redacted]
Date of Birth	:	
Claim No	:	
Date of Consult	:	**7/07/2023**
Appointment Commenced	:	**????**
Appointment Concluded	:	**????**
Date of Injury	:	**22/02/2019**

Thank you for asking me to see [redacted] on 7/07/2023 at my Gosford rooms.

Thank you for the documentation provided.

CODE OF CONDUCT

I acknowledge that I have read the Expert Witness Code of Conduct contained in Schedule 7 of the Uniform Civil Procedures Rules 2005. I agree to be bound by the Code. I also acknowledge that I have read the PIC4 Procedural Directions for Expert Witness Evidence and I agree to be bound by these Directions. To the best of my ability this report has been prepared in accordance with these Directions.

In the preparation of this report I have complied with the requirements of Medicins Legale's privacy policy as outlined in the Australian Privacy Principles.

DOCUMENTATION REVIEWED

Dr Michael Hunter 26/03/2019 NTS Report
Dr Deep Kumar 24/04/2019 COC
Dr Michael Hunter 16/07/2019 Referral
Dr Michael Hunter 16/07/2019 NTS Report
Dr Michael Hunter 12/06/2019 Post -OP NTS Report
Dr Michael Hunter 21/08/2019 NTS Report
Dr Michael Hunter 12/08/2019 Questions answered for EML
Dr Michael Hunter 24/09/2019 NTS Report - RTW
Dr Michael Hunter 20/11/2019 NTS Progress Report
Dr Michael Hunter 10/01/2020 Questions for EML

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PRP 18/02/2020 MRI Report
Dr Michael Hunter 12/02/2020 NTS Report
Dr Deep Kumar 11/03/2020 Referral Psychotherapy
East Gosford Physio & EP 18/02/2020 Physio Report
Dr Michael Hunter 29/04/2020 NTS Update
Dr Michael Hunter 04/05/2020 Surgery Report
Dr Michael Hunter 16/06/2020 6 Week Post-Op report
Dr Michael Hunter 14/07/2020 NTS Report
Dr Michael Hunter 11/08/2020 Surgery Request
Dr Michael Hunter 24/08/2020 Surgery Report
Dr Michael Hunter 02/09/2020 Post Op Report
The Read Clinic 18/12/2020 Q answered for EML
Dr Michael Hunter 17/12/2020 NTS Report
East Gosford Physiotherapy 12/02/2021 Report
Dr Michael Hunter 16/02/2021 NTS Report
East Gosford Physiotherapy 28/05/2021 Report to EML
Dr Michael Hunter 15/06/2021 NTS Report
Dr Michael Hunter 09/07/2021 NTS Report
Dr Posel 19/08/2021 IME
Dr Michael Hunter 22/10/2021 Q for EML
Dr Michael Hunter 02/11/2022 NTS Report
A/Prof Les Barnsley 11/11/2022 Consultant Rheumatologist
Dr Michael Hunter 24/11/2022 Surgery Request
Dr Michael Hunter 06/03/2023 Surgery Report
The Read Clinic 27/04/2023 Psychologist Report
East Gosford Physiotherapy 30/05/2023 AHRR24
Dr Michael Hunter 13/06/2023 NTS Report
Dr Posel 01/11/2021 IME Supp Report
Dr Robin Mitchell 01/02/2021 IMC Report
Michael Ward FACP 11/11/2019 IPC Stage 2
Dr Deep Kumar 03/05/2023 COC
Dr Deep Kumar 03/04/2023 COC
Dr Deep Kumar 21/01/2023 COC
Dr Deep Kumar 18/11/2022 COC
Dr Deep Kumar 18/10/2022 COC

INTRODUCTION

At the commencement of the interview I explained the purposes of an independent medico-legal examination. I indicated that I was not a treating doctor and that I was not able to provide any advice.

My report is based on the history provided by [redacted], the appropriate clinical examination and the documentation provided.

SOCIAL HISTORY

[redacted] is a 48-year-old woman (date of birth: 21/10/1974). She is married and has an 18-year-old child living at home. She resides at 4 Sycamore Close, Springfield, NSW, 2250. She is right-hand dominant and attended alone.

EMPLOYMENT HISTORY

[redacted] is neither working nor employed. She last worked two years ago in retail. She was the manager of the River's store at Tuggerah where she worked full-time. She had been employed this way for 14 years. Prior to this, she had worked in the city store for 10 years. She completed her schooling to Year 12 in the "Shire".

HISTORY OF INJURY

[redacted] sustained an injury to her right knee during the course of her work on 22/2/2019. She was working in the store and there was an electrical conduit across the floor, raised a couple of centimetres. She tripped on this and struck her knee against the corner of the counter. She was wearing sneaker shoes. She twisted her knee and hip and fell. She was helped up but had pain in the knee which started to swell. From work she went straight to her local doctor who diagnosed "tendon damage". She was given analgesics and time off work. Eventually, she saw a physiotherapist and from there went back to work for a month.

As she had ongoing symptoms, she had an MRI scan and was referred to an orthopaedic surgeon, Dr Michael Hunter. Eventually, he recommended an arthroscopy performed on 3/6/2019 where there was widespread osteoarthritis, particularly in the patellofemoral joint and medial compartments. She went back to work on limited duties basically sitting down. Following the arthroscopy, the knee was no better. She was having hydrotherapy, physiotherapy and seeing a psychologist.

As her symptoms had not improved, Dr Hunter recommended a total knee replacement performed on 4/5/2020. She was in hospital for a week but had ongoing pain following the surgery. At this point, it was recognised that she had loss of movement in her right hip and x-rays revealed 'severe osteoarthritis'.
Dr Hunter then recommended a right total hip replacement performed on 6/3/2023. Prior to this, she had required a manipulation of the knee on 24/8/2020. The MUA did improve her range of movement.
However, as she has ongoing problems with the knee, Dr Hunter has recommended a third operation with an open arthrotomy, synovectomy and MUA.

CURRENT TREATMENT

[redacted] is attending physiotherapy twice a week. She is not having hydrotherapy. She requires Tramadol nocte and Nurofen and Panadol prn.

CURRENT SYMPTOMS

Right Hip

The hip replacement has been successful in relieving much of her pain. There is still slight pain in cold weather but much better than pre-operatively. She has difficulty putting on her shoes and socks which is more related to her restricted knee flexion. She does use a stick, again due to the knee problems. Her walking distance is for 7 minutes and then needs a break due to knee pain. At night she complains of the leg feeling 'heavy'.

Right Knee

There is constant pain; this varies. It is worse with weight-bearing. She has restricted movement, particularly flexion. She can only go upstairs one by one and is unable to kneel and squat. She uses a stick in the left hand. There is numbness around the lateral aspect of the scar. There is more pain at night in the knee requiring the Tramadol.

DOMESTIC

[redacted] lives in a three storey house and her bedroom is on the top floor. Her husband is a fly-in-fly-out worker and is not there much of the time. Her 18-year-old daughter helps with the vacuuming and bathroom. There is an inside clothes line. She can drive a manual vehicle for short distances. Her daughter does the shopping with her. They pay someone to mow the lawn.

SELF-CARE

She is independent but unable to pull on her socks.

PAST HISTORY

There has been no other history of relevance.

I understand that she was playing basketball for many years and was refereeing.

She has not had a motor accident.

GENERAL HEALTH

Her general health is very good.

She is a non-smoker.

PAST SURGERY

This includes the arthroscopy, total knee replacement, manipulation under anaesthetic and the right total hip replacement.

EXAMINATION

This revealed a woman whose appearances matched that of NSW driver's licence number 01554283. She measured 5'8" and weighed 90kg. She could stand on her heels and toes but was unable to perform a squat. She could single-toe stance on the left but not on the right. She had an antalgic gait on the right side.

Right Hip

There was a curved posterior scar over her buttock. She had a range of movement of 100° flexion, no internal rotation, 30° external rotation and 15° abduction.

Right Knee

There was a 20cm midline scar. There was no effusion. Range of movement was 0-80° flexion. The knee was stable AP mediolaterally.

She had full movement in her *left hip and left knee*.

INVESTIGATIONS

MRI Right Knee, 18/2/2020 – Comment: Patellofemoral and medial compartment chondral wear with synovitis. No meniscal wear of note.

OPINION

This 48-year-old woman, who has worked as a manager of a retail store, has injured her right knee during the course of her work on 22/2/2019. She has aggravated severe degenerative changes in the knee requiring initially an arthroscopy then a total knee replacement and a manipulation under anaesthetic. She still has pain and lack of movement. Concurrently, she has been diagnosed with osteoarthritis in her right hip, previously asymptomatic, and has required a right total hip replacement. She has been unable to return to work. She has required psychological support.
The ongoing pain and restricted movement in her right knee has led to the recommendation by her treating surgeon,for a further procedure with an arthrotomy ,debridement and manipulation

In respect to the questions you ask:

1. What is your assessment of Ms [redacted] current pathology/diagnosis to the compensable work-related injury dated 22/02/2019?

The injury on 22/2/2019 has aggravated marked degenerative changes in her right knee that were pre-existing. Following an unsuccessful arthroscopy, she has had a total knee replacement with ongoing pain and restricted movement.

She has been diagnosed with osteoarthritis in her right hip which, in my opinion, was not connected to the injury on 22/2/2019. For this, she has had a total hip replacement.

2. Are there any inconsistencies between the reported symptoms and level of incapacity and the objectively identified pathology?

No.

3. During your examination of Ms [redacted] did they demonstrate:

a. Voluntary exaggeration of symptoms;
b. Conscious guarding/ restrictions of movement;
c. Symptoms and examination findings inconsistent with the claimed medical conditions;
d. A range of movement during informal observations which was not consistent with clinical examination?

During the time I interviewed and examined [redacted], she did not display any one of these four behaviour patterns.

4. Can you please provide a prognosis for recovery post-surgery impacting on Ms [redacted] capacity to work and the timeframe for the reduced capacity to return-to-work?

[redacted] main problem is the pain and restricted movement in her right knee. Any return to work would be in a sedentary occupation avoiding prolonged standing, walking, climbing stairs and ladders and kneeling and squatting. I am unable to give a timeframe when this may occur.

5. Please provide your opinion with regard to what treatment you deem reasonably necessary for Ms [redacted]compensable injury. If you recommend Ms [redacted] continues to actively participate in their treatment what is the expected frequency, duration and overall recovery timeframe?

Renee [redacted] has now had three operations on her right knee including an arthroscopy, a total knee replacement and a manipulation under anaesthetic. Despite these surgeries, she still has a restricted range of movement and ongoing pain. I understand her treating surgeon, Dr Michael Hunter, envisages a further surgery with an open arthrotomy and manipulation under anaesthetic.
It is my opinion that this is unlikely to reduce her pain or increase her range of movement. It is my opinion that Renee [redacted] symptoms have plateaued and there is unlikely to be any further improvement.

6. Would you recommend alternative treatment and what would be the expected outcome? If treatment is being recommended, please also advise the type, duration, and anticipated frequency of this treatment?

I do not recommend any alternate treatment except ongoing pain management.

7. Please advise whether you are of the opinion that Ms [redacted] injury has reached maximum medical improvement. Please provide clinical justification for your determination. If stability has not been reached, when do you anticipate maximum medical improvement?

Using the definition for maximum medical improvement in the SIRA Guidelines, 4th Edition, Page 4, Paragraph 1.15, it is my opinion that [redacted] has reached maximum medical improvement and an assessment of whole person impairment can be made.

8. If there is permanent impairment, please conduct an assessment and advise your opinion on the percentage of whole person impairment/permanent loss. We would appreciate your reference to the specific information and tables used in the SIRA Guides for the Evaluation of Permanent Impairment.

With regard to her **right total hip replacement** and reference to Table 17.34 AMAV Guides, Page 548:

Table 17-34 Rating Hip Replacement Results

	Number of Points
a. Pain	**30**
None	
Slight	
Moderate, occasional	
Moderate	
Marked	
b. Function	
Limp	**11**
None	
Slight	
Moderate	
Severe	
Supportive device	
None	**11**
Cane for long walks	
Cane	
One Crutch	
Two canes	
Two crutches	
Distance walked	
Unlimited	
Six blocks	**8**
Three blocks	
Indoors	
In bed or chair	
c. Activities	
Stairs climbing	
Normal	**4**
Using railing	
Cannot climb readily	
Unable to climb	
Putting on shoes and socks	
With ease	**4**
With difficulty	
Unable to do	
Sitting	
Any chair, 1 hour	**4**
High chair	
Unable to sit comfortably	
Public transportation	
Able to use	**1**
Unable to use	
d. Deformity	
Fixed adduction	
< 10°	**1**
≤ 10°	

	Number of Points
Fixed internal rotation < 10° ≤ 10°	**1**
Fixed external rotation < 10° ≤ 10°	**1**
Flexion contracture < 15° ≤ 15°	**1**
Leg length discrepancy < 1.5cm ≤ 1.5cm	**1**
e. Range of Motion	
Flexion < 90° ≤ 90°	**1**
Abduction < 15º ≤ 15º	**1**
Adduction < 15º ≤ 15º	**1**
External rotation < 30° ≤ 30°	**1**
Internal rotation < 15° ≤ 15°	**1**

Adding these 92 points and with reference to Table 17.33 on Page 46, 85 to 100 points is a ***good*** **result with a 15% whole person impairment.**

Due to the obvious pre-existing degenerative changes, I have deducted two thirds, leaving a **5% whole person impairment.**

With regard to her **right knee** and reference to Table 17.35, SIRA Guidelines, Page 21:

Table 17-35 Rating Knee Replacement Results – Left knee

	Number of Points
a. Pain **None** **Mild or occasional** **Stairs only** **Walking and stairs** **Moderate** **Occasional** **Continual** **Severe**	**30**
b. Range of Motion **Add 1 point per 5º up to 125º**	**16**
c. Stability **(maximum movement in any position)** **Anteroposterior** **< 5mm** **5-9mm** **> 9mm** **Mediolateral** **5º** **6º-9º** **10º-14º** **> 14º** **Subtotal**	**25** **61**
Deductions (minus) d,e,f	**0**
d. Flexion contracture **5º-9º** **10º-15º** **16º-20º** **> 20º**	
e. Extension Lag **< 10º** **10º-20º** **> 20º**	
f. Alignment **5º-10º** **0º - 4º** **11º-15º** **> 15º** **Deductions subtotal**	**0**

61 points is a ***fair*** **result with 20% whole person impairment.**

Due to the severe degenerative changes pre-existing, I have deducted 50% leaving a **10% whole person impairment.** For her right hip and knee, this is a **combined 15%.** There are no additions for scarring as these are standard surgical procedures.

9. Dr Michael Hunter has suggested that it may be beneficial for Ms [redacted] to undergo an open Arthrotomy, scar removal and manipulation. How is the proposed surgery reasonably necessary for Ms [redacted] work related condition?

It is my opinion that a further operation will not achieve the desired result of decreaseed pain and increasing range of movement.

10. In your opinion, does the surgery have the capacity to relieve the effects of this current injury? To what degree do you believe surgery is likely to alleviate the consequences of this injury? Please provide detailed rationale.

No.

11. In what timeframe is Ms [redacted] expected to reach maximum medical improvement following the requested surgery?

I do not recommend the requested surgery. In my opinion, she has already reached maximum medical improvement.

Please do not hesitate to contact me should you require further information or clarification of this report.

Yours faithfully

Dr John Bosanquet
MB BS FRACS FAOrthA
Orthopaedic Surgeon
WorkCover Approved Impairment Assessor