



## Post-WCI Part 2: Live knee meniscectomy - stop reading if you're the queasy type!

*Surgeons tackle a knee meniscectomy in front of a live audience at the 71st Annual Workers' Compensation Educational Conference*

By Kelly J. Niemeyer and Christy Doornink ■ September 9, 2016

While attending the 71st Annual Workers' Compensation Educational Conference held in Orlando, Florida, ([wci360.com/conference](http://wci360.com/conference)) this last August, we were intrigued to find on the agenda a live surgical procedure performed by Dr. Travis B. Van Dyke and moderated by Dr. Lawrence S. Halperin, both from the Orlando Orthopedic Center.

As claims examiners and defense attorneys, we have all come across knee conditions requiring surgical intervention by way of a meniscectomy. The difference between reading about the procedure in the operative report and seeing the procedure as it is performed adds a new layer to understanding the mechanics of the knee. A meniscectomy is a common and minimally invasive outpatient procedure used to treat a torn meniscus cartilage in the knee. Depending on the extent of the pathology, post-operative recovery time, activities of daily living, work restrictions and claim processing can vary.

These pictures were taken during the live procedure and show a torn

meniscus requiring a partial meniscectomy. Due to the location of the tear, in an avascular (low blood flow) area, the tear cannot simply be sutured as it would not scar over and heal. Rather, the procedure we observed involved the cutting out of the torn meniscus and shaving down and smoothing over of the affected area.

Despite what appeared to be extensive cutting, only 20-percent of the meniscus was removed during the live procedure. Notably, Dr. Van Dyke commented that in a procedure such as this, with removal of 20-percent of the meniscus, the patient can be expected to make a full recovery achieving pre-injury baseline status. The injured worker in this case, a roofer, was expected to return to work post-surgery

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***Dr. Travis B. Van Dyke performed a live surgery and Dr. Lawrence S. Halperin moderated during the 71st Annual Workers' Compensation Educational Conference in August.***



**Reinisch  
Wilson Weier PC**  
LAW OFFICES

PORTLAND: 10260 SW Greenburg Rd., Suite 1250, Portland, OR 97223 • T 503-245-1846 / F 503-452-8066  
SEATTLE: 159 South Jackson Street, Suite 300, Seattle, WA 98104 • T 206-622-7940 / F 206-622-5902  
[www.rwwcomplaw.com](http://www.rwwcomplaw.com)

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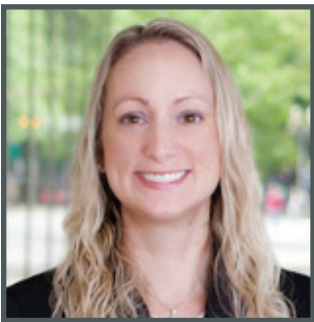
*Kelly J. Niemeyer is an attorney at Reinisch Wilson Weier PC. She may be reached at 503.452.7273 or KellyN@rwwcomplaw.com.*

### Live knee meniscectomy (continued)

within 4 to 6 weeks barring any complications. Notably, mild age-related arthritis was visualized around the medial femoral condyle, which was not considered work-related.

What can a claims examiner take away from this? Understanding the mechanics of the surgical procedure performed can be instrumental in allowing an examiner to fully appreciate the nature and extent of a worker's condition and realistic expectations for recovery and disability. In addition, a better understanding of the nature of the procedure involved can help examiners to ask the right questions when attempting to process a claim. Finally, if asked to authorize a surgical procedure, an examiner may want to request that the procedure be filmed in order to allow other experts to visualize the pathology seen during surgery in order to allow for an objective assessment of the evidence from all relevant experts.

If you have questions relative to surgical procedure requests and the necessity and/or reasonableness of the proposed procedure, the attorneys at Reinisch Wilson Weier are happy to provide our insight and assistance. ■



*Christy Doornink is firm President and Managing Partner at Reinisch Wilson Weier PC. She may be reached at 503.245.1846 or ChristyD@rwwcomplaw.com.*



**Dr. Van Dyke states the completed partial meniscectomy reflects a 20-percent reduction in the meniscus.**

### **See also Part 1: "Tackle work like it's the next big football game."**

Coach Steve Spurrier draws parallels between football and the insurance industry at the 71st Annual Workers' Compensation Educational Conference.

### **See also Part 3: "What happens when leaders from the largest third party administrator claims organizations sit down for a roundtable?"**

Industry leaders get together at the 71st Annual Workers' Compensation Educational Conference to discuss forecasts and predictions for workers' compensation and the insurance industry overall.

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www.rwwcomplaw.com

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