Compensability should NOT be in question at the time of preauthorization for this procedure.

NOTE:
1. The claimant MUST have a direct blow to the knee injury.  (OR)
2. The claimant MUST have an osteochondral defect due to the injury.

I. Conservative Care:
   a. Physical therapy.  
   b. Medication.

II. Clinical Findings:
   Subjective

   Objective
   a. Swelling.
   b. Effusion.
   c. Crepitus.
   d. Limited ROM.

*****Not all of these needs to be present.*****

Imaging
   a. Optional.

Approved/Nurse name: ___________________________ Date: ______________________
Sent for Peer review/Doctor: ___________________________ Date: __________________
Notes: __________________________________________________________________________
________________________________________________________________________________

April 2006
Chondroplasty