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# DHRHealth

## Hand and Wrist Institute

5121 S. McColl Rd, Edinburg, TX 78539

Phone: (956) 362-6730

Fax: (956) 362-6745

### ***Fax Transmission***

**ATTN:** TMC AUTH DEPT.

**SENT BY:** Hand and Wrist Institute

**TO FAX #:** 15625060355

**PAGES:** 8

**DATE/TIME SENT:** 4/16/2024 2:08:22 PM

You are being faxed a total of 8 Page(s), not including this cover sheet. If you do not receive the entire number of pages, or if there are any problems with the quality or legibility, please contact the above person at the department/ phone number listed above.

Comments: REQUESTING AUTHORIZATION FOR MRI FOR MARIA MARTINEZ, THANK YOU

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# DHR Health

## Hand and Wrist Institute

5121 S. McColl Road  
Edinburg, TX 78539

Office: 956-362-6730  
Fax: 956-362-6745

### PRE-AUTHORIZATION REQUEST for WORKER'S COMP

Patient Name: MARIA MARTINEZ DOB: 06/29/1963

Patient Address: 1301 S 6TH ST APT B2

City: MCALLEN State: TX Zip: 78501

SSN#: \_\_\_\_\_ Phone#: 956-309-9799

Patient's Employer: MCALLEN CISD

Date of Injury: 03/04/2024 Claim#: 241127347

Insurance Carrier: TRISTAR

Adjuster: SALLY HERNANDEZ Phone/Fax#: 210-404-0400 EXT:2909 /210-404-0429

Surgery Date: \_\_\_\_\_ Outpt \_\_\_\_\_ 23Hr. Observation/Admission

MRI Date: PENDING

Facility Name: DOCTORS HOSPITAL RENAISSANCE NPI:1053317362

Facility Address: 5501 S. MCCOLL RD EDINBURG, TX 78539

Diagnosis: DORSAL WRIST PAIN

ICD10: S63.521A / S66.911A

Procedure: MRI RIGHT WRIST WITHOUT CONTRAST

CPT: 73221 - MRI RIGHT WRIST

Requesting Physician: Dr. Sergio Rodriguez Tax ID 46-3969440

Phone#: (956) 362-6730 Fax#: (956) 362-6745

Person to Contact: LUPITA Date Submitted: 04/16/2024



# DHR HEALTH

## DIAGNOSTIC IMAGING ORDERS

Please ensure all bold boxed areas are completed

MR: 00990785 12742812  
 MARTINEZ, MARIA  
 04/16/2024 16:30 UNKNOWN\_ROOM-UNKNOWN\_BED  
 HWI 06/29/1963 60Y Female  
 Phy: RODRIGUEZ, SERGIO RPhy: SALINAS, FULGENCIO P.

DOB: \_\_\_\_\_ Tel: \_\_\_\_\_

Time: \_\_\_\_\_

**FOR APPOINTMENTS CALL CENTRALIZED SCHEDULING TEL: (956) 362-7503 FAX: (956) 362-7509**

- ARRIVE 30 MINUTES BEFORE APPOINTMENT AND ARRIVE AT REGISTRATION DESK WITH: (1) THIS FORM • (2) OUTSIDE STUDIES WITH REPORTS • (3) INSURANCE INFORMATION.
- FOR BEST SERVICE CALL US AND REGISTER A DAY BEFORE YOUR EXAM
- READ ONLY THE CHECKED OFF INSTRUCTIONS ON THE BACK OF THIS FORM FOR EACH SCHEDULED STUDIES.
- PLEASE LEAVE ALL VALUABLES AT HOME AS THE HOSPITAL /IMAGING CENTER DOES NOT ASSUME RESPONSIBILITY FOR LOST VALUABLES OR PERSONAL PROPERTY.

☐ RADIOLOGY DEPARTMENT 5501 S. McColl Road • Edinburg, TX 78539 • Tel: (956) 362-7500 • Fax: (956) 362-7505

☐ IMAGING CENTER AT DOVE 1100 E. Dove, Ste 101 • McAllen, TX, 78504 • Tel: (956) 362-8640 • Fax: (956) 362-8649

☐ IMAGING CENTER AT MAIN CAMPUS 5521 Doctors Drive • Edinburg, TX 78539 • Tel: (956) 362-7570 • Fax: (956) 362-7568

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☐ IMAGING CENTER AT MID VALLEY 1121 James Street • Weslaco, TX 78596 • Tel: (956) 362-3660 • Fax: (956) 362-3641

☐ IMAGING CENTER AT LONE STAR 2121 E. Griffin Parkway, Ste 15 • Mission, TX 78572 • Tel: (956) 362-3900 • Fax: (956) 362-3915

☐ CT <sup>Δ</sup> ☐ CTA <sup>Δ</sup> \_\_\_\_\_ ☐ R ☐ L ☐ Bilateral ☐ W/O IV Contrast ONLY ☐ W/ IV Contrast ONLY\*  
☐ 3D Reconstruction ☐ If W/O AND W/IV Contrast\*, please contact a radiologist at 362-7541

☒ MRI ☐ MRA WRIST ☒ W/O IV Contrast ☐ W/ IV Contrast ☒ R ☐ L ☐ Bilateral  
☐ W/O AND W/IV Contrast

☐ ULTRASOUND \_\_\_\_\_ ☐ ABD Complete ☐ ABD Limited - Specify Area: \_\_\_\_\_  
☐ Renal ☐ Pelvis ☐ OB ☐ Trans Vag

☐ X-RAYS <sup>Δ</sup> \_\_\_\_\_ ☐ CXR 2 V. ☐ ABD 1 V. / KUB ☐ ABD 2 V. ☐ R ☐ L ☐ Bilateral

☐ FLUOROSCOPY <sup>Δ\*</sup> \_\_\_\_\_ ☐ Barium Swallow ☐ Upper GI ☐ IVP\*  
 (Dove Location ONLY) ☐ Small Bowel Follow Through ☐ Single Contrast BE ☐ Double Contrast BE

☐ OTHER \_\_\_\_\_

☐ SPECIAL INSTRUCTIONS \_\_\_\_\_

\* EXAMS WITH THIS SYMBOL \* WILL HAVE LABS DRAWN (WITHIN 24 - 48 HOURS OF EXAM) TO CHECK BUN & CR LEVELS.  
 Δ LABS WILL BE DRAWN FOR HCG LEVELS WHENEVER REQUIRED FOR EXAM, TO RULE OUT PREGNANCY.

DORSAL WRIST PAIN -

**CLINICAL DIAGNOSIS**  
 (DO NOT USE "Rule Out" or "Possible")

REFERRING PHYSICIAN'S NAME  
 (NOT THE ORDERING PHYSICIAN)

Radiology Staff Only

Orders Received By: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

S. RODRIGUEZ  
**ORDERING PHYSICIAN'S NAME (print)**

[Signature]  
**ORDERING PHYSICIAN'S SIGNATURE / DATE**

## Orthopedic Office Clinic Note

MARTINEZ, MARIA - 00990785

## \* Final Report \*

Result type: Orthopedic Office Clinic Note  
Result date: April 15, 2024 19:04 CDT  
Result status: Auth (Verified)  
Result title: Orthopedic H & P  
Performed by: RODRIGUEZ DR, SERGIO on April 15, 2024 19:04 CDT  
Verified by: RODRIGUEZ DR, SERGIO on April 15, 2024 19:04 CDT  
Encounter info: 12742812, HAND WRIST INST, CLINIC AMBULATORY, 04/15/2024 - 04/15/2024

## \* Final Report \*

**Chief Complaint**

Pt in with a work injury.  
Pt had a fall at work and injured her right wrist.  
DOI 3-4-24  
Pt had a CT scan on 3-13-24  
Pt continues with pain.  
Pt is using a wrist brace.  
Pt is working full duty.

**History of Present Illness**

This is a very pleasant 60 year old patient who is new to our clinic.  
Pt presents for an evaluation of a work related injury.  
Pt had a fall at work and injured her right wrist.  
DOI: 03/04/24  
Pt had a CT scan on 03/13/24.

**Review of Systems**

**Constitutional:** No night sweats, No fever, No chills, No fatigue, No weight loss.  
**Eye:** No visual changes, No double vision.  
**ENMT:** No difficulty hearing, No sinus pain, No tinnitus, No nasal discharge, No difficulty swallowing.  
**Cardiovascular:** No chest pain, No irregular heart beat.  
**Respiratory:** No shortness of breath, No cough.  
**Gastrointestinal:** No abdominal pain, No nausea, No vomiting, No heartburn No abdominal distension.  
**Genitourinary:** No dysuria, No hematuria.  
**Musculoskeletal:** No joint swelling, No joint stiffness, No muscle weakness, No decreased range of motion.  
**Pain:** No bone pain, No shoulder pain, No neck pain, No mid back pain, No low back pain, No hip pain, No foot pain.  
**Skin:** No skin lesions, No rashes, No jaundice.  
**Neurologic:** No numbness, No tingling, No dizziness, No fainting, No forgetfulness, No confusion, No loss of bowel or bladder control, No headaches, No walking problems.  
**Psychiatric:** No anxiety, No depression, No change in sleeping patterns, No mood changes.  
**Endocrine:** No heat intolerance, No cold intolerance, No excessive thirst, No excessive hunger, No loss of appetite.  
**Hematology/Lymphatics:** No skin rashes, No discoloration, No excessive bleeding.  
**Immunologic:** No allergic response to food, material or drugs, No history of anaphylaxis, No swollen glands.

**Physical Exam****Patient Information**

Name: MARTINEZ, MARIA  
DOB: 06/29/1963  
Age: 60 Years  
Gender: Female  
Location: HAND WRIST INST EXAM ROOM 1  
Encounter Type: CLINIC AMBULATORY

**Problem List/Past Medical History****Ongoing**

Right wrist sprain  
Strain of right wrist

**Historical**

No qualifying data

**Allergies**

No Known Allergies

**Medication List**

cyclobenzaprine  
ibuprofen  
losartan  
metFORMIN

MARTINEZ, MARIA - 00990785

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Vitals & Measurements

T: 98.4 °F (Temporal Artery) HR: 74 (Peripheral) BP: 136/87

SpO2: 100%

HT: 154 cm HT: 154 cm WT: 66 kg BMI: 27.8

Constitutional

**General Appearance:** Healthy Appearing, Overweight, NAD.

Psychiatric

**Orientation:** oriented to person , oriented to place , oriented to time.

**Mood and Affect:** active and alert , normal mood , normal affect.

Hand and Digits:**Vascular System:**

**Arterial Pulses Right:** Radial pulse normal, Ulnar pulse normal.

**Edema Right:** none.

**Varicosities Right:** no varicosities.

**Capillary refill right:** capillary refill test normal.

**Inspection Right:** Normal attitude, No deformity, No atrophy, No swelling, No warmth, No erythema, No mass, Normal skin

**Soft Tissue Palpation Right:** No soft tissue tenderness.

**Right Thumb:** Normal A1 pulley \_\_, No tenderness of the 1st metacarpal, No subluxation of the CMC joint, No pain with CMC grind test, No tenderness of the thumb, Full active and passive range of motion.

**Right Index Finger:** Normal A1 pulley \_\_, No tenderness of the 2nd metacarpal, No subluxation of the PIP joint, No tenderness of the index finger, Full active and passive range of motion.

**Right Long Finger:** Normal A1 pulley \_\_, No tenderness of the third metacarpal, No subluxation of the PIP joint, No tenderness of the long finger, Full active and passive range of motion.

**Right Ring Finger:** Normal A1 pulley \_\_, No tenderness of the fourth metacarpal, No subluxation of the PIP joint, No tenderness of the ring

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finger, Full active and passive range of motion.

**Right Small Finger:** Normal A1 pulley \_\_, No tenderness of the fifth metacarpal, No subluxation of the PIP joint, No tenderness of the small finger, Full active and passive range of motion.

**Stability Right:** No general instability.

**Strength Right:** Thumb strength 5/5, Thumb opposition 5/5, grip 5/5, interossei 5/5.

**Wrist/Forearm:**

**Inspection Right:** no erythema, no induration, no swelling, no warmth, no mass, normal wrist appearance.

**Palpation of the Radial Aspect Right:** diffuse pain to the dorsal aspect

**Palpation of the Ulnar Aspect Right:** diffuse pain to the dorsal aspect

**Active Range of Motion Right:** flexion normal , extension normal , pronation normal , supination normal , radial motion normal , ulnar motion normal ,

**Passive Range of Motion Right:** flexion normal , extension normal , pronation normal , supination normal , radial motion normal , ulnar motion normal ,

**Strength Right:** Normal strength of the right wrist.

**Stability Right:** Bunnell-Littler test negative, lunotriquetral ballottement test negative, Watson's scaphoid shift test negative, pivot shift test of midcarpal joint negative.

**Special Tests on the Right:** Finkelstein's test negative , TFCC grind test negative, ECU subluxation test negative, ECU synergy test negative, palmaris longus present.

**Neurological System:**

**Coordination:** finger-to-nose movement normal.

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**Brachioradialis Reflex Right:** normal.

**Sensation on the Right:** normal ulnar nerve distribution , normal radial nerve distribution, normal median nerve distribution, normal at the dorsal 1st web space.

**Special Tests on the Right:** Tinel's sign negative , Froment's sign negative , carpal compression test negative , key pinch test negative , Phalen's test negative.

**Skin:**

**Right Upper Extremity:** normal.

**Office Procedures**

**Radiology Impression**

Three view x-rays of the patient's right wrist including the hand were performed in our office today:  
X-rays did not reveal any obvious fracture or dislocation.

**Assessment/Plan**

1. Sprain of radiocarpal joint of right wrist, initial encounter S63.521A
2. Strain of right wrist S66.911A

This is a very pleasant 60 year old patient who is new to our clinic.  
Pt presents for an evaluation of a work related injury.  
Pt had a fall at work and injured her right wrist.  
DOI: 03/04/24  
Pt had a CT scan on 03/13/24.

On the physical examination, the patient presents with diffuse pain to the dorsal aspect of the right wrist.  
Patient has full range of motion.  
No joint or tendon instability.

Three view x-rays of the patient's right wrist including the hand were performed in our office today:  
X-rays did not reveal any obvious fracture or dislocation.

## Orthopedic Office Clinic Note

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The patient underwent a CT scan of the right wrist without contrast on March 13, 2024. The radiologist interpreting the study stated that there was some degenerative changes noted in the dorsal aspect of the lunate with a small, 2 mm osseous body noted at the dorsal margin of the lunate, representing a possible loose osteochondral body. There is also some mild effusion suggesting synovitis of the right wrist. The radiologist is recommending an MRI be performed.

We have ordered that the patient have an MRI of the right wrist as recommended by the radiologist.

Patient agreed with our recommendation.

We will see the patient back after the MRI is performed and, at that time, we will discuss in more detail the possible treatment options.

We have recommended that the patient avoid any pain provoking activities.

As far as work is concerned, the patient can return to work full duty with no restrictions.

She states that her type of work does not involve any physical activities concerning the hand or wrist therefore she feels that she can return to full duty without restrictions.

**Scribe Statement:**

I, Denisse J. Gonzalez, acted solely as a scribe for and in the presence of Dr. Sergio Rodriguez who performed the service.

I, Dr. Sergio Rodriguez, personally performed the services described in this documentation, as scribed by Denisse J. Gonzalez, and it is both accurate and complete.

**Order Details**

Return to Clinic, prn mri  
99080 Special Report (insurance forms)  
99204 New Office Visit Level 4 (P)  
OIHW 73110 CR Wrist Right compete Min 3

**Patient Education**

DASH Eating Plan (GLSTME00)  
BMI for Adults  
Magnetic Resonance Imaging



Orthopedic Office Clinic Note

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**Signature Line**

Report Created & Electronically Signed By: RODRIGUEZ DR, SERGIO

Date and Time: 04/15/2024 07:04 PM

**Completed Action List:**

- \* Perform by RODRIGUEZ DR, SERGIO on April 15, 2024 19:04 CDT
- \* Sign by RODRIGUEZ DR, SERGIO on April 15, 2024 19:04 CDT
- \* VERIFY by RODRIGUEZ DR, SERGIO on April 15, 2024 19:04 CDT