Arrowhead Orthopaedics
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FAX

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Subject:		**Date:**	10/19/2020
Ref:		**Time:**	11:10:25 AM PST
Pages:	14		
Remarks:	Attn Noemi		

10/15/2020

Date: 10/15/20 : 02:57pm
Title: Glivar Back NP
Providers: PJG
Phillip Glivar, M.D
This patient was evaluated at my Rancho Cucamonga office.

HISTORY OF PRESENT ILLNESS:

Mildred Castilla is a 57 year old female who presents with a complaint of back pain that has been present for 3-6 months and is the result of lifting a heavy object and bending/twisting. The pain does radiate into both legs. Associated symptoms include: numbness/tingling and difficulty walking and leg weakness. The condition is worsening. Pain is a 7 on a scale of 1-10. The following activities make the pain worse: standing and sitting and lifting and walking. Patient believes the pain is not serious enough to consider surgery.

Notes chronic LBP since 2012. Radiates to the L>R L5 distribution, with numbness/tingling, and weakness. Has symptoms with sitting, standing, and walking.
Also has chronic neck pain, and radiation to the b/l C7 and C8 distributions, with numbness/tingling, and weakness. Denies worsening gait imbalance, hand clumsiness, dropping things, trouble with buttons, or handwriting changes.
Tried cupping in PT without relief. Has taken Baclofen and Naproxen with some relief. Had injections 4 years ago with some relief.

TREATMENT TO DATE:

Medication(s) that have helped include:
None

Treatments that helped include:
rest/inactivity and ice/heat and medication and physical therapy

Medication(s) that have not helped the pain include:
None

Treatments that have not helped the pain include:
physical therapy

DIAGNOSTIC TESTS INCLUDE:
X-ray and MRI

WORK STATUS:
None

ALLERGIES:
None

10/15/2020

Current Medications:
Rx: levothyroxine Ref: 0
Rx: Vitamin D3 Ref: 0

Major Problem List:
High Blood Pressure
Thyroid disease
Pre-existing diabetes mellitus

PAST SURGICAL HISTORY:

Knee Arthroscopy for Meniscus Tear and Tonsillectomy

FAMILY HISTORY:
None

SOCIAL HISTORY:

Marital Status: None
Tobacco: N/A
Recreational drugs: No
Alcoholic beverages per week: No/Never

REVIEW OF SYSTEMS:
Headaches

VISIT EXPECTATIONS:
review of testing/studies and treatment options

Recreation drug use: N

Latex Allergies: N
Anesthesia Complications: N
Possibility of Pregnancy: N

PHYSICAL EXAMINATION:

The patient is 5'3" tall, weighs 211 lbs, and BMI is 37.38 kg/m2 Breathing is regular.
155/84, 69

General Appearance:

Physical examination reveals a well-developed, well-nourished female who ambulates into the examination room with a normal gait, independently, without assistive device. The patient's mood and affect is normal. The patient is oriented to

time and place.

Observation:

Observation of the back identifies normal coronal and sagittal plane alignment. There is no use of a spinal orthosis. Observation of the upper and lower extremities reveals no atrophy, gross deformity or edema.

Palpation:

Palpation of the back does not demonstrate areas of tenderness.

Palpation of the bilateral upper and lower extremities does not demonstrate areas of tenderness.

Range of Motion:

Lumbar range of motion is normal in flexion and extension.

Range of motion is reported for completeness sake, but is not an objective measure and an inaccurate predictor of disability. _

Tension Sign:

Straight leg raising is negative. Stinchfield negative.

Motor Strength:

Motor function testing was performed using a 5 point scale with 5 representing full function.

Right: iliopsoas 5, quadriceps 5, tibialis anterior 5, extensor hallucis 5, gastrocsoleus 5.
Left: iliopsoas 5, quadriceps 5, tibialis anterior 5, extensor hallucis 5, gastrocsoleus 5.

Reflexes:

Reflexes testing was performed and recorded on a 4 point scale with 2 representing normal.

Right: patellar 2, Achilles 2.
Left: patellar 2, Achilles 2.

Sensory:

SILT over the BLE

Long Tract Signs:

Negative clonus.

Circulation:

CR<2sec

10/15/2020

DIAGNOSTIC STUDIES:

Radiographs taken in the office 10/15/20 are reviewed by me and include 2 views of the entire spine : Normal coronal alignment. Multi-level cervical disc height loss with osteophytes. L4-5 grade I spondylolisthesis.

MRI of lumbar spine performed at at Healthcare Imaging on 07/23/20:
Mild b/l lateral recess stenosis at L4-5 with facet arthropathy.

DIAGNOSIS:

Cervical spondylosis
Cervical radiculopathy, BUE
Lumbar spondylosis
Lumbar spondylolisthesis, L4-5
Lumbar radiculopathy, L>R LE

TREATMENT RECOMMENDATIONS:

Discussed her condition, natural history, and treatment options.
Discussed PT for cervical traction, isometric core strengthening, recumbent bike, and lumbar posture emphasis during ADLs, which was ordered.
Discussed the importance of lifelong continuation of core exercise and emphasis on good posture for optimal long term lower back health.
Discussed NSAIDs, which were ordered (Mobic 15mg PO daily x4w #28, Script #37), and instructed to take with food as long as there are no prior GI, kidney, or other medical issues contra-indicating NSAID use.
Discussed Gabapentin 300 mg TID for neuropathic pain (Script #37), which was ordered.
F/u in 6 weeks. Consider referral for injection at that time.
All questions answered, and the patient is in agreement with the plan.

WORK STATUS:

The patient is currently not working

Patient Education: Y

Phil Glivar MD
Orthopaedic & Spine Surgery

BILLING

Procedure Codes:

Procedure: New Comprehensive: 99204

10/15/2020

Procedure: C-Spine 2V/3V: 72040
Procedure: T-Spine 2 Views: 72070

Procedure: L/S Spine 2V/3V: 72100

Diagnosis Codes:

Diagnosis: Cervical spondylosis : ICD10 = M47.812 / ICD9 = 721.0 / SNOMED = 387800004
Diagnosis: Cervical radiculopathy : ICD10 = M54.12 / ICD9 = 723.4 / SNOMED = 54404000
Diagnosis: Lumbar spondylosis : ICD10 = M47.816 / ICD9 = 721.3 / SNOMED = 239880009
Diagnosis: Lumbar spondylolisthesis : ICD10 = M43.16 / SNOMED = 321171000119102
Diagnosis: Radiculopathy of lumbar region : ICD10 = M54.16 / ICD9 = 724.4 / SNOMED = 2415007

Progress Note Status:

Action Item: Progress Note Complete - Rancho Cucamonga

#Orders: MEDSTRAT, Physical Therapy

SIGNED BY Phillip J Glivar, MD (PJG) 10/15/2020 04:35P

05/11/2020

Date: 05/11/20 : 04:21pm
Title: Progress Note / Telemedicine visit
Providers: RJC
Roy J. Caputo, M.D.
This patient was evaluated at my Riverside office.

PCP: Dr. Lopez
Phone: 909-391-3423
Fax: 909-391-3424

This visit has been conducted as a video visit to comply with patient safety concerns in accordance with CDC recommendations. I have discussed the benefits and risks of a billable (to the appropriate entity/insurance carrier) video visit and have obtained verbal consent from the patient/legal guardian/designee and they expressed desire to proceed. Documentation of this video visit follows below.

Total time of discussion (minutes): 15 minutes

SUBJECTIVE COMPLAINTS:
MILDRED CASTILLA is a 57 year-old, Right (derecha)-dominant female who presents for complaints referable to her Knee Pain.

Since her last visit, the patient reports she has persistent pain, instability and limping. She feels that the Synvisc injection she received in her right knee is April was not as effective as the injection she received in the past.

She is currently taking Baclofen and Naprosyn prescribed for low back pain by her PCP.

PHYSICAL EXAMINATION:

Exam reveals knee range 0 to 110 degrees. There is no obvious joint swelling.

DIAGNOSTIC STUDIES:

No x-rays were taken today.

IMPRESSION:

SX 06/10/16
1. Diagnostic and surgical arthroscopy of the right knee.
2. Arthroscopic right knee partial medial meniscectomy.
3. Arthroscopic right knee chondroplasty of medial femoral condyle.

Right knee arthritis

TREATMENT PLAN:

I have explained my diagnosis and treatment recommendations to MILDRED and all of her questions were answered.
I advised her to wait a bit longer to see if perhaps the medication will take longer to alleviate her pain. We will therefore check with her in about a month.

05/11/2020

FOLLOW UP:
MILDRED will follow up 5 weeks

Work Status:
Disability status was not discussed

Patient Education: Y

ROY J. CAPUTO, M.D.
Orthopedic Surgery

/cnb

BILLING

Procedure Codes:

Procedure: TM ESTAB DETAILED: 99213

Diagnosis Codes:

Diagnosis: Primary osteoarthritis of right knee : ICD10 = M17.11 / ICD9 = 715.16 / SNOMED = 239862000

Progress Note Status:

Action Item: Progress Note Complete - Riverwalk

SIGNED BY Roy J Caputo, MD (RJC) 05/17/2020 09:51PM

04/02/2020

Date: 04/02/20 : 10:51am
Title: Progress Note
Providers: RJC
Roy J. Caputo, M.D.
This patient was evaluated at my Riverside office.

DATE OF INJURY: 05/2015

HISTORY OF PRESENT ILLNESS:

MILDRED CASTILLA is a 56 year-old female who presents for evaluation of right knee pain that is increased with walking activities. She presents to the office for Synvisc One injection to the right knee.

Previous treatments: Viscosupplementation injection, physical therapy, ice/heat. Diagnostic studies to date include x-rays.

PHYSICAL EXAMINATION:

Her gait pattern is within normal limits.

Right knee exam revealed tenderness medial joint line. Her range is full. There is crepitus upon range of motion. There is no instability. Her neurocirculatory status is intact.

DIAGNOSTIC STUDIES:

X-rays are not taken today

IMPRESSION:

SX 06/10/16
1. Diagnostic and surgical arthroscopy of the right knee.
2. Arthroscopic right knee partial medial meniscectomy.
3. Arthroscopic right knee chondroplasty of medial femoral condyle.

Right knee arthritis

TREATMENT PLAN:

I have explained my diagnosis and treatment recommendations to MILDRED and all of her questions were answered. After discussing the risks and benefits, the patient accepted an injection. Under aseptic conditions, the right knee was injected with 6 mL Synvisc One Lot: 9RSL030 Exp. 07/2022 (disp in office). The patient tolerated the injection well.

FOLLOW UP:
MILDRED will follow up in six weeks for telemedicine evaluation

Work Status:
Disability status was not discussed

Patient Education: Y

04/02/2020

ROY J. CAPUTO, M.D.
Orthopedic Surgery
cnb

Billing

Procedure Codes:

Procedure: Inject Major Jt: 20610

Procedure: Synvisc One 48 units:J7325
Disp from office stock

Diagnosis Codes:

Diagnosis: Primary osteoarthritis of right knee : ICD10 = M17.11 / ICD9 = 715.16 / SNOMED = 239862000

Progress Note Status:

Action Item: Progress Note Complete - Riverwalk

SIGNED BY Roy J Caputo, MD (RJC) 04/08/2020 12:16PM

03/16/2020

Date: 03/16/20 : 09:14am
Title: Initial Note
Providers: CLR
Connor LaRose, M.D.
This patient was evaluated at my Rancho Cucamonga office.

The patient was referred to my office by Dr. Irma Lopez for an Orthopedic evaluation.

CHIEF COMPLAINT:

Bilateral Knee Pain

HISTORY OF PRESENT ILLNESS:

HORTENCIA HERNANDEZ is a 60 year-old, right-hand-dominant female. She reports an injury of the Bilateral Knee Pain which occurred as a result of a, patient reports to have had TRK surgery back in 2011 & 2014. Since then she has had issues her knees. The left knee causes her a lot of pain. Patient has had physical therapy but reports that it did not help. Patient has not had any other treatment.

The initial symptoms during and/or immediately after the injury included: severe pain

TREATMENT TO DATE:

Surgery: The patient had surgery previously performed:

Surgery Date: 2011 % 2014 by Dr. Eberly in the city of Downey California Surgery Performed: / Operating Surgeon: / Location of Surgery (Hospital/City): .

- Physical therapy: yes The patient reports no improvement with therapy.
- Injections: none
- Brace/Splint/DME: none
- Medications: none
- Diagnostic studies: x-rays

CURRENT COMPLAINTS:

On presentation today, the patient reports constant pain to the her Bilateral Knee. The patient points to the medial posterior aspect as the source of primary pain.

Symptom description:
- Associated symptoms: locking, catching, instability, weakness
- Radiating pain: none
- Paresthesia: numbness tingling
- Aggravating factors: sitting, walking, climbing stairs, prolonged walking, prolonged standing, repetitive movement, weight-bearing
- Alleviating factors: rest cane
- Pain level: 9/10
- Pain characterized: sharp, stabbing
- Percent of normal: The patient feels 10% of normal.

03/16/2020

Medications relative to this problem: Patient is currently taking Ibuprofen as needed for pain control.

Activities of daily living: The activities of daily living that are painful or difficult for this patient to perform include: standing

CURRENT MEDICATIONS:
Current Medications:
Rx: omeprazole 20 mg capsule,delayed release Ref: 0
Instructions: take 1 capsule (20 mg) by oral route 2 times per day before meals for10 days in combination with amoxicillin and clarithromycin

ALLERGIES:

SOCIAL HISTORY:
denies alcohol consumption
Smoking Status: Never smoker

PAST MEDICAL HISTORY:
Major Problem List:
Gastritis

PAST SURGICAL AND INJURY HISTORY:
Hospitalization List:
Right Total Knee 2011 & 2014

PHYSICAL EXAMINATION:
The patient is 5'6" tall, weighs 173 lbs, and BMI is 27.92 kg/m2. Respirations are regular.
She is alert and oriented, well-nourished, well-developed, and in no apparent distress. Mood and affect are appropriate. /,

KNEE EXAM

Inspection:
There is visible erythema, scarring, or deformity, long anterior incision on the right knee
Q-angle is normal
Patellar tracking appears normal
effusion

Range of motion of the knee is expressed in degrees, right/left/normal:
Flexion: 40/120/130
Extension: -15/0/0
pain during range of motion testing
popping, crepitus, or locking during range of motion

Palpation:
palpable masses
There is tenderness to palpation over the
The calf is soft and nontender
warmth of the knees
palpable medial plica

03/16/2020

Motor Testing:
Quadriceps: 4/5 with no asymmetry
Hamstrings: 5/5 with no asymmetry
Tibialis anterior: 5/5 with no asymmetry
Gastrocsoleus: 5/5 with no asymmetry

DIAGNOSTIC STUDIES:

Radiographs taken outside facility are reviewed by me and include views of the bilateral knee demonstrate on the right knee there is a long stemmed prosthesis

IMPRESSION:

Painful Right revision TKA.

DISCUSSION/TREATMENT PLAN:
I have explained my diagnosis and treatment recommendations to the patient and all of her questions were answered. The patient has a very stiff and painful Right revision TKA.

In order to evaluate for infectious etiology we will send the patient to for blood testing. Labs include: CBC with diff, Sedimentation Rate, & C-Reactive Protein. Requisition form provided to patient at the time of visit. Form #.

The patient's care regarding her Right knee will be transferred and we will request for authorization for evaluation and treatment with Dr Jahng.

FOLLOW UP:
HORTENCIA will follow up as needed.

WORK STATUS:
The patient is retired.

Patient Education:

CONNOR LAROSE, M.D.
Orthopedic Surgery

Billing:

Procedure Codes:

Procedure: New Comprehensive: 99204

Diagnosis Codes:

Diagnosis: Pain in right knee : ICD10 = M25.561 / ICD9 = 719.46 / SNOMED = 316931000119104

Progress Note Status:

Action Item: Progress Note Complete - Rancho Cucamonga

03/16/2020

#Orders: Treatment Request Form

SIGNED BY Connor R LaRose, MD (CRL) 03/16/2020 10:10A