



RECORDS OF : JOHANNA L. LEARY

RECORDS FROM : COLUMBIA MEMORIAL HOSPITAL
71 PROSPECT AVENUE, MEDICAL RECORDS
HUDSON, NY, 12534

REQUEST # : 47639-07

CASE CAPTION : JOHANNA L. LEARY v. WYNDCLYFFE CASTLE LLC

PAGE COUNT : 38

UPLOAD DATE : 6/29/2021

DESCRIPTION : RECORDS (RECEIVED BY MAIL)

**RECORD DELIVERY
ALERT :**

ProCorr

A Professional Copying Service
Specializing in Medical Records Correspondence
P.O. BOX 523
CLAVERACK, NY 12513
518-851-7032

INVOICE

82313

DATE: 10-23-21

REQUESTED BY: _____

SOLD TO: MCS
375 McCarter Hwy Ste 301
Newark, NJ 07104

PAYMENT DUE UPON RECEIPT

This invoice is your original billing for copies of medical records you requested

TERMS NET 30, 5% ADDED AFTER 30 DAYS

FEDERAL TAX I.D. NO. 14-1732785

Patient Name Leary, Johanna
Last First
Medical Records From Columbia Memorial Hospital
CLAIM # _____
FILE # 476 39-07
SS # _____
HIC # _____

PHOTOCOPY CHARGE... 27.00
HOSPITAL'S RETRIEVAL FEE... 7.00
POSTAGE & HANDLING... 3.00
TAXABLE SUB TOTAL..... .
SALES TAX..... .
TOTAL DUE..... .
LESS..... .
CHECK NO. _____
BALANCE DUE..... 37.00

36 pages

PLEASE RETURN A COPY OF THIS INVOICE TO PROCORR - P.O. BOX 523 - CLAVERACK, NY 12513



375 MCCARTER HIGHWAY, SUITE 301, NEWARK, NJ 07114
 Phone: (862) 320-9182 Fax: (973) 242-4033

TO: CUSTODIAN OF RECORDS FOR:
 COLUMBIA MEMORIAL HOSPITAL
 71 PROSPECT AVENUE, MEDICAL RECORDS
 HUDSON, NY 12534

Date: June 08, 2021

RE: MCS#: 47639-07
 JOHANNA L. LEARY
Social Security #: XXX-XX-0633; **Date of Birth:** 07/14/1980

1485431

PLEASE SEND RECORDS SECURELY TO MCS VIA THIS SHAREFILE LINK:
<https://www.themcsgroup.com/secure-provider-portal-nwk> **OR YOU CAN FAX US AT**
 973-242-4033 OR 973-928-8030

Dear Custodian,

The MCS Group, Inc. has been retained to collect records on the above-named individual by the law firm of MORRISON LAW FIRM, PC. Enclosed, please find an authorization for the proper release of the following materials to The MCS Group, Inc.

*****SEE ATTACHED RIDER*****

IMPORTANT

- Contact MCS for assistance (contact information is below). **DO NOT CONTACT THE LAW FIRM.**
- **PRIOR APPROVAL IS REQUIRED** for fees in excess of **\$250** for hospitals and **\$150** for all other providers. Do not send records without approval.
- Contact MCS with a page count and the amount to be approved. **Must be within state fee laws.**
- Please include your **Federal Tax ID Number** on all invoices.
- **FAX RECORDS** with this request and completed certification pages to the number above.
- If a file is too large to fax, please provide records on CD, or mail paper copies to the address above.
- **CERTIFICATION PAGE MUST BE SIGNED, DATED AND RETURNED** to MCS with the requested materials, or indicating there are **NO** materials.
- Refer to **MCS# 47639-07** on all correspondence.

Please contact the MCS Representative below directly for assistance. Thank you in advance for your cooperation.

Sincerely,
AZZIE GILDER, MCS Representative
P: (862) 320-9182; E: AZZIE.GILDER@THEMCSGROUP.COM
 Custodian
FAX: (518) 828-8520 5188288520@fax.themcsgroup.com

MCS #: 47639-07
ME03

C0, S1



An affiliate of  ALBANY MED

71 Prospect Avenue, Hudson, NY 12534
[518] 828-7601

Date: 6/17/2021

Re: Johanna L. Leary DOB 7/14/1980

To whom it may concern:

Please be advised that I have examined the attached photocopies of medical records for the above-named patient for all Columbia Memorial Hospital records, for all dates of service you requested.

I Marissa Ball of Health Information Management am the custodian of the requested medical records and have been charged with the duty to maintain said records in the regular course of business. I hereby certify that the attached records are true, complete and authentic copies of the medical records, maintained by Columbia Memorial Hospital and its affiliates. Said records were made and maintained in the regular course of business of Columbia Memorial Hospital and it is in the regular course of business of the Columbia Memorial Hospital to keep said records. If, we can be of further assistance to you, please contact us at 518-828-8513

Sincerely,

A handwritten signature in black ink, appearing to read "M Ball", written over a horizontal line.

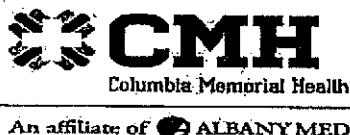
Marissa Ball

Medical Records Clerk/Legal Correspondence

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71 Prospect Avenue Hudson, NY 12534 (518) 828-7601		OUTPATIENT SERVICES RECORD www.columbiamemorialhealth.org	
Service Date/Time: 04/08/21		Medical Record Number: M485431	
Acct# H042058503	Type + SCH SDC	Clerk	Location SDC
Fin Class MD	Service	Primary Care Physician	
		Attending Physician GORCZYNSKI, CHRISTOPHER MD	
Name: LEARY, JOHANNA Addr: 233 WURTEMBERG ROAD RHINEBECK, NY 12572 Temp Address:		Phone: (845) 235-0415 (845) 876-6712 SS: XXX-XX-0633	
		Sex: F	DOB: 07/14/80 Age: 40
		Mar Stat: M	BirthPlace:
		Race: WH	Ethnicity: UNKNOWN
		Religion: NO	County:
Employer: OWENS CORNING FIBER X X, NY 0000000		Occupation: X	
		Ph: (000) 000-0000	
Notify in Emergency LEARY, DAVID		SPO	Home Ph: (845) 656-7903
		Work Ph:	
Next of Kin LEARY, DAVID		SPO	
Guarantor Name: LEARY, JOHANNA Addr: 233 WURTEMBERG ROAD RHINEBECK, NY 12572		SELF/SAME AS PATIENT Ph: (845) 235-0415 SS: XXX-XX-0633	
Guar Employer OWENS CORNING FIBER X X		NY 0000000 X	
Insurance	Subscriber/Policy Holder	Rel.	Policy Number
1. MVP ESSENTIAL	LEARY, JOHANNA	S	82131038000
2.			
3.			
Visit Reason: LT SHOULDER LABRAL TEAR/BANKHART LESION			
PHYSICIAN'S NOTES			
PHYSICAL FINDINGS:			
MEDICATION GIVEN:			
TREATMENT/OPERATION PERFORMED/ANESTHESIA			
FINAL DIAGNOSIS:			
Signed if Applicable		Signed if Applicable	
R.N.		M.D.	
PRGSUPW02.1			

LEARY, Johanna DOB: 07/14/1980 (40 yo F) Acc No. 234550 DOS: 04/07/2021



Leary, Johanna

40 Y old Female, DOB: 07/14/1980

Account Number: 234550

233 Wurtemberg Road, RHINEBECK, NY-12572

Home: 845-235-0415

Guarantor: Leary, Johanna Insurance: MVP Essential

PCP: Sharagin Kemp

Appointment Facility: Columbia Memorial Bone and Joint Catskill

04/07/2021

Progress Note: Christopher T. Gorczynski, MD

Current Medications

Taking

- Paxil 20 MG Tablet 1 tablet in the morning Orally Once a day
- Wellbutrin XL 300 MG Tablet Extended Release 24 Hour 1 tablet in the morning Orally Once a day
- Avapro 75 MG Tablet 2 tablets Orally Once a day
- Xanax 0.5 MG Tablet 1 tablet Orally Twice a day as needed
- Levothyroxine Sodium 50 MCG Tablet 1 tablet in the morning on an empty stomach Orally Once a day
- Aspirin 81 MG Tablet Delayed Release 1 tablet Orally Once a day
- Rosuvastatin Calcium 10 MG Tablet 1 tablet Orally Once a day
- Medication List reviewed and reconciled with the patient

Past Medical History

Skin cancer.
Hypertension.
Pneumonia.
Hypothyroid.
Covid 19- 3/2020.
Stroke, due to covid 19.

Surgical History

tonsilection and adnoidectomy
left ACL
right Acl
2 c-sections with tubal ligation
breast reducton
tummy tuck
uterine ablation and DNC
left elbow, 11/2020

Family History

Father: alive
Mother: alive

Social History

Reason for Appointment

1. Preop left Shoulder surgery

History of Present Illness

Ortho HPI:

Date of Injury/Symptom Duration: 6/6/20

Patient states she was closing her car door and someone was pulling it back open injured left shoulder.

Patient has been seeing Rhinbeck ortho her for a second opinion; she has had xrays, Mri shoulder and is awaiting auth for Mri c-spine..

Location of pain: left shoulder.

Radiation of pain: to the neck, down the arm.

Severity: moderate.

Alleviating factors: motrin,, narcotics, ice, heat.

Aggravating factors: any movement.

Mechanical Symptoms: popping.

Neurologic Symptoms: tingling in hand.

Past Treatment: Rhinbeck ortho,xrays, Mri, , ice, heat, motrin.

Hand Dominance: right.

PMD: Dr Kemp.

Referred by: self.

2/12/21 Patient presents for surgical discussion left shoulder.

Pain varies: Patient states she still continues with pain at times upon certain positions. Patient states she had nerve transposition surgery on her left elbow 11/10/ 2020 and she also had a nerve block in her neck on 11/24/20

4/7/21 Patient presents for pre op of left shoulder. Pain Varies. Patient offers no new complaints.

Vital Signs

Wt 240 lbs, Wt-kg 108.86 kg, Weight Change 1 lb, Ht 67, Ht-cm 170.18 cm, BMI 37.59, Temp 97.2, BP 112/62, Pain scale 5, Nurse Initials nw.

Examination

Physical Examination:

GENERAL APPEARANCE: Appears healthy and well developed.

LEARY, Johanna DOB: 07/14/1980 (40 yo F) Acc No. 234550 DOS: 04/07/2021

former smoker
works in billing and reception.

Allergies
seasonal

No signs of acute distress are present. Able to speak in complete sentences without shortness of breath.

HEENT: unremarkable, normocephalic.

NEUROLOGIC EXAM: non-focal exam.

SKIN normal, no rash.

EXTREMITIES: Peripheral circulation is grossly normal.

Capillary refill is brisk. Extremities are warm..

PSYCH affect normal, cooperative with exam.

Cervical Spine:

INSPECTION: normal contour.

RANGE OF MOTION: full range of motion, no radiating pain with range of motion..

Shoulders:

Examination Left: active FE to 165 degrees, positive anterior apprehension she guards due to feeling of instability, posterior apprehension negative, ER strength 5/5, abduction strength 5/5 without pain, FE strength 5/5 without pain, subscapularis strength 5/5, Hawkins' test negative.

Elbows:

Inspection no deformity.

Range of Motion unrestricted .

Wrists:

Inspection No deformity.

Range of Motion unrestricted .

Hands:

Inspection no deformity.

Range of Motion unrestricted.

ortho ctg CV:

heart regular rate and rhythm, no murmur detected.

lungs clear to auscultation bilaterally.

abdomen soft, nontender.

Assessments

1. Closed dislocation of left shoulder, subsequent encounter - S43.005D (Primary)
2. Tear of left glenoid labrum, subsequent encounter - S43.432D
3. Body mass index (BMI) 36.0-36.9, adult - Z68.36
4. Preop examination - Z01.818

Patient had COVID 1 year ago, she had left sided stroke but has no long term deficits in terms of weakness and function. Only reason the stroke was found was secondary to a migraine she had. She may resume her ASA post op. She did see her cardiologist pre-op and said she was ok to proceed with surgery, they are faxing note to our office today. KBT.

Treatment

1. Preop examination

Start Dilaudid Tablet, 2 MG, 1-2 tablets, Orally, every 4-6 hours prn pain MDD: 6, 7 days, 42, Refills 0

Start Senna Tablet, 8.6 MG, 2 tablets at bedtime as needed, Orally, Once a day, 30 day(s), 60, Refills 1

LEARY, Johanna DOB: 07/14/1980 (40 yo F) Acc No. 234550 DOS: 04/07/2021

Start Ondansetron HCl Tablet, 8 MG, 1 tablet as needed, Orally, TID
prn nausea, 3 days, 9, Refills 0

2. Others

Notes: At this point the patient feels that they failed non-operative treatment. We discussed additional options including doing nothing and other conservative options. Patient would like to proceed with surgery. Risks of surgery were discussed with the patient. I explained that surgery does not guarantee complete relief of symptoms. I explained risks include, but are not limited to: infection, injury to nerves or blood vessels, continued pain, stiffness, blood clot and the possible need for additional procedures. All questions were answered and informed consent was obtained..

Follow Up

post-op

The named appointment provider may or may not be the originator of this progress note, and it is not deemed complete until electronically signed by the appointment provider.

Sign off status: Pending

Electronically Signed by
GORCZYNSKI, CHRISTOPHER MD on
04/21/21 at 0828

Columbia Memorial Bone and Joint Catskill
159 Jefferson Heights
Suite D 108
Catskill, NY 12414
Tel: 518-943-1048
Fax: 518-943-7979

Progress Note: Christopher T. Gorczynski, MD 04/07/2021

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

COLUMBIA MEMORIAL HOSPITAL OPERATIVE REPORT

PATIENT NAME: Leary, Johanna DOB 7/14/1980
MEDICAL RECORD NUMBER: 485431

SURGEON: Christopher Gorczynski, MD

SURGERY DATE: 4/8/21

DIAGNOSIS: anterior labral tear left shoulder with subacromial bursitis and low-grade articular rotator cuff tear

PROCEDURE: left shoulder arthroscopy with anterior labral repair, subacromial decompression

ASSISTANT(S): Rhymann, PA

ANESTHESIA: GA

COMPLICATIONS: none

Indications:

Patient has recurrent shoulder instability unresponsive to nonoperative treatment. We discussed management options including further nonoperative versus surgical treatment. The patient ultimately chose to proceed surgically. I explained in great detail the procedure, rehabilitation, and long-term expectations. I explained that this operation does not guarantee shoulder stability or complete absence of pain. We discussed the likely need for appropriate rehabilitation postoperatively. We discussed risks of surgery which include but are not limited to infection, neurovascular injury, continued pain, stiffness, recurrent instability, possible need for additional future surgery. All questions were answered and informed consent was obtained.

Procedure:

After induction of anesthesia and infusion of IV antibiotics, a confirmatory timeout was performed verifying the patient's name, laterality, and procedure. At this point the shoulder was examined while the patient was supine. There was an unrestricted range of motion in all planes and grade 3 anterior load and shift. At this point the patient was placed into the lateral decubitus position, and all bony prominences were well padded. The operative arm was hung in a balanced suspension device, and the shoulder was prepped and draped in the usual sterile fashion.

The arthroscope was initially introduced into the glenohumeral joint through a standard posterior portal. A working portal was created in the anterior aspect of the shoulder through the rotator interval and was used in the inspection of the glenohumeral joint.

COLUMBIA MEMORIAL HOSPITAL - OPERATIVE REPORT

PATIENT NAME: Leary, Johanna DOB 7/14/1980
MEDICAL RECORD NUMBER: 485431

FINDINGS and PROCEDURES:

	Finding	Treatment
Glenohumeral Joint		
Articular Humerus	pristine with exception of a shallow Hill Sachs lesion posterior-superiorly involving only cartilage loss.	
Articular Glenoid	intact	
Subscapularis Tendon	intact	
Loose bodies	absent	
Anterior Labrum	Bankart lesion	Capsule-labral repair
Posterior Labrum	intact	
Superior Labrum	intact	
Biceps Tendon	intact	
Rotator Cuff undersurface	Low grade partial tear (<10%)	Debrided and marked with PDS for localization in subacromial space

The labral repair was performed in the following fashion: An arthroscopic elevator was used to completely free the capsulolabral tissues from the anterior and inferior glenoid neck. A rasp was then used on both surfaces to help induce a healing response. 4 knotless suturetac anchors loaded with #2 fiberwire were then sequentially placed on the anterior rim of the glenoid, sutures shuttled, and tensioned in standard fashion. Shuttling was from slightly inferior and lateral creating a superior and medial capsular shift, augmenting the labral tissues when sutures were tied. Anchors were placed evenly spaced from inferior to superior beginning at the 6-o'clock position when viewing the glenoid as a clock face. Inferior-most anchors were placed using a trans-subscapularis tendon percutaneous drill guide. Once all sutures had been tensioned, improved capsular tension had been restored and a capsulolabral bump had been restored along the glenoid rim. Final pictures were taken documenting the repair. The scope was then placed in the subacromial space and accessory portals made laterally. There was abundant bursitis within the subacromial space which was removed using a motorized shaver and a radiofrequency probe. The PDS suture was localized and a probe was used to stress the rotator cuff throughout. There was no evidence of rotator cuff deficiency or high-grade tearing. There was apparent fatty infiltration within the rotator cuff tendon diffusely consistent with rotator cuff tendinosis. There was no evidence of significant acromial impingement.

Closure was with 4-0 vicryl on the subcutaneous tissue, Mastisol and Steri-Strips on the skin. Sterile dressings were applied. The patient was placed into a shoulder sling. The patient was then awakened from anesthesia and transferred to recovery room in stable condition.

COLUMBIA MEMORIAL HOSPITAL OPERATIVE REPORT

PATIENT NAME: Leary, Johanna DOB 7/14/1980
MEDICAL RECORD NUMBER: 485431

Postoperative instructions include range of motion restrictions for 6 weeks: forward elevation 90 degrees, external rotation 30 degrees, internal rotation to chest wall. No combined motions during this time.

Christopher Gorczynski, M.D.

Electronically Signed by
GORCZYNSKI, CHRISTOPHER MD on
04/21/21 at 0828

Surgical Case Record

Patient: M485431 LEARY JOHANNA Date of Birth: 07/14/80
 Account No: H042058503 Age: 40
 Physician: GORCC-GORCZYNSKI CHRISTOPHER MD Sex: F
 Specialty: SUR-SURGERY Room-Bed/T Loc:
 O.R.: OR4 OPERATING ROOM 4 Oper Date: 04/08/21
 Case Close/ Columbia Memorial Hospital
 Transmitted: 04/12/21 1455 ISLSA ANGELL,LUKE Run Date: 04/12/21
 Run Time: 1456

ASU PREOP TIMES

— ASU PREOP AREA — TIME DATE —
 ASU TIME IN: 0930 04/08/21
 ASU TIME OUT: 1132 04/08/21

Filed by KIMBERLY SMITH, RN on 04/08/21 at 1132

ASU PREOP TRANSFER DATA

STAFF IN OUT DATE
 ASU Pre-Op:
 JENNIFER CHRISTMAN
 LORI COLLINS
 PATIENT DESTINATION: HOLD PREOP HOLDING AREA
 TRANSPORT METHOD: S STRETCHER

Filed by KIMBERLY SMITH, RN on 04/08/21 at 1132

ASU PREOP NOTES

04/08/21 0930 CHRISTMAN,JENNIFER
 Pt arrived to floor ambulatory in satisfactory condition with husband
 who will return at d/c. COVID test results from 04/05/21 on chart.

Filed by JENNIFER CHRISTMAN, RN on 04/08/21 at 0958

Surgical Case Record

Patient: M485431 LEARY, JOHANNA Date of Birth: 07/14/80
 Account No: H042058503 Age: 40
 Physician: GORCC-GORCZYNSKI, CHRISTOPHER MD Sex: F
 Specialty: SUR-SURGERY Room-Bed/T Loc:
 O.R.: OR4-OPERATING ROOM 4 Oper Date: 04/08/21
 Columbia Memorial Hospital
 Case Close/ Run Date: 04/12/21
 Transmitted: 04/12/21 1455 ISLSA ANGELL, LUKE Run Time: 1456

ASU PREOP SCREENS

Actual time: 0945 PRE-PROCEDURE CHECKLIST
 Procedure: LEFT SHOULDER BANKHART REPAIR, ARTHROSCOPY

Patient identified by two identifiers: Y Band on if indicated: Patient ID

CBC: NA Date: HCT: HGB:
 Chemistry: NA Date: K+:
 PT, INR, PTT: NA Date: PT: INR: PTT:
 EKG (Read): NA Date:
 CXR (Read): NA Date:
 Urine Labs: NA Date: Urinalysis: C&S:
 Preg test completed: Date: Preg results: LMP:
 Type/screen: NA Type/cross: (within 72hr) NA Date:
 Blood Prod. Available: NA Date: # Units Available:
 H and P updated, completed, and available: Y Date: 04/07/21
 Procedure consent complete, dated, timed, signed and available: Y Date: 04/07/21
 Anesthesia consent complete, dated, timed, signed and available: N Date:
 Blood consent complete, dated, timed, signed, and available: NA Date:
 Clearances: NA Cardiac: Medical:
 Advanced Directives in Chart: N Date: Where: See next page

PATIENT PREPARATION

NPO since midnight: Y
 Last solids - Date: Time:
 Last liquids - Date: Time:
 Voided: Y Time last voided: 0940
 Glasses/Contacts/Jewelry removed: N Comment: TAPE ON RING RIGHT HAND
 Makeup/Rings/Nail Polish removed: N Comment: TAPE ON RING RIGHT HAND
 Undergarments removed: N Comment:
 Dentures/Oral Prosthetics removed: NA Comment:
 Hearing Aides removed: NA Comment:
 TED/Flowtron Stockings on: NA
 Does Pt. have total knee, hip: N Comment:
 Does Pt. have any implants: N Implants:
 Pre-Op nebulizer treatment: NA

Transportation available at discharge: Y

Name: DAVID-HUSBAND

Waiting: Y Phone: 845-656-9703

SAFETY CHECKS

Siderails up: Y Monitors checked/alarms on: N Up in chair: N
 Wheels locked: Y Call light within reach: Y

See next page

SYSTEM REVIEW

Blood Pressure: 137/94 Blood Pressure: (If needed)
 Location: Right Arm Location:
 Position: Supine Position:
 Temperature: 97.7
 Pulse: 68
 Respirations: 16
 O2 Sat: 97
 O2 Therapy: N Equipment:
 Frequency: L/O2:

Pain: Y Acute Chronic Y Location LEFT SHOULDER DOWN ARM