



*West-Care Joint, Hand, and Spine Clinic*

197 Ridgedale Avenue, Suite 300  
Cedar Knolls, NJ 07927  
Phone: 973-538-2334

claim #2

① Shoulder

### Office Visit Summary

Exam Date: 4/10/24 Date of Injury: 03/12/2024 Physician: DAVID KLEIN, MD

Patient: JAMES VITOLLO

Carrier: D&H

Clm#: IWC087340

Adjustor: CAROLINA SHELL

Phone: 973-940-1851 Ext: 239

Email: CSHELL@RISKSOLUTIONS.COM

Fax: 973-940-1852

Case Mgr/Other:

Phone:

Ext:

Email:

Fax:

Diagnosis: ① Shoulder cuff tear

ICD-10:

Causality: (first visit only) Yes \_\_\_\_\_ No \_\_\_\_\_

### Work Status

Unable to work effective: \_\_\_\_\_ Return to work full duty effective: \_\_\_\_\_

Return to work with modifications: 04/10/24

Restrictions include: ☒ No Climbing ☐ No Kneeling ☐ No Squatting ☒ No Overhead lifting

Maximum lift and push/pull of \_\_\_\_\_ lbs with affected extremity

NWB TTWB PWB FWB No use of: \_\_\_\_\_ Other: \_\_\_\_\_

Able to drive at work: Yes \_\_\_\_\_ No \_\_\_\_\_ Estimated MMI: \_\_\_\_\_

Able to drive outside of work: Y/N \_\_\_\_\_

### Treatment Plan

Physical Therapy: 2-3 x/wk 3-4 wk ☐ MRI/MRI Arthrogram ☐ CT Scan

☐ Injection ☐ EMG/NCS ☐ Brace ☐ Splint ☐ CAM Walker

☐ HEP/Therabands ☐ Consults \_\_\_\_\_

☐ Other \_\_\_\_\_

### Medications

Narcotic prescribed: \_\_\_\_\_ Start Date: \_\_\_\_\_

Pain Score prior to narcotic initiation: (0-10) \_\_\_\_\_ Pain Score after Narcotic initiation (0-10) \_\_\_\_\_

Referral to pain management: \_\_\_\_\_

Follow up appointment: 4 weeks @ 1:45 AM (PM) MMI: ☐ Yes ☒ No

TCO Case Manager: 5/08/24 Ext: \_\_\_\_\_

Orthopedic Surgeon

*World-Class Team. Hometown Choice.*

PO BOX 1446, Morristown, NJ 07962-1446 Main: 973-538-2334 Billing: 973-538-0329

☐ 197 Ridgedale Ave, 3rd floor  
Cedar Knolls, NJ 07927  
Fax: 973-267-6882 (Sport)  
Fax 973-538-4081 (Joint)

☐ 1590 Route 206  
Bedminster, NJ 07921  
Fax:908-234-2022

☐ 109 US Highway 46 East  
Denville, NJ 07834  
Fax: 973-625-1594

☐ 757 Route 15  
Lake Hopatcong, NJ 07849

## PHYSICAL THERAPY ORDER

Date: **04/10/2024**

Patient: **James M Vitollo**  
148 Mountainview Road  
Warren, NJ 07059  
(908) 580-1246

DOB: 11/01/1980 43 year

Gender: Male

Primary

Secondary

Insurance: WC-D&H Alternative Risk Solutions  
Insurance ID#: IWC087340  
Subscriber: Workers Compensation

Ordering Provider: **David S. Klein D.O.**  
NPI #: 1598006926

Therapy Ordered: **Left Shoulder**

Diagnosis: S46.012A - Strain of musc/tend the rotator cuff of left shoulder, init

Note/Instructions: WBAT  
Proprioception  
PROM- Full  
AROM- Full  
Modalities- At therapist's discretion  
Strengthening  
Core  
Scapular stabilizers  
Deltoid  
Rotator Cuff  
Arm  
Flexibility- Gentle  
2-3 x week x 12 sessions

Signature:

David S. Klein D.O.



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(973) 538-2334

Apr 10, 2024

Patient Name: James M Vitollo

The above named patient has been under my care for an orthopedic problem/pain management.

☒ Had an appointment/procedure

04/10/2024

Date

☒ Work guidelines:

☒ Modified/Light Duty as of 04/10/2024 with the following Limitations:

NO overhead lifting / no climbing

If there are any questions, please feel free to contact our office.

A handwritten signature in black ink, appearing to be "D. Klein", is written over a horizontal line.

Physician Name: David S. Klein D.O.