

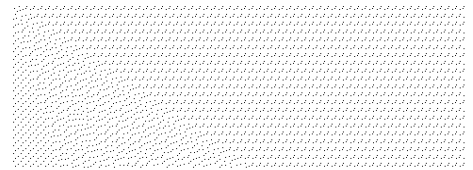
Company Name

Address Line 1

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Tel: **Fax:**

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To:

From:

Subject: **Knee F/U Exam**

Message:

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EDISON-METUCHEN ORTHOPAEDIC GROUP

10 Parsonage Road, Suite 500, 5th Floor • Edison, NJ 08837 • Ph(732) 494-6226 • Fax (732)494-8762

Matthew Garfinkel, M.D.

Nilesh Patel, M.D.

Manisha Chahal, M.D.

Franklin Chen, M.D.

Todd Ryan, D.O.

Gloria Liu, APRN, BC.

Mohnish Ramani, M.D.

David M. Idank, D.O.

Patient : Stephen Morillo

Account No:119604

DOB: 9/1/1959

Appointment : 12/14/2023

Examining Doctor: Matthew J. Garfinkel, M.D.

WC Carrier: Dietz And Hammer

Fax # : 1973-940-1852

WC Adjuster Name: Kristin Wilkinson

WC Claim No: PJWC079016

Date of Injury:3/4/2022

Chief Complaint A 64 year old right handed male who is a sanitation driver presents today for a Need For Treatment evaluation of his left knee.

History of Present Illness

Since the last visit his left knee is again not improved. The steroid injection given on 11/16/2023 helped only partially and only for 1 week. His left knee still has pain at the medial joint line, lateral joint line and patellofemoral area, which is worse with arising, stairs and bending. He now notices mild swelling. He still has clicking which is still bothersome to him.

Medical History

Current Medications: Benicar 20 mg tablet, Losartan, Losartan

Medical History: Hypertension (I10)

Medication and Allergic Reactions: No known allergies

Surgical History: None Stated.

Family History: Sibling(s): Heart Disease.

Personal and Social History: The claimant indicates he never used tobacco. The claimant currently does not consume alcohol. He does not use illegal substances. He does not have a substance abuse problem. He is divorced. He is currently working.

Review of Systems

Constitutional: Claimant denies any fever or weight loss.

Respiratory: Claimant denies coughing or wheezing.

Cardiac: high blood pressure.

Vital Signs: Height: 5 ft 9.00 in, Weight: 180 lbs

General Exam:

Constitutional: Patient is adequately groomed with no evidence of malnutrition.

Skin: There are no rashes, ulcerations or lesions in the regions examined.

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Matthew J. Garfinkel, M.D.

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EMOG Office 5th Floor
10 Parsonage Road, Suite 500
Edison, NJ 08837

Claim No: PJWC079016

Patient Name: Morillo, Stephen

DOB: 9/1/1959

Appointment Date: 12/14/2023

Account Number: 119604

Examining Doctor: Matthew J. Garfinkel, M.D.

Mental Status: The patient is oriented to time, place and person. The patient's mood and affect are appropriate.

Lymphatic: The lymphatic examination bilaterally reveals all areas to be without enlargement or induration.

Vascular: Examination reveals no swelling or calf tenderness. Peripheral pulses are palpable and 2+.

Neurological: The patient has good coordination. There is no weakness or sensory deficit. Deep tendon reflexes are intact.

Left Knee Examination

Gait:

GAIT WAS SLIGHTLY ANTALGIC FAVORING THE LEFT KNEE.

Laxity:

No ligamentous laxity

Knee Inspection:

Examination of the knee had no alignment deformity.

There was no obvious swelling or effusion.

MILD QUADS ATROPHY.

MILD VMO ATROPHY.

Strength:

Quadriceps strength 5-/5

Knee Range of Motion:

Active range of motion was 0-135 degrees.

Passive range of motion was to 0-140 degrees vs 0-140 degrees on the RIGHT

Collateral Ligaments:

No collateral ligament tenderness

No varus instability at 0 and 30 degrees of flexion

No valgus instability at 0 and 30 degrees of flexion

Palpation:

POSITIVE MEDIAL JOINT LINE TENDERNESS.

MILDLY POSITIVE LATERAL JOINT LINE TENDERNESS.

NO PAIN WITH PRESSURE ON LOWER QUADRICEPS MUSCLE OR TENDON, NO MASSES OR DEFECT PALPABLE

Knee Special Tests:

POSITIVE STEINMAN.

MEDIAL JOINT LINE PAIN REPRODUCED WITH FLEXION AND VARUS MANEUVER.

LATERAL JOINT LINE PAIN REPRODUCED WITH FLEXION AND VALGUS MANEUVER.

POSITIVE MCMURRAY.

Anterior/Posterior Stability:

Lachman Test normal

Anterior Drawer Test normal

Posterior Drawer Test normal

Pivot Shift Test negative

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EMOG Office 5th Floor
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Claim No: PJWC079016

Patient Name: Morillo, Stephen

DOB: 9/1/1959

Appointment Date: 12/14/2023

Account Number: 119604

Examining Doctor: Matthew J. Garfinkel, M.D.

Patellofemoral:

PATELLOFEMORAL EXAMINATION WAS ABNORMAL. MILD PATELLOFEMORAL COMPRESSION PAIN WITH MILD CLICKING AND NO CREPITUS WITH ROM.

Negative lateral patellar maltracking.

Negative apprehension sign.

No lateral retinacular tightness.

Popliteal:

No popliteal masses

No popliteal pain with palpation

Lower Extremity Neurovascular:

Pulses-dorsalis pedis- 2+ and posterior tibial - 2+

The extremity was neurovascularly intact

Lower Extremity Reflexes:

Normal and symmetrical

Diagnostic Test Findings:

(My review of the 03/29/2022 MRI CD and report of the LEFT KNEE with the patient reveals: increased signal at the medial meniscus which is possibly a tear in my opinion, mild chondromalacia medial femoral condyle and trochlea, mild quadriceps tendinosis.)

Assessment and Plan:

Impression: M25.562 Pain in left knee, M23.8X2 Other internal derangements of left knee

Left knee internal derangement

Treatment Plan:

We went over treatment options including no treatment versus conservative treatment versus surgery and have agreed upon:

For the right knee Directly related to WRI on 3/4/2022

1. Anti-inflammatory medications PRN
2. Acetaminophen PRN
3. Physical therapy ordered again
4. HEP
5. Ice packs 3x's per day 15 minutes each time
6. Activity Modification: No running, jumping, kneeling, or squatting. No twisting, cutting, or sports. He realizes that these may aggravate his knee.
7. Patella stabilizing brace PRN.

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Claim No: PJWC079016

Patient Name: Morillo, Stephen

DOB: 9/1/1959

Appointment Date: 12/14/2023

Account Number: 119604

Examining Doctor: Matthew J. Garfinkel, M.D.

8. New MRI ordered.

9. Work status: Full duty- he agrees.

10. Follow up in 4 weeks with new MRI CD

MJG//ER

Patient seen by

Matthew J. Garfinkel, M.D.

Diplomate American Board of Orthopaedic Surgery

Fellowship Trained in Sports Medicine

Arthroscopic Surgery Specialist of the Knee and Shoulder

12/14/2023

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Matthew J. Garfinkel, M.D.

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Work Note

Date: 12/14/2023

Employee Name: **Stephen Morillo**

DOB: 9/1/1959

Account No: 119604

Diagnosis : Left knee internal derangement

Work Status

☐ Cannot work

☐ Return to work immediately

☐ Released from office

☒ Full Duty on

☐ Return to work with modified duties

☐ Modified duties effective until return visit on

☐ These restrictions are permanent

☐ Do not return to work until:

Work Restrictions

Upper Extremity ☐ Right ☐ Left

☐ No use of affected extremity

☐ No firm gripping

☐ Must wear int/sling/cast

☐ No awkward wrist position

☐ No lifting over lbs.

☐ No repetitive motion

☐ No vibratory tools

☐ No overhead work (above shoulder)

☐ No commercial driving

Other Appropriate Duties / Comments

Lower Extremity ☐ Right ☐ Left

☐ Seated work only/mainly

☐ No squatting / kneeling / twisting

☐ No climbing stairs/ladders

☐ No prolonged standing or walking

☐ Work with brace/cast

☐ No lifting over lbs.

☐ Elevate when possible / continuous

☐ Crutches/cane/walker

☐ No twisting, pushing, pulling

If modified duties are stated above and they cannot be accommodated, consider Stephen Morillo to be off work.

Special Instructions

Return to my office on 01/11/24 12:45pm or in 4 weeks



Patient Seen by: Matthew J. Garfinkel, M.D.

Stephen Morillo

12/14/2023

EDISON METUCHEN ORTHOPAEDIC GROUP
EXECUTIVE PLAZA
10 PARSONAGE ROAD, SUITE 500, 5th FLOOR
EDISON, NEW JERSEY 08837
TEL: 732-494-6226 FAX: 732-4948762

Physical Therapy for the [LEFT] Knee

DX: Left knee internal derangement

Modals/ROM/HEP/Strength
No Kneeling, Squats, or Stairmaster

3 x's a week/ 4 weeks

A handwritten signature in black ink, reading "Matthew J. Garfinkel, M.D." in a cursive script.

Patient Seen by: Matthew J. Garfinkel, M.D.

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MRI Imaging Request Form

Please contact our office if you have not heard from our office or the Facility in 5 business days.

All Insurance: We need the name & location of MRI facility to proceed with authorization.

If you do not know the facility before you leave our office, please call us back at 732-839-1942. If you have a worker's compensation claim, please call 732-839-1936 for status on authorization.

Account 119604 Cell phone : (732)585-7876 Date: 12/14/2023
Name: Stephen Morillo Home Phone: Weight 180lbs
DOB: 9/1/1959 Work Phone: (732)925-7699 Sex: male

Address: 235 Sherman Street Apt 01 Perth Amboy NJ 08861

| | | |
|---|----------------|----------|
| Insurance Dietz And Hammer | ID# PJWC079016 | Group ID |
| Insurance Address : Po Box 68 Newton NJ 07860 | | |

Reason for test: Knee Pain

Diagnosis:

M25.562 Pain in left knee, M23.8X2 Other internal derangements of left knee

Referring Physician: Dr. Matthew Garfinkel

Precautions / Special Instructions:

Test Requested:

MRI of the left knee without contrast

Please fax report to Edison-Metuchen Orthopaedic Group at (732) 494-8762. Phone (732) 494-6226.



Patient Seen by: Matthew J. Garfinkel, M.D.