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Subject: **Wrist F/U Exam**

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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 : Sean Sutton

Account No:92000

DOB: 7/6/1971

Appointment : 1/31/2023

Examining Doctor: Franklin Chen, M.D.

WC Carrier: Dietz And Hammer

Fax # : 973-940-1852

WC Adjuster Name: Carolina Shell

WC Claim No: PLB072951

Date of Injury:9/23/2020

Chief Complaint The patient is a 51 year old male who presents to the office for a follow up evaluation of the right wrist and hand.

History of Present Illness

The patient is a 51 year old male present to the office for a follow up evaluation of the right wrist and thumb. Since the last visit the patient reports his symptoms are unchanged.

He still to complain of constant, aching and burning. He continues to have clicking, popping and tingling. His pain radiate to his right thumb. The symptoms are aggravated with twisting, lying in bed, gripping, driving, and lifting. He reports increased pain at night. The symptoms causes the claimant to wake from sleep every night due to right hand tingling sensation to all digits. He rates his pain 10/10. He takes Tylenol ES as needed.

*He is s/p right DeQuervain's release and intersection release by Dr. Isaac. Following surgery, he had several weeks of therapy. He was last seen by Dr. Isaac on 11/16/2022 and placed at MMI.

Occupation: Director of B and G | Employer: Plainfield Public School; He is currently working full duty at the same capacity.

Medical History

Current Medications: quanipril

Medical History: Hypertension (I10)

Medication and Allergic Reactions: seafood, Penicillin

Surgical History: Right DeQuervain's Release and Intersection Release.

Family History: Mother: Cancer.

Personal and Social History: The claimant indicates he never used tobacco.

The claimant consumes alcohol socially.

He does not use illegal substances.

He does not have a substance abuse problem.

He is married.

The claimant reports no hobbies.

Claim No: PLB072951
Patient Name: Sutton, Sean
DOB: 7/6/1971
Appointment Date: 1/31/2023
Account Number: 92000
Examining Doctor: Franklin Chen, M.D.

Review of Systems

Constitutional: Patient denies any fever or weight loss.

Respiratory: Patient denies coughing or wheezing.

Cardiac: Patient denies any chest pain or shortness of breath.

Vital Signs: Height: 5ft 6.00in, Weight: 200lbs

Right Wrist Examination

Inspection: Well healed longitudinal surgical scar about the 1st dorsal compartment and distal dorsal forearm. There is swelling over the FCR tendon sheath.

Palpation: Palpation of the wrist reveals tenderness over FCR tendon sheath.

Non tender at ulnocarpal joint.

No clicking or crepitance at intersection site.

No clicking at 1st dorsal compartment.

No palpable cyst.

Range of Motion: Wrist ROM is within normal limits throughout.

Strength: Wrist strength testing 5/5 in all muscle groups tested.

Sensation: Sensations are normal in all areas tested.

Neurovascularly intact.

Reflexes:

Special Tests: Carpal tunnel compression test - Negative.

Finkelstein's test - Positive

Gait:

Other Tests Provocative examination of the wrist is negative for carpal instability.

Additional Comments:

Diagnostic Test Findings:

MRI of the Right Wrist done on 10/22/2020 impression:

No evidence of scaphoid fracture. Small wrist effusion. Mild dorsal sprain. Mild extensor carpi ulnaris tendinosis with trace fluid in the tendon sheath.

MRI of the Right Wrist done on 12/17/2021 revealed (films and reports were reviewed):

Tendinosis and partial subluxation of extensor carpi ulnaris partially subluxed on the ulnar styloid without change. The scapholunate ligament is intact.

MRI of the right wrist dated 12/30/2022 reveals: No evidence FCR tendonitis.

Tenosynovitis of the first dorsal extensor compartment with mild tendinosis noted. Findings can be seen with de

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Quervain's.

Mild tenosynovitis of the second dorsal extensor compartment.

Sprain of the volar band of the scapholunate ligament. No tear.

Acute sprain of the dorsal and volar extrinsic radiocarpal ligaments with pericapsular edema.

Small radiocarpal effusion. Slitlike volar radial sided ganglion cyst measuring 6 mm tapering to the radiocarpal joint.

Diffuse dorsal and radial sided soft tissue swelling and subcutaneous edema.

Focus of cystic change along the volar aspect of the base of the scaphoid.

Small contusion in the radial styloid.

Office Procedures:

Injection of cortisone (Betamethasone 6 mg) with a local anesthetic agent. I explained that a steroid and local anesthetic injection usually decreases pain and inflammation. I explained the possible complications including but not limited to infection, discoloration of skin atrophy. The patient accepts these risks. The patient tolerated the procedure well, and there were no complications. The patient was told to ice the area today, and to repeat the application of ice if there is any discomfort over the next several days. The patient will contact the office if at any time there are questions or concerns regarding the injection. The injection is medically necessary in the proper care of this patient. Today under aseptic conditions, I gave the patient cortisone injection to right wrist flexor tendon sheath. Corticosteroid used for injection was 1 cc Betamethasone 6 mg and 1 cc 1% lidocaine.

Assessment and Plan:

Impression: M65.4 Radial styloid tenosynovitis [de Quervain], M65.831 Other synovitis and tenosynovitis, right forearm

- FCR tendinitis (despite negative MRI, there is clinical evidence of localized FCR sheath tenderness and swelling.

Treatment Plan:

Comprehensive discussion was made regarding the treatment options. After this discussion the following plan was agreed upon by the patient and me: Activity modification. HEP.

Based on the patient's history and examination, it is within medical probability that the current orthopaedic complaints are causally related to the patients work injury.

Work status: Full duty.

Expectations for improvement discussed with patient. Physical/Occupational therapy orders were given for evaluation/treatment of the patient's current condition. This is medically necessary in the proper care of this patient. Patient to return in 2 weeks for follow up.

Patient seen by

Franklin Chen, M.D.

1/31/2023

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Therapy Referral Form**Patient Information**

Name: Sean Sutton

DOB : 7/6/1971

Chart No. 92000

Home Phone: (908) 756-6580

Work Phone:

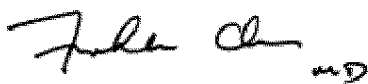
Date: 1/31/2023

Weight: Weight 200lbs Sex: male

Mobile : (908) 400-4076

Diagnosis:M65.4 Radial styloid tenosynovitis [de Quervain], M65.831 Other synovitis and tenosynovitis, right forearm**Referring Physician:**Franklin Chen, M.D.**Frequency:** ☐ Once a week ☒ Twice a week ☐ Three times a week ☐ One time evaluation ☐ 2-3 times a week**Duration:** WEEKS ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 ☐ 6☒ **Evaluate and Treat** ☐ **Occupational Therapy** ☒ **Physical Therapy**☐ **Continue Current Therapy Program****Special Instruction:****Goals**☒ Decrease Swelling☒ Decrease Pain☒ Teach Home Exercise☒ Increase ROM☒ Increase Strength☐ Increase Stretch/Flexibility☒ Improve Function☐☒ Modalities☐ Flexor Tendon Repair Protocol☐ Other☒ ROM☐ Extensor Tendon Repair Protocol☒ Strengthening☒ Home Exercise Program

I certify that the above ordered is medically necessary for the patient's diagnosis.



Franklin Chen, M.D.