

Concentra Medical Centers (NJ)

16 Ethel Rd Edison, NJ 08817
Phone: (732) 248-0088 Fax: (732) 248-4408

Service Date: 07/07/2023**Referral Queue ID:** 480524485**Patient Referral****Patient Information:**

Patient:	Malave, Eliud	Home Phone:	(840) 333-8957
SSN:	XXX-XX-9743	Work Phone:	Ext:
Address:	262 Silzer st	DOI:	07/05/2023
	PERTH AMBOY, NJ 08861	DOB:	01/01/1982
		Cell Phone:	(840) 333-8957

Employer Contact:

Employer Location:	City of Perth Amboy-Police C	Contact:	Maria Rivera
Address:	260 High St	Role:	Additional Injury Contact
	Perth Amboy, NJ 08861445	Phone:	(732) 771-2508
Auth. by:		Ext.:	
		Fax:	

Program:**Billing Information:**

Carrier:	D&H Alternative Risk Solutions	Billing:	D&H Alternative Risk Solutions
Address:	PO Box 68	Address:	PO Box 68
	Newton, NJ 078600068		Newton, NJ 078600068
Phone:	(973) 940-1851	Claim #:	
Fax:	(908) 684-9911		
Notes:	Alt name, Dietz & Hammer		

****NOTE TO THE ABOVE FACILITY OR PHYSICIAN:**

Please send a copy of all reports on this patient to the payer and the center.

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Therapy Referral Information:

Referral Status: Pending Referral Dept

REFERRAL PRESCRIPTION

Provider Type:Physical Therapist

Requested

Total Treatments: 6

Treatments per Week: 3

Treatment Duration: 2 Weeks

Request Comments:

Auto Generated

Diagnosis

ICD9 Code	ICD10 Code	Description
913.9	S69.91XA	UNSP INJURY OF RIGHT WRIST, HAND AND FINGER(S), INIT ENCINTR-S69.91XA
E888.9	W19.XXXA	UNSPECIFIED FALL, INITIAL ENCOUNTER-W19.XXXA

Additional Notes

Auto Create - Physical Therapy Referral

Date: 07/07/2023

Referring Provider: Shanthy Reddy, MD



Number of Visits to Date:0

Authorized

Total Treatments:

Treatments per Week:

Treatment Duration:

Authorization Comments:

Auth Number:

Effective Date:

Expiration Date:

Units Authorized:

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Transcription

Patient: Malave, Eliud **Service ID # :** 486571123
Soc. Sec. #: XXXXX9743 **Referral Q ID:**
Date of Birth: 1/1/1982 **Age:** **Injury Date:** 7/5/2023 **Service Date:** 7/7/2023
Service Location: CMC - NNJ Edison Ethel Road **Employer:** City of Perth Amboy-Police Dept
Claim Number: **Dictated By:** Shanthi Reddy, MD
Diagnosis: S69.91XA UNSP INJURY OF RIGHT WRIST, HAND AND FINGER(S), INIT ENCINTR-S69.91XA

Notes:**Reason For Visit**

Chief Complaint: The patient presents today with Pt. complaining of throbbing pain in his RT hand and wrist, denies numbness or tingling. Self reported. Workers Compensation - Patient s Occupation: .
Work Status History: patient has been working modified duty.
Chaperone was offered: Patient declined the presence of a chaperone

Vitals**Vital Signs**

Recorded: 07Jul2023 09:50AM
Temperature: 97.9 F
Systolic: 110
Diastolic: 80
BP Cuff Size: Regular - Adult
Heart Rate: 68
Respiration: 16
O2 Saturation: 100

Medical History

No significant past medical history.

FAMILY HISTORY:

The patients family history has been obtained and carefully reviewed. It has been determined that the patients family history is noncontributory to the current injury.

Allergies

No Known Allergies

History of Present Illness**Musculoskeletal:**

Eliud Malave is returning for a recheck of injury(s):.
Wrist Pain: Symptoms are improving. The pain is located in the right wrist. The symptoms occur frequently. He describes his pain as aching in nature. The severity of the pain is mild. Associated symptoms include grip weakness, weakness of the hand, decreased range of motion, stiffness, swelling and tenderness, but no numbness in the hand. Exacerbating factors include use of the hand, direct pressure, gripping, lifting, repetitive use and wrist movement. Relieving factors include rest and

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Notes:

nonsteroidal anti-inflammatory drugs.

Hand/Finger Pain: The patient is right hand dominant. Symptoms are unchanged. The

symptom(s) occur(s) in the right dorsal hand and in the right ventral hand. The

symptom(s) occur constantly. He describes his pain as sharp, dull and aching in

nature. The severity of the pain is moderate. The symptom(s) radiate(s) to the right

forearm. Associated symptom(s) include stiffness, tenderness, swelling, difficulty

extending the finger, difficulty flexing the finger, decreased pinch strength, grip

weakness, decreased range of motion and wrist pain.

Exacerbating factors include direct pressure, gripping, joint motion, repetitive

activities, wrist movement and hand movement. Relieving factors include rest and

nonsteroidal anti-inflammatory drugs.

Patient is taking the medication(s) as prescribed and he is tolerating medication

well and reports no side effects.

Review of Systems

Constitutional: Reviewed and found to be negative, no fever and no chills.

Musculoskeletal: muscle pain.

Integumentary: redness and swelling.

Neurological: Reviewed and found to be negative, no headache, no dizziness, no

tingling and no numbness.

Physical Exam

Constitutional: in no acute distress.

Head/Face: Normocephalic and atraumatic.

Eyes: Extraocular movements intact.

ENT: Hearing is grossly normal.

Pulmonary: no increased work of breathing or signs of respiratory distress.

Cardiovascular: capillary refill was normal. Brachial pulses are normal.

Radial pulses are normal.

Right Forearm: Tenderness present. Distal 1/3 generalized tenderness.

Left Wrist: Appearance normal. No deformity. No tenderness. Full range of motion.

Strength normal.

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Notes:

Right Wrist: Wrist: Appears with ecchymosis and swelling. Ventral asp. Tenderness in the palmar aspect. Flexion: with pain. Extension: AROM 50 degrees with pain. Motor strength is normal on the left side. Flexion is 4.5/5 on the right side with pain. Extension is 4/5 on the right side with pain. Motor Tone is normal. Neurologic: Bilateral deep tendon reflexes are 2/4. Sensation is intact to light touch in all dermatomes. The muscles display no weakness. Vascular: The pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally. No symptoms of compartment syndrome: no out of proportion pain, no paresthesia, no pain with range of motion distal to the injury, no pallor or pulselessness, and no paralysis. Left Hand/Fingers: Appearance normal. No deformity. No tenderness. Full range of motion. Strength normal. Right Hand/Fingers: Hand/Fingers: Palmar Aspec Handt: Appearance: Mild ecchymosis. Mild swelling. Palpation: Moderate tenderness. Nails: Normal Additional findings: Patient presents with no signs of infection Additional findings: Skin appears not hot ROM / Motor Strength: Grip strength is decreased on the right. Grip strength is normal on the left. Motor tone: the muscle tone was normal. Neuro/Vascular Neurologic: Sensation is intact to light touch in all dermatomes tested. The muscles tested display no weakness. No muscle atrophy is present. Vascular: The pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally., No symptoms of compartment syndrome: no out of proportion pain, no paresthesia, no pain with range of motion distal to the injury, no pallor or pulselessness, and no paralysis. Inspection for skin lesions: ecchymosis and swelling palmar asp right hand and wrist.



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Notes:

Neurologic: Interosseous weakness present. normal mental status. upper and lower extremity reflexes symmetric bilaterally. sensation intact to light touch. Gait evaluation demonstrated a normal gait, full weight bearing, no ataxia, no shuffling.
Psychiatric: . Judgment and insight are normal. oriented to person, place, and time. speech is appropriate in content and delivery. Recent and remote memory is intact. mood and affect are appropriate.

Radiology Results

Final X-ray report was reviewed with the patient.

Functional Restoration and Status of Healing

Eliud Malave has significant difficulties with the physical requirements of his job.

ASSESSMENT

1. Injury of right wrist, hand, or finger (S69.91XA)
2. Fall (W19.XXXA)

Plan

1. Pain Relief Gel Tube 4oz (FOR HOME USE); Done: 07Jul2023

Perform: In Office; Due: 12Jul2023; Ordered; For: Fall; Ordered By: Reddy, Shanthi;

Dispensed : today for home use. The patient was instructed to use as directed to

alleviate one or more of the following conditions: reducti

2. Physical Therapy Referral Physical Therapy See Referral Comment!

Done:

07Jul2023

Ordered; For: Fall, Injury of right wrist, hand, or finger; Ordered By: Reddy,

Shanthi Performed: Due: 21Jul2023

Laterality 2 : Right

Body Part 2 : Hand

Laterality 1 : Right

Body Part 1 : Wrist

PT Necessary : PT is medically necessary to address objective impairment/functional

loss and to expedite return to full activity



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Notes:

Frequency : 3 x week
Duration : 2 weeks
Therapy Order : Evaluate and Treat

ALL THE PATIENT S MEDICATIONS FOR THIS ENCOUNTER WERE DISPENSED IN THE CENTER.

Discussion/Summary

Pt states his right wrist is improving but his hand is unchanged swelling + tenderness ++
flexion and ext of wrist and grip in hand is limited
meds helping
PT referral given as pt has significant limitations in movements / Home exercises
discussed with pt
LD
F/U 1wk
Anticipate FD next visit - discussed with pt
Chaperone was declined

A comprehensive discussion was held with the patient to review the diagnosis and overall treatment plan and objectives. The patient verbally acknowledged their understanding of all items discussed, and was afforded an opportunity to get clarification and/or ask additional questions regarding the proposed treatment(s).
Patient was instructed to keep their scheduled appointments for follow-up and/or return to Concentra.

Activity Status and Restrictions
Treatment Status:



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Notes:

Returning for follow-up: 1wk
Continue medications as directed.
Activity Status
Return to modified work/activity today.
Restrictions: KEY - Occasionally = up to 3 hrs/day, Frequently = up to 6
hrs/day,
Constantly = up to 8 hours or greater per day
Unable to use power/impact/vibratory tool with right upper extremity.
May not grip/squeeze/pinch with right upper extremity
No use of right upper extremity

Signatures

Electronically signed by : Shanthi Reddy, M.D.; Jul 7 2023 10:20AM EST -
Author



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