

**HUMG ORTHOPAEDIC SURGERY**

360 ESSEX ST  
SUITE 203  
HACKENSACK NJ 07601-8550  
Phone #: 551-996-8867  
Fax #: 551-996-8873

NJIN  
Hackensack.

Order Priority:

Collection Date/Time: /

<b>Client / Ordering Site Information:</b>	<b>Physician Information:</b>
Account Name:	Ordering: Kissin, Yair
Address 1:	Degree: MD
Address 2:	NPI: 1619182276
City, State Zip:	UPIN: Not on file
Phone:	Physician ID: 1619182276

<b>Patient Information:</b>	
Name: GARY, ANTONIO	Date of Birth: 3/14/1965 (58 years)
Legal Sex: Male	Phone: 973-699-1311
SSN: xxx-xx-xxxx	Address: 33 PLEASANT WAY
Patient ID: 100010099	MONTCLAIR NJ 07042

<b>Responsible Party / Guarantor Information:</b>	
Name: GARY, ANTONIO	
Address: 33 PLEASANT WAY	
City, State Zip: MONTCLAIR, NJ 07042	
Phone: 973-699-1311	
Relation to Pt: Self	
Employer Name:	

ABN:	Worker's Comp: N	Date of Injury:
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<b>Comments:</b>

<b>Diagnosis Codes:</b>							
S83.232A							

<b>Order Code</b>	<b>Tests Ordered</b>	<b>(Total: 1)</b>	<b>Count</b>	<b>Interval</b>	<b>Expires</b>
Not on file	MRI KNEE LEFT WITHOUT CONTRAST	1	Once	5/17/2024	

<b>Insurance Information:</b>	
<b>Primary Insurance:</b>	<b>Secondary Insurance:</b>
Ins Code: Not on file	Ins Code:
Ins Co Name: HORIZON NJ DIRECT	Ins Co Name:
Address 1: PO BOX 820	Address 1:
Address 2:	Address 2:
City, State Zip: NEWARK, NJ 07101	City, State Zip:
Policy Number: NJX3HZN12916840	Policy Number:
Group #:	Group #:
<b>Primary Policy Holder / Insured:</b>	<b>Secondary Policy Holder / Insured:</b>
Name: GARY, ANTONIO	Name:
Address: 33 PLEASANT WAY	Address:
MONTCLAIR, NJ 07042	
Pt Relation to Subscriber: Self	Pt Relation to Subscriber:

<b>Order Questions:</b>
Release to patient: Standard release
Location/POS Address: ,

<b>Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging:</b>			
<b>CPT</b>	<b>CDSM Identifier</b>	<b>Adherence Indication</b>	<b>Emergency Exception</b>
73721			

# Gary, Antonio

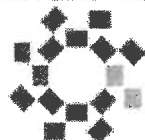
MRN: 100010099

**Office Visit** 5/17/2023  
HUMG ORTHOPAEDIC  
SURGERY

Provider: Yair Kissin, MD (Orthopaedic Surgery - General)  
Primary diagnosis: Osgood-Schlatter's disease, left  
Reason for Visit: Left Knee - Follow-up

## Progress Notes

Yair Kissin, MD (Physician) • Orthopaedic Surgery - General



Hackensack  
Meridian Health

### Yair D Kissin, MD

Department of Orthopaedic Surgery

### Hackensack University Medical Center

360 Essex Street, Suite 203  
Hackensack, NJ 07601  
Phone: 551-996-8867  
Fax: 551-996-8873

## OUTPATIENT CLINIC NOTE - Est PATIENT VISIT

**Patient:** Antonio Gary  
**MR #:** 100010099  
**Date:** 05/17/2023

### CHIEF COMPLAINT

Left knee pain

### HISTORY OF PRESENT ILLNESS

Antonio Gary is a 58 y.o. male who presents to our clinic with a chief complaint of left knee pain. He reports the pain has been present since last summer and rapidly increased recently which he noticed while doing PT. Points medially and around the medial patella; . The patient denies a recent history of traumatic injury or prior surgery to the involved area. At this time, the patient reports his knee pain occurs mainly with activity, but also bothers him at rest and at night. Activities that worsen the pain include climbing stairs, bending the knee, and twisting, which is new . He complains of mechanical symptoms involving his knee, including locking and buckling. The patient reports the intensity of his pain as 5/10. It is described as sharp in nature. He denies any associated back pain or numbness/tingling in the involved extremity. He has tried NSAIDs which did not help his pain The patient has participated in physical therapy for more than 6 weeks, which made the pain worse He received a HA injection to the involved area with us which provided short-lived relief.

### PAST MEDICAL HISTORY

Past Medical History:

Diagnosis

- Hyperlipemia
- Hypertension

Date

- Prediabetes

**PAST SURGICAL HISTORY**

History reviewed. No pertinent surgical history.

**Medications****Prior to Admission medications**

Medication	Sig	Start Date	End Date	Taken?	Authorizing Provider
Semaglutide-Weight Management (WEGOVY) 1 MG/0.5ML SOAJ	Inject 0.5 mL (1 mg) every 7 days into the skin for 12 doses Indications: OBESITY	5/3/23	7/20/23	Yes	Colette M Knight, MD
Multiple Vitamin (MULTIVITAMINS PO)	by mouth			Yes	Historical Provider, MD
tadalafil (CIALIS) 20 MG tablet	TAKE 1 TABLET BY MOUTH EVERY DAY AS NEEDED - MAKE AN APPOINTMENT	11/24/22			Historical Provider, MD
ibuprofen (MOTRIN) 800 MG tablet	TAKE 1 TABLET BY MOUTH EVERY 8 HOURS AS NEEDED	10/24/22	5/17/23		Historical Provider, MD
amlodipine (NORVASC) 5 MG tablet	amlodipine 5 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY FOR 90 DAYS				Historical Provider, MD
atorvastatin (LIPITOR) 40 MG tablet	atorvastatin 40 mg tablet				Historical Provider, MD
lisinopril (PRINIVIL, ZESTRIL) 40 MG tablet	lisinopril 40 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY FOR 90 DAYS				Historical Provider, MD
diclofenac sodium (VOLTAREN) 50 MG EC tablet	Take 1 Tablet (50 mg) 2 times daily by mouth	8/18/22			Yair Kissin, MD

metoprolol succinate  
(TOPROL-XL) 25 MG  
24 hr tablet

metoprolol  
succinate ER 25  
mg  
tablet, extended  
release 24 hr  
Take 1 tablet  
every day by  
oral route.

5/17/23

Historical Provider,  
MD

## DRUG ALLERGIES

### Allergies

#### Allergen

- Penicillins

*Allergic since childhood*

*unknown reaction*

*Allergic since childhood*

#### Reactions

Unknown

- Pollen

Rhinitis

## SOCIAL HISTORY

The patient reports that he has never smoked. He has never used smokeless tobacco. He reports current alcohol use of about 3.0 standard drinks of alcohol per week. He reports that he does not use drugs.

## FAMILY HISTORY

Family history was reviewed and is noncontributory to the current problem.

## REVIEW OF SYSTEMS

Constitutional: negative for fever and chills

HEENT: negative for changes in vision

Respiratory: negative for shortness of breath

Cardiovascular: negative for chest pain

Gastrointestinal: negative for nausea/vomiting

Genitourinary: negative for dysuria

Musculoskeletal: **positive for pain as per HPI**

Skin: negative for rashes

Neurological: negative for gait disturbance

Hematological: negative for easy bruising

## PHYSICAL EXAMINATION

### Physical Exam

BP (!) 159/101 | Pulse 65 | Ht 1.753 m (5' 9") | Wt 118.4 kg (261 lb) | SpO2 99% | BMI 38.54 kg/m<sup>2</sup>

General: Well-nourished male in no acute distress.

Eyes: Conjunctivae are clear

Respiratory: Unlabored breathing

Cardiovascular: noted in extremity vascular exam below

Neuro: Awake and alert; mild Antalgic limp, no assistive device

Psych: Normal mood and affect

Skin is intact.

**EXTREMITIES****Left Lower Extremity:**

Tenderness to palpation noted over the medial aspect of the knee and patella.

Knee range of motion: 3-120 degrees, mod pain, mod crepitus

The knee joint is stable.

No laxity noted with varus at 0 and 30 degrees.

No laxity noted with valgus at 0 and 30 degrees

- anterior drawer and Lachman, and negative posterior drawer test, Negative PLC.

+effusion

neutral alignment

- apprehension and -lateral patellar translation -J sign

McMurray's test: positive over the medial joint line

Grossly intact Lower extremity motor function, with weak quadriceps, Able to SLR against gravity

left hip exam normal

Sensation intact to the foot in the superficial peroneal, deep peroneal, and tibial nerve distributions.

Vascular exam: warm well perfused foot with 2+ DP/PT

**REVIEW OF IMAGING**

MRI of the left knee obtained previously and these images were personally reviewed by me today. Done at NJIN. My independent interpretation of these images is as follows:

MRI: no medial/lateral meniscus tear, no ACL tear, + PF OA Changes

**SCORE: KOOS jr : 12**

**IMPRESSION/DIAGNOSIS**

58 y.o. male with left knee worsen pain, suspect Medial meniscus tear vs exacerbation of OA (mostly PF)

**TREATMENT PLAN**

Long discussion was held with the patient

regarding the Dx and Tx options, including operative and nonoperative options.

Rx management: diclofenac eRx

The effect of weight on knees was also discussed and how each pound gained ( or lost) is translated to 6 times that weight at the knee, therefore maintaining a healthy weight is of utmost importance for knee health. The patient affirmed a commitment to maintaining a healthy weight

I recommend ordering MRI to r/o medial/ meniscus tear and for preop planning. I explained that either I will call the patient with the results if nothing is torn, but it is more likely that they will need to set up an appointment to go over the findings in person.

Possible scope vs PFJ d/w pt.

The patient expressed verbal understanding of what was discussed.

I used models and current literature to describe the condition being treated, with risks, benefits and alternatives of treatments discussed as well.

Patient is to decide how they'd like to proceed with the plan and contact me with any questions and to inform me or return to the office sooner than scheduled follow up if pain worsens.

All questions were answered.

A moderate level of decision making was required for this patient encounter based on moderate complexity of data reviewed (independent interpretation of imaging) and moderate risk of morbidity from additional testing or treatment (prescription drug management).

## Additional Documentation

Vitals: BP 159/101 ♀ (Abnormal) Pulse 65 Ht 1.753 m (5' 9") Wt 118.4 kg (261 lb) SpO2 99%  
BMI 38.54 kg/m<sup>2</sup> BSA 2.4 m<sup>2</sup>

## Communications

### Encounter Report

ADT Face Sheet

### Ambulatory Encounter Report

Ambulatory Face Sheet

## Travel Screening and History

### Disease Screening

No documentation.

### Travel

No documentation.

## HIM Attestation Encounter Report

HIM Attestation Report

## Orders Placed

MRI KNEE LEFT WITHOUT CONTRAST

## Medication Changes

As of 5/17/2023 13:10

	Refills	Start Date	End Date
<b>Discontinued or Completed: ibuprofen (MOTRIN) 800 MG tablet</b>			
Patient-reported medication			
<b>Discontinued or Completed: metoprolol succinate (TOPROL-XL) 25 MG 24 hr tablet</b>			
Patient-reported medication			

**Medication List at End of Visit**

As of 5/17/2023 13:10

	Refills	Start Date	End Date
<b>amLODIPine (NORVASC) 5 MG tablet</b>			
amlodipine 5 mg tablet			
TAKE 1 TABLET BY MOUTH EVERY DAY FOR 90 DAYS			
Patient-reported medication			
<b>atorvastatin (LIPITOR) 40 MG tablet</b>			
atorvastatin 40 mg tablet			
Patient-reported medication			
<b>diclofenac sodium (VOLTAREN) 50 MG EC tablet 2</b>		8/18/2022	
Take 1 Tablet (50 mg) 2 times daily by mouth - Oral			
<b>lisinopril (PRINIVIL, ZESTRIL) 40 MG tablet</b>			
lisinopril 40 mg tablet			
TAKE 1 TABLET BY MOUTH EVERY DAY FOR 90 DAYS			
Patient-reported medication			
<b>Multiple Vitamin (MULTIVITAMINS PO)</b>			
by mouth - Oral			
Patient-reported medication			
<b>Semaglutide-Weight Management (WEGOVY) 1 2</b>		5/3/2023	7/20/2023
MG/0.5ML SOAJ			
Inject 0.5 mL (1 mg) every 7 days into the skin for 12 doses Indications: OBESITY - Subcutaneous			
Notes to Pharmacy: Please call the patient when the medication is ready for pick up			
<b>tadalafil (CIALIS) 20 MG tablet</b>		11/24/2022	
TAKE 1 TABLET BY MOUTH EVERY DAY AS NEEDED - MAKE AN APPOINTMENT			
Patient-reported medication			

**Visit Diagnoses**

Primary: Osgood-Schlatter's disease, left M92.522

Complex tear of medial meniscus of left knee as current injury, initial encounter S83.232A

Arthritis of knee M17.10

**Med Review Info**

User	Date and Time
YAIR KISSIN, MD [YK4589]	5/17/2023 13:10

## XR KNEE 3 VIEWS LEFT

Study

Status: **Final**

### External Result Report

External Result Report

### Study Result

Narrative & Impression

**TECHNIQUE:** Left knee radiographs, 3 views.

**COMPARISON:** None available.

#### FINDINGS:

Mild narrowing of the medial and patellofemoral joint space compartments with small marginal osteophytes along the lateral patella surface. No cortical defects, fractures or dislocation. No evidence of a large joint space effusion. Unremarkable soft tissues.

#### IMPRESSION:

1. Mild degenerative changes in the left knee

### Imaging

XR KNEE 3 VIEWS LEFT (Order: 59616521) - 8/11/2022

### Result History

XR KNEE 3 VIEWS LEFT (Order #59616521) on 8/18/2022 - Order Result History Report

### Signed by

Signed	Phone	Pager	Signed Date & Time
<b>FERRONE, GEORGE</b>	551-996-2194		Thu Aug 18, 2022 1508

### Exam Information

Status	Exam Begun	Begin Time	Exam Ended
Final [99]	8/18/2022	08:05	8/18/2022 0811

### PACS Images

(Link Unavailable) Show images for XR KNEE 3 VIEWS LEFT

### Reviewed by

Yair Kissin, MD 8/22/2022 9:57

### Associated Diagnoses

Left knee pain, unspecified chronicity - Primary