

Garden State Orthopaedic Associates, P.A.  
Pre-Cert/Authorization Department  
400 Franklin Turnpike, Suite 110  
Mahwah, NJ 07430

Date: 5/1/23

Attention: Carolina Shell

To: DH Alternative Risk

Fax #: 973-940-1852

Re: Rajohn Mann

Claim # PLB0822866

From: Andrea Vachon x2151  
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# of pages: 2 (including this page)

\_\_\_ Office Notes dated \_\_\_\_\_

\_\_\_ Prescription for Physical Therapy, Occupational Therapy or Work Conditioning

\_\_\_ Prescription for FCE

\_\_\_ Prescription for MRI/CT/US/EMG \_\_\_\_\_

\_\_\_ Work Status Note

\_\_\_ MG-2/C-4 Form

\_\_\_ Other



## GARDEN STATE ORTHOPAEDIC ASSOCIATES

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### PHYSICAL THERAPY PRESCRIPTION LETTER OF MEDICAL NECESSITY

**DATE:** 05/01/2023  
**NAME:** Rajohn Mann  
**D.O.B.:** 03/31/1975  
**ACCOUNT #:** 1228966

**DIAGNOSIS:** s/p shoulder arthroscopy, rotator cuff repair, subacromial decompression, and extensive debridement

**THERAPY TYPE:** *PHYSICAL THERAPY  
 EVALUATION AND TREATMENT*  
**FREQUENCY:** 3 x per week x 8 weeks

**ATTENTION:** Treating physical therapist: Please note the following guidelines below:


**NOTES:** PT TO BEGIN WITHIN 2 WEEKS OF SURGERY

- 1) sling and avoid aro from operative shoulder x 6 weeks
- 2) sling while sleeping x six weeks
- 3) arthroscopic RCR protocol

—first six weeks

- a) prom shoulder 0-90 FE, 0-40 ER, chest wall-IR
- b) aro from e/w/h
- c) reinforce HEP/pendulums

wean from sling and begin aro from after six weeks postop



5/2/2023 5:07 PM (EDT)

Adam Bernstein MD

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