

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

Service Date: 11/17/2023

Referral Queue ID: 480536783

Patient Referral**Patient Information:**

Patient:	Torres, Jose R.	Home Phone:	(732) 397-5067
SSN:	XXX-XX-5702	Work Phone:	Ext:
Address:	76 John St	DOI:	11/16/2020
	CARTERET, NJ 07008	DOB:	11/25/1980
		Cell Phone:	(732) 397-5067

Employer Contact:

Employer Location:	City of Perth Amboy-DPW	Contact:	Maria Rivera
Address:	260 High St	Role:	Additional Injury Contact
	Perth Amboy, NJ 08861445	Phone:	(732) 771-2508 Ext.:
Auth. by:		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:	All 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	Request Comments:
Treatments per Week:	3	Auto Generated
Treatment Duration:	2 Weeks	

Diagnosis

ICD9 Code	ICD10 Code	Description
908.9	S49.92XA	UNSP INJURY OF LEFT SHOULDER AND UPPER ARM, INIT ENC NTR-S49.92XA

Body Part

Part	Laterality
Shoulder	Left

Additional Notes

Auto Create - Physical Therapy Referral

Date: 11/17/2023

Referring Provider: Shanthi Reddy, MD



Number of Visits to Date: 0

Authorized

Total Treatments:	Auth Number:
Treatments per Week:	Effective Date:
Treatment Duration:	Expiration Date:
Authorization Comments:	Units Authorized:

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Transcription

Patient: Torres, Jose R. Service ID #: 486712760
Soc. Sec. #: XXXXX5702 Referral Q ID:
Date of Birth: 11/25/1980 Age: Injury Date: 11/16/2020 Service Date: 11/17/2023
Service Location: CMC - NNJ Edison Ethel Road Employer: City of Perth Amboy-DPW
Claim Number: Dictated By: Shanthi Reddy, MD
Diagnosis: T24.012A BURN OF UNSPECIFIED DEGREE OF LEFT THIGH, INITIAL ENCOUNTER-T24.012A

Notes:

Reason For Visit

Chief Complaint: The patient presents today with Injury of the LT shoulder on 11/16/2023. Pt states he was trying to step down from working on a truck, when he slipped and all of his weight pulled on his LT shoulder. Self reported. Workers Compensation - Patients Occupation: Mechanic. Chaperone was offered: Patient declined the presence of a chaperone

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.

Surgical History

History of Appendectomy

Allergies

No Known Allergies

Occupational History

Occupational History

Occupational history was provided by the patient.

Type of job / Job title: Mechanic

Major job functions: Mechanic

Length of time at this job: 10.5 year(s).

Average daily work hours: 8. Average weekly work hours: 40.

Expected shift hours today: 7:30 AM to 3:30

Recent overtime: No

History of Present Illness

Acute Musculoskeletal:

Acute Musculoskeletal Injury History: injured on 11/16/23

This is the result of traction.

Occurred while at work.

Complaint of shoulder pain. Symptoms are worsening. Pain is located in the left

anterior shoulder and left biceps tendon. The symptoms occur constantly.

Jose Torres

describes his pain as sharp, dull and aching in nature. The severity of the pain is



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Documented On: 11/17/2023 10:42 AM

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Notes:

moderate. Pain radiates to the left arm. Associated symptoms include decreased range of motion and stiffness, but no elbow pain, no neck pain and no numbness in arm. Exacerbating factors include shoulder movement, shoulder rotation, arm elevation, overhead use and lifting. Relieving Factors: not treated in any way.

Review of Systems

Constitutional: Reviewed and found to be negative.
Eyes: Reviewed and found to be negative.
Cardiovascular: Reviewed and found to be negative.
Respiratory: Reviewed and found to be negative.
Gastrointestinal: Reviewed and found to be negative.
Musculoskeletal: joint pain and joint stiffness.
Integumentary: Reviewed and found to be negative.
Neurological: Reviewed and found to be negative.
Psychiatric: Reviewed and found to be negative.
Hematologic and Lymphatic: Reviewed and found to be negative.

Vitals**Vital Signs**

Recorded: 17Nov2023 09:10AM
Systolic: 120
Diastolic: 72
BP Cuff Size: Large - Adult
Heart Rate: 86
Respiration: 16
Height: 5 ft 4 in
Weight: 178 lb
BMI Calculated: 30.55 kg/m2
BSA Calculated: 1.86
O2 Saturation: 98

Vital signs were reviewed and found to be unremarkable.

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.

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Cardiovascular: capillary refill was normal. Brachial pulses are normal. Radial pulses are normal.
Left Shoulder: Appearance is normal. Tenderness in the AC joint, in the bicipital groove, in the anterior glenohumeral joint and in the anterior shoulder, but not in the scapula, not in the trapezius muscle, not in the lateral shoulder, not in the superior shoulder and not in the posterior shoulder. Forward Flexion: AROM 90 degrees with pain. Extension: AROM 30 degrees with pain. Abduction: AROM 120 degrees with pain. Adduction: AROM 90 degrees with pain. Internal rotation: with pain. External rotation: AROM 60 degrees 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. Rotator Cuff Test(s): positive painful arc, positive Hawkins test, positive Neer test and positive Apley's scratch test.
Right Shoulder: Appearance normal. No deformity. No tenderness. Full range of motion. Strength normal. No signs of impingement.
Cervical Spine: with normal lordosis, no tenderness and full range of motion.

Radiology Results

Left shoulder 2v

X-Ray Interpretation: No significant radiologic findings.

This is a preliminary radiology interpretation. The images were sent to a radiologist for final interpretation.

Preliminary radiology results were discussed with the patient.

Final x-ray results need to be reviewed at next clinical visit.

ASSESSMENT

1. Injury of left shoulder (S49.92XA)

Plan

1. Start: Cyclobenzaprine HCl 10 MG Oral Tablet; TAKE 1/2 TO 1 TABLET AT BEDTIME AS NEEDED



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Notes:

Rx By: Reddy, Shanthi; Dispense: 15 Days ; #:15 Tablet; Refill: 0;For:
Injury of

left shoulder; DAW = N; Sent To: CONCENTRA - EDISON ETHEL ROAD

2. Start: Ibuprofen 800 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY AFTER MEALS

Rx By: Reddy, Shanthi; Dispense: 7 Days ; #:20 Tablet; Refill: 0;For:
injury of

left shoulder; DAW = N; Sent To: CONCENTRA - EDISON ETHEL ROAD

3. Custom Touch 2 Moist Electric Heat Pad; Done: 17Nov2023

Perform:In Office; Due:22Nov2023;Ordered; For:Injury of left shoulder;
Ordered By:

Reddy, Shanthi;

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

directed to alleviate one or more of the following conditions

4. Hot/Cold Pack, Any Size; Done: 17Nov2023

Perform:In Office; Due:22Nov2023;Ordered; For:Injury of left shoulder;

Ordered By:

Reddy, Shanthi;

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

directed to alleviate one or more of the following conditions

5. Pain Relief Gel Tube 4oz (FOR HOME USE); Done: 17Nov2023

Perform:In Office; Due:22Nov2023;Ordered; For:Injury of left shoulder;

Ordered By:

Reddy, Shanthi;

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

directed to alleviate one or more of the following conditions

6. Physical Therapy Referral Physical Therapy See Referral Comment!

Done:

17Nov2023

Ordered;For: Injury of left shoulder; Ordered By: Reddy, Shanthi

Performed: Due:

01Dec2023

Laterality 1 : Left

Body Part 1 : Shoulder(s)

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

loss and to expedite return to full activity

Frequency : 3 x week

Duration : 2 weeks

Therapy Order : Evaluate and Treat

7. X-Ray, Left shoulder; complete, minimum of 2 views; Requested for:17Nov2023;



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Notes:

Perform: RAMSOFT; Due: 24Nov2023; Ordered; For: Injury of left shoulder;
Ordered By:
Reddy, Shanthi;

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

Discussion/Summary

DOI 11/16/23

While at work he was lubricating the joints of a vehicle when he lost footing and grabbed the body of the vehicle with his left hand and hung off of it. Felt pain on the ant asp of left shoulder - worsening since then and could not sleep well last night. Decreased ROM in left shoulder

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:

Returning for follow-up: 3days

Activity Status



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Notes:

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

No reaching above shoulders with affected extremity(s).

No use of left upper extremity

Signatures

Electronically signed by : Shanthi Reddy, M.D.; Nov 17 2023 10:42AM EST -
Author



Documented By: Shanthi Reddy, MD

Documented On: 11/17/2023 10:42 AM