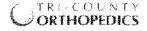
Treatment Plan: (D) 3 x wk 4 wks

Consult

Follow-Up Visit: # 2 wks # 4 wks After Above Study



## **Tri-County Orthopedics**

British filler Syren adaptapency filterior

197 Ridgedale Ave. P.O. Box 1446 Morristown, N.J. 07962 Phone (973) 538-2334 Fax (973) 585-5706 Billing (973) 538-0329

Brief Note / Office Visit Summary: WORKER'S COMP

Brief Note / Other Visit Summary: WORKER'S COME							
Patient: SANDRO PEREZ-JIMENEZ		Provider: Andrew A. Willis, MD					
Date of Service: 6/27123	Employer:	Causality (Y) N					
Ins. Co: D&H	Claim #: PJWC080185	Date of Injury: 06/13/2022					
NCM: KRISTIN WILKINSON	Phone #: 973-940-1851 X 259	Fax #: 973-940-1852					
Diagnosis (ICD-10):	R Shoulder L Shoulder						
RTC Tear (M75.121/122) Impingement (M75.41/42) AC Joint Arthritis (M19.011/012) Calcific Tendinitis (M75.31/32) Biceps Tenosynovitis (M75.21/22) SLAP Tear (S43.431D/432D) Neck Muscle Spasm (M62.83)	Anterior Instability (M25.311/312) Posterior Instability (M25.311/312) MDI (M19.011/012) Shoulder Pain (M25.51/52) Shoulder Contusion (S40.011/012) AC Joint Separation (S43.101A/102A)	Adhesive Capsulitis (M75.01/02) RTC Tendonitis (M75.31/32) Proximal Humerus Fx (S42.201D/202D) Clavicle Shaft Fx (S42.01/02) Glenohumeral Arthritis (M19.011/012) Neck Pain (M54.2)					
OTHER:		Note that the second of the se					
	R Knee L Knee						
Medial Meniscal Tear (S83.231A/232A) Lateral Meniscal Tear (S83.271A/272A) ACL Tear (S83.511A/512A) PCL Tear (S83.521A/522A)	Knee Pain (M25.561.562 Knee Contusion (S80.01XS/02XS) MCL Sprain (S83.411A/412A) LCL Sprain (S83.421A/422A)	Patellar Tendonitis (M76:51/52) PF Chondromalacia (M22.41/42) Osteoarthritis (M17:11/12)					
OTHER:							
No push/pull		No metal 25 (mAn) Code					

Injection

Andrew A. Willis, M.D., FAAOS
Board Certified Orthopaedic Surgeon
Board Certified with Added Qualifications in Sports Medicine
Board Certified with Added Qualifications in Surgery of the Hand
Double Fellowship Trained in Sports Medicine & Surgery of the Shoulder, Knee, Hand & Upper Extremity

**EMG/NCS** 

Brace/Splip

CT

Patient Name:

Site: (R)



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## ANDREW A. WILLIS, M.D.

Sandro Perez-Jimenez Date: 10/27/23

197 Ridgedale Ave, Cedar Knolls, N.J. 07927 Tel: (973) 538-2334 Fax: (973) 267-6882 SHOULDER STUDY PRESCRIPTION: (M25.511 R

<u>HISTOR</u> Fall	Trauma	Previous Surgery (R)	Shoulder no	emiarth ropha	sty, LH bicep soft tissue
Other:	Decreased ROM	Decreased Strength	Instability	Paresthesias	tenodesis (3/16/23)
		Labral Tear	Fracture		
STUDIE MRI	S: • metal	ROGRAM  T	Att:	prosece Du Au	
CT SC	Shoulder:				
		ischarge Patient			

Andrew A. Willis, M.D., FAAOS

Orthopaedic Surgeon

Fellowship Trained in Sports Medicine & Surgery of the Shoulder, Knee, Hand & Upper Extremity



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## **WORK STATUS**

Patient: Sandro Perel	- Jimenez	Date of Service:	0127123		
The patient was seen in ou			1		
Work Status: K No work					
Full Duty with No Restriction	s				
Restricted Duty with the follo	owing restrictions:				
Desk work only					
No lifting > lbs v	with effected limb	No kı	neeling or squatting		
No push/pull		No be	No bending		
No overhead activitie	No overhead activities		No climbing		
Hourly breaks for 5 m	ninutes to change	position and stretch			
The above work restrictions are in Follow-up Visit:	_				
Physician Signature:	And	ien & William, M.D.	ı		
Andrew A. Willis	. M.D., 7AA0:	5			
Board Certified Ortho	,				
CAQ in Sports Medici					
CAQ in Hand Surgery					

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Double Fellowship Trained in Surgery of the Shoulder, Knee, Hand & Elbow

Team Orthopaedic Surgeon: New York JETS