

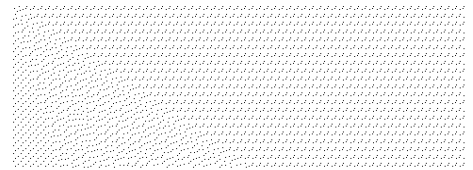
**Company Name**

**Address Line 1**

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**To:**

**From:**

**Subject:**    Knee F/U Exam

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**Message:**

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## EDISON-METUCHEN ORTHOPAEDIC GROUP

10 Parsonage Road, Suite 500, 5th Floor • Edison, NJ 08837 • Ph(732) 494-6226 • Fax (732)494-8762

Matthew Garfinkel, M.D.

Nilesh Patel, M.D.

Manisha Chahal, M.D.

Franklin Chen, M.D.

Todd Ryan, D.O.

Gloria Liu, APRN, BC.

Mohnish Ramani, M.D.

David M. Idank, D.O.

Patient : Jorge Irizarry

Account No:165352

DOB: 2/18/1983

Appointment : 11/1/2023

Examining Doctor: Matthew J. Garfinkel, M.D.

WC Carrier: Dietz And Hammer

Fax # : 1973-940-1852

WC Adjuster Name: Kristin Wilkinson

WC Claim No: PJWC083998

Date of Injury:5/27/2023

**Chief Complaint** A 40 year old right handed male who is a police officer presents today for evaluation of right knee.

### History of Present Illness

He is 3 weeks s/p right knee arthroscopy with autograft bone-patellar tendon-bone anterior cruciate ligament reconstruction, partial medial meniscectomy, and chondroplasty medial femoral condyle. Since last visit his right knee is much improved. He has mild generalized pain which he understands is common at this time. He is now using the CPM machine up To 100 degrees. He saw an allergist Dr. Hirsh last Saturday 10/28/2023. Dr. Hirsh called me and told me he felt he had dermatitis affecting all four extremities and at that his dermatitis was not related to his right knee surgery. Dr. Hirsh said that his right knee appeared to have more erythema than the other extremities since his right lower extremity had an ace bandage on it which kept his right lower extremity warmer which could lead to a greater allergic reaction. Dr. Hirsh placed him on Prednisone for a 10 day course. Dr. Hirsh told Mr. Irizarry to see him again if all four extremities have not fully resolved the skin issues after the prednisone is completed. Mr Irizzary says that he feels much better, notices his redness has mostly resolved, and his itching has mostly resolved. He is still not having any fever, chills, or drainage. He is still not having any calf pain.

### Medical History

**Current Medications:** testosterone 12.5 mg/1.25 gram per pump actuation (1%) transdermal gel, Percocet 5 mg-325 mg tablet, aspirin 325 mg tablet, dicloxacillin 500 mg capsule, Restoril 15 mg capsule, Prednisone

**Medical History:** None Stated.

**Medication and Allergic Reactions:** seasonal

**Surgical History:** cataract (eye) surgery .

**Family History:** None or Unknown. None or Unknown. None or Unknown.

**Personal and Social History:** The patient indicates he never used tobacco. The patient consumes alcohol socially. He does not use illegal substances. He does not have a substance abuse problem. He is married. He is currently working.

### Review of Systems

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Matthew J. Garfinkel, M.D.

Page 1 of 3

EMOG Office 5th Floor  
10 Parsonage Road, Suite 500  
Edison, NJ 08837

**Claim No:** PJWC083998

**Patient Name:** Irizarry, Jorge

**DOB:** 2/18/1983

**Appointment Date:** 11/1/2023

**Account Number:** 165352

**Examining Doctor:** Matthew J. Garfinkel, M.D.

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**Constitutional:** Patient denies any fever or weight loss.

**Respiratory:** Shortness of breath.

**Cardiac:** High blood pressure.

**Vital Signs:** Height: 5 ft 7.00 in, Weight: 195 lbs

### **Right Knee Examination**

Examination of the knee had no alignment deformity.

MILD SWELLING AND SMALL EFFUSION.

PORTALS AND INCISION ARE DRY, CLEAN, AND INTACT.

MINIMAL QUADS ATROPHY.

MILD VMO ATROPHY.

S/P knee arthroscopy Exam:

On examination of the RIGHT knee the portals and incision are clean, dry and intact. There is mild swelling and small effusion. There is mild swelling and ecchymosis down RIGHT leg has mostly resolved. The small bumps have mostly resolved. There is still no warmth or drainage. Passive range of motion is 3-90 degrees. Calves are soft and non-tender. Negative Homan's bilaterally. The lower extremity is fully neurovascularly intact.

GAIT WAS ANTALGIC USING CRUTCHES.

\*\*\*His similar skin changes along the left leg and both arms have mostly resolved\*\*\*

### **Assessment and Plan:**

**Impression:** M25.561 Pain in right knee, M23.8X1 Other internal derangements of right knee, S83.511D Sprain of anterior cruciate ligament of right knee, subsequent encounter, S83.241D Other tear of medial meniscus, current injury, right knee, subsequent encounter, M94.261 Chondromalacia, right knee

Right knee fully torn anterior cruciate ligament, torn medial meniscus, chondral injuries patella and medial femoral condyle.

### **Treatment Plan:**

We went over treatment options including no treatment versus conservative treatment versus surgery and have agreed upon:

For the Right Knee Directly related to the WRI on 05/27/2023

1. Anti-inflammatory medications PRN

2. Acetaminophen PRN

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**Matthew J. Garfinkel, M.D.**

**Page 2 of 3**

**EMOG Office 5th Floor**  
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**Claim No:** PJWC083998

**Patient Name:** Irizarry, Jorge

**DOB:** 2/18/1983

**Appointment Date:** 11/1/2023

**Account Number:** 165352

**Examining Doctor:** Matthew J. Garfinkel, M.D.

- 
3. Pain medication
  4. One regular ASA daily for 1 more weeks
  5. Continue physical therapy using my ACL protocol.
  6. Ice packs 3x's per day 15 minutes each time
  7. Activity modifications:: No squatting, running, kneeling, jumping. No twisting , cutting, or sports
  8. Knee brace locked at 0 degrees full time except when exercising and using CPM machine.
  9. 50% Weightbearing for 1 more weeks
  10. Continue CPM machine 6-8 hours every day, increase flexion daily as tolerated.
  11. Elevate right leg when sitting.
  12. The patient and his wife understand that at surgery on 10/9/2023 he had a significant grade III chondral injury to the medial femoral condyle. He understands that this injury can cause continuing pain and sometimes other problems such as catching or locking in the future. If these occur, an articular resurfacing procedure such as an osteochondral autograft transfer (OATS) or Autologous Chondrocyte Implant (ACI) can be considered in the future.
  13. Work Status: Out of work
  15. Follow up in 1 week. He understands to call and see me sooner if he develops any fever or if his right knee worsens in any way including having any increasing redness, warmth or drainage.

MJG//dg

A Work Status Report was created.

**Patient seen by**

Matthew J. Garfinkel, M.D.

11/1/2023

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Matthew J. Garfinkel, M.D.

**Page 3 of 3**

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### Work Note

Date: 11/1/2023

Employee Name: **Jorge Irizarry**

DOB: 2/18/1983

Account No: 165352

Diagnosis : Right knee fully torn anterior cruciate ligament, torn medial meniscus, chondral injuries patella and medial femoral condyle.

### Work Status

☒ Cannot work

☐ Return to work immediately

☐ Released from office

☐ Full Duty on

☐ Return to work with modified duties

☐ Modified duties effective until return visit on

☐ These restrictions are permanent

☒ Do not return to work until: 11/13/2023

### Work Restrictions

**Upper Extremity** ☐ Right ☐ Left

☐ No use of affected extremity

☐ No firm gripping

☐ Must wear int/sling/cast

☐ No awkward wrist position

☐ No lifting over lbs.

☐ No repetitive motion

☐ No vibratory tools

☐ No overhead work (above shoulder)

☐ No commercial driving

Other Appropriate Duties / Comments

**Lower Extremity** ☐ Right ☐ Left

☐ Seated work only/mainly

☐ No squatting / kneeling / twisting

☐ No climbing stairs/ladders

☐ No prolonged standing or walking

☐ Work with brace/cast

☐ No lifting over lbs.

☐ Elevate when possible / continuous

☐ Crutches/cane/walker

☐ No twisting, pushing, pulling

**If modified duties are stated above and they cannot be accommodated, consider Jorge Irizarry to be off work.**

Special Instructions

Return to my office on 11/08/23 8:30 AM or in 1 weeks



**Patient Seen by:** Matthew J. Garfinkel, M.D.

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**DME Product prescription**

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Date: 11/1/2023

Patient: Jorge Irizarry Account : 165352

DOB: 2/18/1983

Diagnosis Right knee fully torn anterior cruciate ligament, torn medial meniscus, chondral injuries patella and medial femoral condyle.

DME Prescribed: Continue CPM machine

Size: ☒ Right ☐ Left



**Patient Seen by:** Matthew J. Garfinkel, M.D.