



Genesis

Orthopaedic and Spine

WC Facsimile Transmittal Request

Attention: Carolina shell Re: Greer, Jason

To: DentH Alternative risk solutions Claim #: PLB006620

From: Dr. Chopra Total Pages: _____

Date: 1/29/24 Sender's Ref Fax #: (908)-588-2319

✓ Fax: 973-940-1852 Email: _____

<input type="checkbox"/> DDI (Not used)
<input checked="" type="checkbox"/> Work Note
<input checked="" type="checkbox"/> Visit Note
<input checked="" type="checkbox"/> PT RX
<input type="checkbox"/> MRI RX
<input type="checkbox"/> Surgery
<input type="checkbox"/> Other

Next Appointment Date: 02-12-24 Time: 11:15am

Location: ☐ West Orange ☒ Westfield ☐ Morristown

Please Fax Next Appointment DDI to Designated Location

Thank You!

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115 South Euclid Ave - Suite 1 - Westfield NJ, 07090 - Phone: (908) 588-2311 Fax: (908) 588-2319
 300 Executive Dr. - Suite 110 - West Orange NJ, 07052 - Phone: (973) 434-9575 Fax: (973) 434-9575
 25 Lindeley Dr. - Suite 208 - Morristown NJ, 07960 - Phone: (862) 345-7955 Fax: (862) 345-7955



Genesis

Orthopaedic and Spine

Vinay Chopra, MD
Matthew Griffin, MD
Nicholas Delaney, MD
Prashant Patel, MD
John Griffin, MD
Jason Sedgwick, DPM

116 S. Euclid Ave, Suite 100
Westfield, NJ 07090
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300 Executive Drive, Suite 101
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Ridgewood, NJ 07450

25 Lindsley Dr, Suite 208
Morristown, NJ 07960
P: (862) 345-7855
F: (862) 345-7888

127G NJ 35, Suite 1
Middletown, NJ 07748
P: (732) 788-3769
F: (732) 788-3547

Date: 1/29/24
Re: Greer, Jason

To Whom It May Concern,

This letter is to certify that Greer, Jason has been seen and evaluated by

Dr. Chopra via in office today.

The patient's work/school status is:

Out of Duty

As of 1/29/24 until next evaluation: 02-12-2024 @ 11:15 am

If you have any questions please feel free to contact our office at: 908-588-2311. Thank you.

Sincerely,

1/29/24, 5:28 PM

Print Preview

GREER, Jason DOB: 07/16/1963 (60 yo M) Acc No. 22597 -NF/WC DOS: 01/29/2024

**GREER, Jason**

60 Y old Male, DOB: 07/16/1963

Account Number: 22597 -NF/WC

PO BOX 2978, PLAINFIELD, NJ-07062-0998

Home: 908-377-9800

Guarantor: Greer, Jason Insurances DandH Alternative Risk

Solutions

Appointment Facility: Genesis Orthopaedic and Spine

01/29/2024

Vinay Chopra, MD

Current Medications

None

Past Medical History

Medical History Verified.

Surgical History

pituitary tumor surgery 2017

pacemaker 2017

left leg surgery (put a plate in) 1994

Family History

Father: deceased

Mother: deceased

3 brother(s) , 2 sister(s) , 1 son(s) , 2

daughter(s) - healthy.

Social HistoryTobacco Use:

Tobacco Use/Smoking

Are you a: *never smoker*Drugs/Alcohol:

Do you drink alcohol?: No.

Allergies

N.K.D.A.

Hospitalization/Major**Diagnostic Procedure**

bleeding through stool 2018

Review of SystemsGeneral/Constitutional:

Denies Fever. Denies Headache.

Denies Weight loss.

Allergy/Immunology:

Runny nose denies. Itchy

eyes denies. Congestion denies.

Ophthalmologic:

Vision loss denies. Blurry

vision denies. Red eye denies.

ENT:

Decreased hearing denies.

Nosebleed denies. Sore throat denies.

Reason for Appointment

1. Head Injury

History of Present IllnessWork Comp Information:

Claim Number: PLB086628.

Date of injury: 01/11/2024.

Case Manager: Carolina Shell.

Employer: Plainfield Board Of Education.

Job Description: Maintenance.

Insurance Company: D&H Alternative Risk Solutions.

Phone Number: 973-940-1851 EXT: 239.

Fax: 973-940-1852

Email: cshell@risksolutions.com.

WC Injury:Questions:Was your supervisor notified immediately? *Yes*Did you continue working after you were injured? *No*Did you go to the emergency room? *Yes 1 day later*Were X-rays and/or MRIs taken? *Yes*Rate your pain today on a scale of 1-10: *4*Have you ever experienced similar symptoms in the past? *No*How long have you been employed at your current job? *10 years*What is your current work status? *Out of work/Unemployed*Have you ever been treated by a Chiropractor? *No*Head/Brain trauma:

c/o Head/brain trauma occurred The patient is presenting today with a head/brain trauma without a LOC due to a workplace injury that occurred on 1/11/24. The patient works in maintenance and states he was moving a post when a metal pole fell from 5 feet above, hitting the top of his head. He went to JFK Muhlenberg Satellite ER the next day where they did a head CT which showed no brain bleed. He returned back to JFK Muhlenberg Satellite ER on 1/18 due to concerns from his personal neurologist of him slurring words, stuttering, and frequently falling asleep. He had an MRI of his brain done during that visit which also showed no brain bleed or structural abnormalities. He has no prior history of concussions. He is currently complaining of ongoing headaches, dizziness, balance problems, and sleep problems. Pain is 4/10..

Vital Signs

Progress Note: Vinay Chopra, MD 01/29/2024

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1/29/24, 5:28 PM

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GREER, Jason DOB: 07/16/1963 (60 yo M) Acc No. 22597 -NF/WC DOS: 01/29/2024

Endocrine:

Cold intolerance denies. Excessive sweating denies. Excessive thirst denies.

Respiratory:

Cough denies. Shortness of breath denies. Wheezing denies.

Cardiovascular:

Chest pain denies. Palpitations denies. Leg swelling denies.

Gastrointestinal:

Diarrhea denies. Nausea denies. Vomiting denies.

Hematology:

Easy bleeding denies. Easy bruising denies. Swollen glands denies.

Genitourinary:

Hematuria denies. Difficulty urinating denies. Frequent urination denies. Burning w/Urination denies.

Skin:

Skin infection denies. Hives denies.

Rash denies.

Neurologic:

Dizziness denies. Headache denies. Seizures denies. Tremor denies.

Psychiatric:

Panic attacks denies. Depressed mood denies. Suicidal thoughts denies.

Temp: 97.5 F, HR: 67 /min, BP: 137/84 mm Hg, Wt: 259 lbs, BMI: 36.12 Index, Ht: 71 in, Oxygen sat %: 92 %, Ht-cm: 180.34 cm, Wt-kg: 117.48 kg.

Examination**General Examination:**

GENERAL APPEARANCE: in no acute distress, well developed, well nourished, alert, oriented x 3.

GAIT: non-antalgic gait.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, , extraocular movement intact (EOMI) , sclera anicteric.

EARS: normal , hearing intact to whispered voice.

NOSE: no nasal drainage.

ORAL CAVITY: mucosa moist.

THROAT: oropharynx clear, oral mucosa without lesions.

NECK/THYROID: neck supple, no cervical lymphadenopathy, , no thyromegaly.

SKIN: no suspicious lesions, warm and dry, no erythema, no rashes, no wounds.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: clear to auscultation bilaterally.

ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended.

EXTREMITIES: no clubbing, cyanosis, or edema.

PERIPHERAL PULSES: normal , 2+ throughout.

NEUROLOGIC: nonfocal, sensory exam intact, cranial nerves 2-12 grossly intact, deep tendon reflexes 2+ symmetrical, Babinski absent.

Assessments

1. Concussion without loss of consciousness, initial encounter - S06.0X0A (Primary)
2. Vestibular dysfunction of both ears - H81.93

Treatment

1. Concussion without loss of consciousness, initial encounter
PROCEDURE: PT/OT Modalities PRN
PROCEDURE: Vestibular Rehabilitation 3x week for 2 weeks

Clinical Notes: I spent a significant amount of time with the patient here today interviewing the patient, speaking to his case manager, reviewing accident history and records, performing a physical exam, neurological exam, neurobehavioral testing, neuropsychological testing, and balance testing at this visit. The patient has findings consistent with a concussion due to a direct head injury at work. At this time, his symptoms are mildly to moderately elevated and his balance testing shows vestibular dysfunction however his cognition tests are within normal limits. Given his findings, the patient will be placed into a physical therapy program focused on vestibular rehabilitation which has shown in recent studies to improve recovery from a concussion. He will follow up in 2 weeks for further care and testing and will be placed out of work. I spent the following amount of time on concussion testing, analysis, and interpretation:

CPT 96116: 60 minutes

CPT 96121: 120 minutes

CPT 96132: 60 minutes

Progress Note: Vinay Chopra, MD 01/29/2024

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1/29/24, 5:28 PM

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GREER, Jason DOB: 07/16/1963 (60 yo M) Acc No. 22597 -NF/WC DOS: 01/29/2024

CPT 96133: 120 minutes
CPT 97750: 30 minutes

2. Vestibular dysfunction of both earsPROCEDURE: PT/OT Modalities PRNPROCEDURE: Vestibular Rehabilitation 3x week for 2 weeks**Procedures**Neurobehavioral Testing:

Neurobehavioral testing Full Neurobehavioral testing done in the office shows a symptoms score of 73 today which is elevated as it shows findings consistent with headache, "Pressure in head", nausea, dizziness, blurred vision, balance problems, sensitivity to light, sensitivity to noise, feeling slowed down, feeling like "in a fog", "don't feel right", difficulty concentrating, difficulty remembering, fatigue and low energy, confusion, drowsiness, trouble falling asleep, feeling more emotional, irritability, nervousness and anxiety. He also performed full cognition testing and was able to score 41/46 as his cognition is within normal limits.

Neuropsychological Testing:

Neuropsychological testing Full Neuropsychological testing was done today in the office which showed the following results: Verbal Memory composite score of 32/2%, Visual Memory composite score of 36/12%, Visual Motor Speed composite 11.45/2%, Reaction Time composite score 1.82/1%, Impulse Control composite 17.

Balance testing:

Balance testing Balance testing done in the office shows the following results: Eyes Open Firm Surface Sway Index 2.84, Eyes Closed Firm Surface Sway Index 7.60, Eyes Open Foam Surface Sway Index 1.95, Eyes Closed Foam Surface Sway Index 3.63, Composite Score Sway Index 4.00 which shows findings consistent with vestibular dysfunction.

Work/School Excuse:

Work Excuse No duty until next appointment.

Visit Codes

99245 Office Consultation New/Estab Patient 80 Min. Modifiers: 25

Procedure Codes

96116 Neuro Behavioral Exam, Modifiers: 59

96121 Neuro Behavioral Exam, Each Additional Hour, Units: 3.00 ,
Modifiers: 59

96132 Neuro Psychological Exam, Modifiers: 59

96133 Neuro Psychological Exam, Each Additional Hour, Units: 3.00 ,
Modifiers: 59

97750 Physical Performance Test/Meas W/Reprt Ea 15 Min, Units: 3.00 ,
Modifiers: 59

Follow Up

2 Weeks

Progress Note: Vinay Chopra, MD 01/29/2024

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1/29/24, 5:28 PM

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GREER, Jason DOB: 07/16/1963 (60 yo M) Acc No. 22597 -NF/WC DOS: 01/29/2024



Electronically signed by VINAY CHOPRA , MD on 01/29/2024 at
05:17 PM EST

Sign off status: Completed

Genesis Orthopaedic and Spine
116 S EUCLID AVE
WESTFIELD, NJ 07090-2184
Tel: 908-588-2311
Fax: 908-588-2319

Progress Note: Vinay Chopra, MD 01/29/2024

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Order Form**Genesis Orthopaedic and Spine**

116 S EUCLID AVE,
WESTFIELD, NJ, 07090-2184
908-588-2311 908-588-2319

Req/Ctrl# (CD-): 92205

Vinay Chopra, MD

NPI: 1730329079

Sport Medicine

Greer, Jason, Male, 07/16/1963 ID: 22597 -NF/WC

908-377-9800 PO BOX 2978, PLAINFIELD, NJ 07062-0998

Today: 01/29/2024 03:50 PM

Order Date: 01/29/2024 01:30 PM

Primary Insurance Name: DandH Alternative Risk Solutions

Insurance Address: PO BOX 88 , NEWTON , NJ , 07860-0068

Subscriber Number: PLB088628

Insured Name: Greer, Jason

Address: PO BOX 2978, PLAINFIELD, NJ 07062-0998

Priority Test Name
Routine PT/OT Modalities PRN

Assessment(s) Instructions

- S06.0X0A, Concussion without
loss of consciousness, Initial
encounter

- H81.83, Vestibular dysfunction of
both ears



Electronically Signed By: Vinay Chopra, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Greer, Jason, M, 07/16/1963

Order Form

Genesis Orthopaedic and Spine

116 S EUCLID AVE,
WESTFIELD, NJ, 07090-2184
908-688-2311 908-688-2319

Req/Ctrl# (CD-): 92205

Vinay Chopra, MD

NPI: 1730329079

Sport Medicine

Greer, Jason, Male, 07/16/1963 ID: 22597 -NF/WC

Today: 01/29/2024 03:51 PM

908-377-9800 PO BOX 2978, PLAINFIELD, NJ 07062-0998

Order Date: 01/29/2024 01:30 PM

Primary Insurance Name: DandH Alternative Risk Solutions

Insurance Address: PO BOX 68 , NEWTON , NJ , 07860-0068

Subscriber Number: PLB086628

Insured Name: Greer, Jason

Address: PO BOX 2978, PLAINFIELD, NJ 07062-0998

Priority	Test Name	Assessment(s)	Instructions
Routine	Vestibular Rehabilitation 3x week for 2 weeks	- S06.0X0A, Concussion without loss of consciousness, Initial encounter - H81.83, Vestibular dysfunction of both ears	



Electronically Signed By: Vinay Chopra, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Greer, Jason, M, 07/16/1963