



World Class Care. Right Where You Are.

Tri-County Orthopedics

197 Ridgedale Ave, P.O. Box 1446 Monistown, N.J. 07962

Phone (973) 538-2334 Fax (973) 585-5706 Billing (973) 538-0329

Brief Note / Office Visit Summary: **WORKER'S COMP**

Patient: **SANDRO PEREZ-JIMENEZ**

Provider: **Andrew A. Willis, MD**

Date of Service: **6/27/23**

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: _____

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: _____

Estimated Date for Return to Work:

Work Status:

☒ No Work

☐ Full Duty with No Restrictions

☐ Restricted Duty with the following restrictions:

☐ Desk work only

☐ No lifting > _____ lbs with effected limb

☐ No push/pull

☐ Hourly breaks for 5 minutes to change position and stretch

Treatment Plan: **PT** 3 x wk 4 wks

Injection _____

Brace/Splint _____

Meds _____

MRI _____

CT _____

EMG/NCS _____

Consult _____

Sx _____

Other _____

Follow-Up Visit: ☐ 2 wks ☐ 4 wks ☒ After Above Study ☐ MMI

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

*Metal S-shock
Pain (Manned)
E-rom S-shock*

TRI-COUNTY ORTHOPEDICS

World-Class Team. Hometown Choice.

ANDREW A. WILLIS, M.D.

197 Ridgedale Ave, Cedar Knolls, N.J. 07927

Tel: (973) 538-2334 Fax: (973) 267-6882

3+

MAURIC
Protocol

SHOULDER STUDY PRESCRIPTION: (M25.511 R / M25.512 L)

Patient Name: Sandro Perez-Jimenez Date: 6/27/23 Site: R L

HISTORY OF:

Fall Trauma

Previous Surgery R Shoulder hemiarthroplasty, LH biceps

Pain

Decreased ROM

Decreased Strength

Instability

Paresthesias

soft tissue
tenodesis

(3/16/23)

Other: _____

RULE OUT:

Rotator Cuff Tear

Labral Tear

Fracture

Other: R/O Subscap tear

STUDIES:

MRI

metal subtraction

ARTHROGRAM

Shoulder: RIGHT

Humerus: _____

Other: _____

MAURIC PROTOCOL

Att: Dr. Willis

CT SCAN

3-D RECONSTRUCTION

BioMet Signature Format

Shoulder: _____

Humerus: _____

Other: _____

Please Discharge Patient with Disc of Images

Physician's Signature: _____

(I have medically prescribed the above treatments)

Andrew A. Willis, M.D., FAAOS

Orthopaedic Surgeon

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



World-Class Team. Hometown Choice.

WORK STATUS

Patient: Sandro Perez Jimenez Date of Service: 6/27/23

X The patient was seen in our office today: _____

Work Status: X No work

_____ Full Duty with No Restrictions

_____ Restricted Duty with the following restrictions:

_____ Desk work only

_____ No lifting > _____ lbs with effected limb

_____ No kneeling or squatting

_____ No push/pull

_____ No bending

_____ No overhead activities

_____ No climbing

_____ Hourly breaks for 5 minutes to change position and stretch

The above work restrictions are in effect until: _____

Follow-up Visit: after Study

A handwritten signature in black ink, reading 'Andrew A. Willis, M.D.'.

Physician Signature: _____

Andrew A. Willis, M.D., F.A.O.S

Board Certified Orthopaedic Surgeon

CAQ in Sports Medicine

CAQ in Hand Surgery

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

Team Orthopaedic Surgeon: New York JETS

www.Tri-CountyOrtho.com