

**Concentra Medical Centers (NJ)**

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

**Service Date:** 03/13/2023**Referral Queue ID:** 480512353**Patient Referral****Patient Information:**

<b>Patient:</b>	Checo, Felix J.	<b>Home Phone:</b>	(908) 380-5593
<b>SSN:</b>	156-23-6121	<b>Work Phone:</b>	<b>Ext:</b>
<b>Address:</b>	463 Stevenson place PERTH AMBOY, NJ 08861	<b>DOI:</b>	03/13/2023
		<b>DOB:</b>	12/07/1996
		<b>Cell Phone:</b>	(908) 380-5593

**Employer Contact:**

<b>Employer Location:</b>	City of Perth Amboy-DPW	<b>Contact:</b>	Maria Rivera
<b>Address:</b>	260 High St Perth Amboy, NJ 088614451	<b>Role:</b>	Additional Injury Contact
<b>Auth. by:</b>		<b>Phone:</b>	(732) 771-2508
		<b>Ext.:</b>	
		<b>Fax:</b>	

**Program:****Billing Information:**

<b>Carrier:</b>	D&H Alternative Risk Solutions	<b>Billing:</b>	D&H Alternative Risk Solutions
<b>Address:</b>	PO Box 68 Newton, NJ 078600068	<b>Address:</b>	PO Box 68 Newton, NJ 078600068
<b>Phone:</b>	(973) 940-1851	<b>Claim #:</b>	
<b>Fax:</b>	(908) 684-9911		
<b>Notes:</b>	Alt name, Dietz & Hammer		

**Referral Contact:**

**Contact:** DOMINIQUE FORGIONE  
**Role:** Adjuster  
**Phone:** (973) 940-1851 **Ext.:** 235  
**Fax:** (973) 940-1852  
**Email:**

**\*\*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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PERTH AMBOY, NJ 08861**Home Phone:**(908) 380-5593**Work Phone:****Ext:****DOI:** 03/13/2023**Cell Phone:**(908) 380-5593**DOB:** 12/07/1996**Therapy Referral Information:****Referral Status:** Pending Auth**REFERRAL PRESCRIPTION****Provider Type:** Physical Therapist**Requested****Total Treatments:** 6**Treatments per Week:** 3**Treatment Duration:** 2 Weeks**Request Comments:**

Auto Generated

**Diagnosis****ICD9 Code ICD10 Code Description**

840.3 S46.911A STRAIN UNSP MUSC/FASC/TEND AT SHLDR/UP ARM, RIGHT ARM, II

**Additional Notes**

Auto Create - Physical Therapy Referral

**Date:** 03/13/2023**Referring Provider:**

Lucknie Ovince, PA

\*\*\* *Provider Signature on File* \*\*\***Number of Visits to Date:** 0**Authorized****Total Treatments:****Treatments per Week:****Treatment Duration:****Authorization Comments:****Auth Number:****Effective Date:****Expiration Date:****Units Authorized:****\*\*NOTE TO THE ABOVE FACILITY OR PHYSICIAN:**

Please send a copy of all reports on this patient to the payer and the center.

CMC-Edison Ethel Road  
16 Ethel Road Edison, NJ 08817  
Phone: 732-248-0088 Fax: 732-248-4408

Service Date: 03/13/2023

Case Date: 03/13/2023

Claim Number:

## Work Activity Status Report

Patient: Felix Checo Last 4 Digits of SSN: xxx-xx-6121 Date of Birth: 12/07/1996  
Address: 463 Stevenson place PERTH AMBOY NJ 08861 Employer Location: City of Perth Amboy-DPW Contact: Maria Rivera  
Home: (908) 380-5593 (H) Address: 260 High St Perth Amboy, NJ 08861-4451 Role: Additional Injury Contact  
Work: Authorized by: Phone: 732-771-2508 Fax: 0-0-0000

### THIS VISIT

Visit Type: Initial

Time In: 01:12:00 PM

Time Out: 02:56:56 PM

Treating Clinician: Lucknie Ovincy, PA-C

### Diagnoses:

Right shoulder strain, initial encounter (S46.911A)

### Medications:

- ☒ Dispensed prescription medication  
☐ Dispensed over-the-counter medication  
☐ Medication(s) prescribed

### PATIENT STATUS

**Employer Notice:** The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

#### Treatment Status:

Returning for follow-up: 2 days

#### Work Status:

Return to modified work/activity today  
Patient may work their entire shift

#### Activity Prescription:

Key: **Occasionally** = up to 3 hrs/day; **Frequently** = up to 6 hrs/day; **Constantly** = up to 8 hours or greater per day

	No use of right upper extremity
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Based on the Department of Labor definitions

### NEXT VISIT(S)

Visit Date and Time:

03/15/2023 10:30 AM

Visit Type:

Medical	Therapy	Specialist
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinician:

Shanthi Reddy, MD

**Patient Notice:** It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel, please contact the clinic. Thank you for your cooperation.

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**Transcription**

**Patient:** Checo, Felix J. **Service ID # :** 486454402  
**Soc. Sec. #:** XXX-XX-6121 **Referral Q ID:**  
**Date of Birth:** 12/7/1996 **Age:** 26 **Injury Date:** 3/13/2023 **Service Date:** 3/13/2023  
**Service Location:** CMC - NNJ Edison Ethel Road **Employer:** City of Perth Amboy-DPW  
**Claim Number:** **Dictated By:** Lucknie Ovince, PA  
**Diagnosis:** S46.911A STRAIN UNSP MUSC/FASC/TEND AT SHLDR/UP ARM, RIGHT ARM, INIT-S46.911A

**Notes:****Reason For Visit**

Chief Complaint: The patient presents today with Patient states that while closing the door of the truck hurt right shoulder. Self reported.

Workers Compensation - Patients Occupation: sanitation.

Chaperone was offered: Patient declined the presence of a chaperone

**Vitals****Vital Signs**

Recorded: 13Mar2023 01:52PM

Temperature: 98 F

Systolic: 120

Diastolic: 78

BP Cuff Size: Regular - Adult

Heart Rate: 78

Respiration: 15

Height: 5 ft 6 in

Weight: 155 lb

BMI Calculated: 25.02 kg/m2

BSA Calculated: 1.79

**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 Prior Surgery

**Allergies**

No Known Drug Allergies

**Occupational History**

Occupational History

Occupational history was provided by the patient.

Type of job / Job title: sanitation

Major job functions: push, pull

Length of time at this job: 4 year(s). Average weekly work hours: 38.

Expected shift hours today: 5 AM to 11 AM.

Workdays: Monday, Tuesday, Wednesday, Thursday and Friday.

Recent overtime: No

**Documented By: Lucknie Ovince, PA**

**Documented On: 3/13/2023 4:14 PM**

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**Notes:****History of Present Illness****Acute Musculoskeletal:**

Acute Musculoskeletal Injury History: injured on 03/13/23

Complaint of shoulder pain. Symptoms are unchanged. Pain is located in the right anterior shoulder. The symptoms occur constantly. Felix Checo describes his pain as sharp in nature. The severity of the pain is moderate. Associated symptoms include decreased range of motion and stiffness. Exacerbating factors include shoulder movement, shoulder rotation, arm elevation, overhead use, lifting and repetitive use. Relieving factors include nonsteroidal anti-inflammatory drugs. (Patient was opening the truck door when a strong wind pull the door. Patient felt a sharp pain on his right shoulder. Reported right shoulder injury 3 years ago. Patient had therapy. Stated that he did feel better)

**Review of Systems**

Constitutional: Reviewed and found to be negative.

Head and Face: Reviewed and found to be negative.

Eyes: Reviewed and found to be negative.

ENT: 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.

Genitourinary: Reviewed and found to be negative.

Musculoskeletal: as noted in HPI.

Integumentary: Reviewed and found to be negative.

Breasts: Reviewed and found to be negative.

Neurological: Reviewed and found to be negative.

Psychiatric: Reviewed and found to be negative.

Endocrine: Reviewed and found to be negative.

Hematologic and Lymphatic: Reviewed and found to be negative.

**Physical Exam**

Constitutional: well appearing and well nourished. in no acute distress.

Head/Face: Normocephalic and atraumatic.

Eyes: conjunctiva and lids with no swelling, erythema or discharge. Pupils are equal, round, and reactive to light and cornea clear. Extraocular movements intact.

ENT: No erythema or edema of the external ears or nose.

Pulmonary: no increased work of breathing or signs of respiratory distress. all lung fields clear to auscultation bilaterally.

Cardiovascular: normal rate and rhythm, normal S1 and S2, without gallops or rubs. no murmur. Extremities are warm with no edema.

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**Notes:**

Abdomen: soft, non-distended, no masses, and no tenderness.  
Musculoskeletal: Normal gait. No tenderness or swelling of extremities. Range of motion is within normal limits. Normal muscle strength and tone.  
Right Shoulder: Appearance is normal. Tenderness in the anterior shoulder, in the lateral shoulder, in the superior shoulder and in the posterior shoulder. Limited range of motion in all planes with pain. Motor tone is normal. Rotator Cuff Test(s): positive painful arc and positive Apley s scratch test.  
Left Shoulder: Appearance normal. No deformity. No tenderness. Full range of motion. Strength normal. No signs of impingement.  
Chest: Chest is normal in appearance.  
Skin: Normal without rashes or lesions. Normal turgor.  
Neurologic: cranial nerves grossly intact. upper and lower extremity reflexes symmetric bilaterally. Gait evaluation demonstrated a normal gait, full weight bearing, no ataxia, no shuffling.  
Psychiatric: . oriented to person, place, and time. mood and affect are appropriate.

**Radiology Results**

Right shoulder X-ray

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.

**ASSESSMENT**

1. Right shoulder strain, initial encounter (S46.911A)

Plan

1. Start: Ibuprofen 600 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY WITH MEALS

Rx By: Ovince, Lucknie; Dispense: 7 Days ; #:20 Tablet; Refill: 0;For: Right shoulder strain, initial encounter; DAW = N; Verified Transmission to CONCENTRA - EDISON ETHEL ROAD; Last Updated By: System, SureScripts; 3/13/2023 2:41:48 PM

2. Hot/Cold Pack, Any Size; Done: 13Mar2023

Perform:In Office; Due:18Mar2023;Ordered; For:Right shoulder strain, initial encounter; Ordered By:Ovince, Lucknie;

Dispensed : Today for home use. The patient was instructed to use as directed for reduction of pain

3. Pain Relief Gel Tube 4oz (FOR HOME USE); Done: 13Mar2023

Perform:In Office; Due:18Mar2023;Ordered; For:Right shoulder strain, initial encounter; Ordered By:Ovince, Lucknie;

Dispensed : Today for home use. The patient was instructed to use as directed for reduction of pain

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**Notes:**

4. Physical Therapy Referral Physical Therapy See Referral Comment! Done:  
13Mar2023  
Ordered;For: Right shoulder strain, initial encounter; Ordered By: Ovince, Lucknie  
Performed: Due: 27Mar2023  
Laterality 1 : Right  
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  
5. X-Ray, Right shoulder; complete, minimum of 2 views; Requested for:13Mar2023;  
Perform:RAMSOFT; Due:20Mar2023;Ordered; For:Right shoulder strain, initial  
encounter; Ordered By:Ovince, Lucknie;

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

**Discussion/Summary**

Patient was opening the truck door when a strong wind pull the door. Patient felt a  
sharp pain on his right shoulder . Reported right shoulder injury 3 years ago.  
Patient had therapy. Stated that he did feel better  
Right shoulder strain  
Right shoulder X-ray preliminary wnl  
Ibuprofen 600 mg, perform gel and cold pack given today  
Start PT  
L/D  
F/U in 2 days  
Chaperone was declined

A direct, interactive exchange with the patient occurred, regarding: case  
complexity, testing and treatment options failure to progress as anticipated  
potential barriers to recovery potential side effects of medication(s)  
The risk/possibility of re-injury was discussed and the patient was instructed on  
ways to avoid re-injury including restrictions and job modifications.

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**Notes:**

The Risk and capacity of the patient s current work status, as well as the functional activities related to their job, and final work status.

Call to the employer to discuss work status, prognosis, and diagnosis.  
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: 2 days

**Activity Status**

Return to modified work/activity today.

**Work Duration**

Patient may work their entire shift.

Restrictions: KEY - Occasionally = up to 3 hrs/day, Frequently = up to 6 hrs/day,

Constantly = up to 8 hours or greater per day

No use of right upper extremity

**Signatures**

Electronically signed by : Lucknie Ovince, PA-C; Mar 13 2023 2:52PM EST - Author

Electronically signed by : Che Liu, M.D.; Mar 13 2023 4:14PM EST - Review

**Documented By: Lucknie Ovince, PA**

**Documented On: 3/13/2023 4:14 PM**