

Concentra Medical Centers (NJ)

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

Service Date: 06/05/2023**Referral Queue ID:** 480521078**Patient Referral****Patient Information:**

Patient:	Arce, Raymond G.	Home Phone:	(732) 425-7564
SSN:	149-94-6511	Work Phone:	Ext:
Address:	Short Street	DOI:	05/31/2023
	PISCATAWAY, NJ 08854	DOB:	04/07/1993
		Cell Phone:	(732) 425-7564

Employer Contact:

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

Program:**Billing Information:**

Carrier:	D&H Alternative Risk Solutions	Billing:	D&H Alternative Risk Solutions
Address:	PO Box 68	Address:	PO Box 68
	Newton, NJ 078600068		Newton, NJ 078600068
Phone:	(973) 940-1851	Claim #:	
Fax:	(908) 684-9911		
Notes:	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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Therapy Referral Information:

Referral Status: Pending Auth

REFERRAL PRESCRIPTION

Provider Type: Physical Therapist

Requested

Total Treatments:	6	Request Comments:
Treatments per Week:	3	Auto Generated
Treatment Duration:	2 Weeks	

Diagnosis

ICD9 Code	ICD10 Code	Description
847.0	S16.1XXA	STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INIT-S
840.3	S46.911A	STRAIN UNSP MUSC/FASC/TEND AT SHLDR/UP ARM, RIGHT ARM, II
840.3	S46.912A	STRAIN UNSP MUSC/FASC/TEND AT SHLDR/UP ARM, LEFT ARM, IN
310.1	S09.90XA	UNSPECIFIED INJURY OF HEAD, INITIAL ENCOUNTER-S09.90XA

Additional Notes

Auto Create - Physical Therapy Referral

Date: 06/05/2023

Referring Provider: Shanthi Reddy, MD

*** Provider Signature on File ***

Number of Visits to Date: 0

Authorized

Total Treatments:	Auth Number:
Treatments per Week:	Effective Date:
Treatment Duration:	Expiration Date:
Authorization Comments:	Units Authorized:

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Patient: Arce, Raymond G. **Service ID # :** 486540645
Soc. Sec. #: XXX-XX-6511 **Referral Q ID:**
Date of Birth: 4/7/1993 **Age:** 30 **Injury Date:** 5/31/2023 **Service Date:** 6/7/2023
Service Location: CMC - NNJ Edison Ethel Road **Employer:** City of Perth Amboy-Police Dept
Claim Number: **Dictated By:** Shanthi Reddy, MD
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 /u for head injury, cervical spine and right and left shoulder. Patient states that his shoulders are sore. Self reported.

Workers Compensation - Patient s Occupation: Police officer.

Work Status History: patient has been working modified duty.

Chaperone was offered: Patient declined the presence of a chaperone

Vitals

Vital Signs

Recorded: 07Jun2023 09:11AM

Systolic: 120

Diastolic: 78

BP Cuff Size: Large - Adult

Heart Rate: 70

Respiration: 16

Height: 5 ft 8 in

Weight: 180 lb

BMI Calculated: 27.37 kg/m2

BSA Calculated: 1.95

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 No pertinent past surgical history

Allergies

No Known Allergies

History of Present Illness

Musculoskeletal:

Raymond Arce is returning for a recheck of injury(s):.

Neck Pain:. Symptoms are improving. The pain is located in the right posterior neck, right lateral neck, right trapezius and right shoulder. The symptoms occur frequently. He described his pain as sharp, dull and aching in nature. The severity of the pain is moderate. Associated symptoms include headache, shoulder pain, neck stiffness and neck tenderness, but no upper extremity paresthesias. Exacerbating factors include neck movement and arm movement. Relieving factors include

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Documented On: 6/7/2023 9:43 AM

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Notes:

nonsteroidal anti-inflammatory drugs.

Shoulder Pain: Symptoms are improving. Pain is located in the right anterior shoulder, right lateral shoulder, right posterior shoulder and left resolved. The symptoms occur frequently. Raymond Arce describes his pain as sharp, dull and aching in nature. The severity of the pain is moderate. Pain radiates to the right neck and right scapula. Associated symptoms include stiffness and neck pain, but no numbness in arm. Exacerbating factors include shoulder movement, arm elevation, lifting and overhead use. Relieving factors include nonsteroidal anti-inflammatory drugs.

Work Status History: patient has been working transitional duty.

Patient has been adhering to the work restrictions as prescribed. Patient has been referred to physical therapy. Authorization is pending.

Patient is taking the medication(s) as prescribed and symptoms have improved, he is tolerating medication well and reports no side effects.

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.

Musculoskeletal: Reviewed and found to be negative.

Integumentary: Reviewed and found to be negative.

Breasts: Reviewed and found to be negative.

Neurological: Reviewed and found to be negative.

Hematologic and Lymphatic: Reviewed and found to be negative.

Physical Exam

Constitutional: in no acute distress.

Head/Face: Normocephalic and atraumatic.

Eyes: Extraocular movements intact.

ENT: Hearing is grossly normal.

Pulmonary: no increased work of breathing or signs of respiratory distress.

Cardiovascular: capillary refill was normal. Brachial pulses are normal. Radial pulses are normal.

Left Shoulder: Appearance normal. No deformity. No tenderness. Full range of motion. Strength normal. No signs of impingement.

Right Shoulder: Appears with no ecchymosis, no erythema and no swelling. Tenderness in the AC joint, in the anterior glenohumeral joint, in the rhomboids, in the

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Notes:

scapula, in the supraspinatus muscle, in the trapezius muscle, in the anterior shoulder, in the superior shoulder and in the posterior shoulder. Forward Flexion: with pain. Abduction: with pain. Adduction: with pain. Motor tone is normal.

Neurologic: Bilateral deep tendon reflexes are 2/4. Sensation is intact to light touch in all dermatomes. The muscles display no weakness. Vascular: The pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally. Rotator Cuff Test(s): positive Apley s scratch test, but negative painful arc, negative Hawkin s test and negative Neer test.

Left Upper Arm: Appearance normal. No deformity. No tenderness. Full range of motion. Strength normal.

Right Upper Arm: Appearance normal. No deformity. No tenderness. Full range of motion. Strength normal.

Cervical Spine: Cervical Spine: Appears with no ecchymosis and no erythema. Tenderness in the

Ulevel right paraspinal and right trapezius muscle, but not the cervical spine, not the left paraspinal and not the left trapezius muscle. Flexion: painful. Right Side Bending: painful. Right Rotation: painless. Extension: painful. Left Side Bending: painful. Left Rotation: painless. Normal motor tone.

Neurologic: Sensation is intact to light touch in all dermatomes tested. The muscles tested display no weakness. No muscle atrophy is present. Vascular: The pulses are 2+/2+ bilaterally and capillary refill time is normal bilaterally.

Thoracic Spine: Appears with no ecchymosis, no erythema and no swelling. Tenderness in the

Ulevel left paraspinal, in the

Ulevel right paraspinal, in the right rhomboid muscle and in the left rhomboid muscle, but not in the thoracic spine. R

gt;L.

Neurologic: cranial nerves grossly intact. normal mental status. sensation intact to light touch. Gait evaluation demonstrated a normal gait, full weight bearing, no ataxia, no shuffling.

Psychiatric: . Judgment and insight are normal. oriented to person, place, and time. speech is appropriate in content and delivery. Recent and remote memory is intact. mood and affect are appropriate.

Radiology Results

Final X-ray report was reviewed with the patient.

Functional Restoration and Status of Healing**Documented By: Shanthi Reddy, MD****Documented On: 6/7/2023 9:43 AM**

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Notes:

Raymond Arce is approximately 25% of the way toward meeting the physical requirements of his job.

ASSESSMENT

1. Strain of shoulder, right (S46.911A)
2. Strain of shoulder, left (S46.912A)
3. Cervical strain (S16.1XXA)
4. Head injury (S09.90XA)
5. Motorcycle accident (V29.99XA)

Plan

1. Custom Touch 2 Moist Electric Heat Pad; Done: 07Jun2023

Perform: In Office; Due: 12Jun2023; Ordered; For: Motorcycle accident; Ordered By: Reddy, Shanthi;

Dispensed : today for home use. The patient was instructed to use as directed to alleviate one or more of the following conditions: reduction of pain, inflammation, spasm, swelling, tightness or stiffness.

NO MEDICATIONS WERE PRESCRIBED OR DISPENSED FOR THIS ENCOUNTER.

Discussion/Summary

Neck improving
Right shoulder improving
Left shoulder resolving
meds helping
PT to start asap
CT head, CT neck and CT chest, abd and pelvis WNL
Pt advised to f/u with INs adj reg PT auth
LD
f/U 1wk
Chaperone was declined

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Notes:

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: 1wk

start PT asap

Activity Status

Return to modified work/activity today.

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

Constantly = up to 8 hours or greater per day

Should be sitting 90 % of the time.

May not work in safety sensitive position.

Signatures

Electronically signed by : Shanthi Reddy, M.D.; Jun 7 2023 9:43AM EST - Author

Documented By: Shanthi Reddy, MD**Documented On: 6/7/2023 9:43 AM**