



WC Facsimile Transmittal Request

Attention: Carolina Shell - Frederick, Alder

To: D&H Alternative Risks Claim #: IWC088704

From: Dr Delaney Total Pages: 8

Date: 10/14/24 Sender's Ref Fax #: (973) 434-9578

X Fax: 973-940-1852 Email: _____

<input checked="" type="checkbox"/>	DDI
<input checked="" type="checkbox"/>	PT RX
<input type="checkbox"/>	MRI RX
<input type="checkbox"/>	Surgery
<input checked="" type="checkbox"/>	Work Note
<input checked="" type="checkbox"/>	Visit Note
<input type="checkbox"/>	Other

Next Appointment Date: 11/11/2024 Time: 1:15 pm

Location: ☐ Westfield ☐ West Orange ☒ Morristown
☐ Middletown ☐ Ridgewood

Please Fax Next Appointment DDI to Designated Location

Thank You!

Confidential Notice

This email/fax transmission contains confidential or legally privileged information, which is intended only for the use of the individual or entity named in this transmittal. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or reliance upon the contents of this email is strictly prohibited. If you received this transmission in error, please notify us immediately, and please forward this email/fax back to us with notification that you have deleted the transmission from your system.

116 South Euclid Ave - Suite 1 - Westfield, NJ 07090 - Phone: (908) 588-2311 Fax: (908) 588-2319
 300 Executive Dr. - Suite 110 - West Orange, NJ 07062 - Phone: (973) 434-9578 Fax: (973) 434-9578
 25 Lindeley Dr. - Suite 208 - Morristown, NJ 07960 - Phone: (862) 345-7955 Fax: (862) 345-7888
 1270 NJ 35, Suite 1 Middletown, NJ 07748 - Phone: (732) 788-3769 Fax: (732) 788-3547
 119 Prospect Street, Suite 3 Ridgewood, NJ 07460 - Phone: (561) 284-4600 Fax: (561) 284-4699

Order Form

Genesis Orthopaedic and Spine WO

300 EXECUTIVE DR, STE 110
WEST ORANGE, NJ, 07052-3329
973-434-9575 973-434-9578

Req/Ctrl# (CD-): 105088

Nicholas Delaney

NPI: 1558596114

Orthopaedic Surgery

Today: 10/14/2024 03:01 PM

Order Date: 10/14/2024 01:15 PM

Fredericks, Adlar, Male, 04/02/1981 ID: 24024 - WC

Home: 852-216-6262 Call: 852-216-5262 95 S ESSEX AVE, APT 207, ORANGE, NJ, US 07050-2624

RESPONSIBLE PARTY/GUARANTOR INFO:

Name: Fredericks, Adlar

DOB: 04/02/1981

Primary Insurance Name: DandH Alternative Risk Solutions

Insurance Phone: 973-940-1851

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

Subscriber Number: IWC088704

Insured Name: Fredericks, Adlar

Address: 95 S ESSEX AVE, APT 207, ORANGE, NJ, US 07050-2624

Priority	Test Name	Assessment(s)	Instructions
Routine	PT/OT Eval and Treat 3x/week for 4 weeks Notes: WBAT. See attached protocol	- S83.231D, Complex tear of medial meniscus of right knee as current injury, subsequent encounter	

Electronically Signed By: Nicholas Delaney

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Fredericks, Adlar, M, 04/02/1981



Risk Management & Third Party Administration

WORKERS' COMPENSATION TREATMENT AND/OR AUTHORIZATION

DATE: 10/14/2024

TO DOCTOR: Dr. Delaney

PHONE: 908-588-2311 FAX: 908-588-2319

PLEASE NOTE: OUR COMPANY REPRESENTS THIS PATIENT'S EMPLOYER
AND WORKERS' COMPENSATION INSURANCE CARRIER IN THIS MATTER

RETURN TO: CLAIM ADJUSTER (PAYOR):

EMPLOYER: Township of Irvington
 PATIENT: Alick Fratericks
 DATE OF LOSS: 7/19/2024
 CLAIM #: 1WC088704
 WORK INJURY:

☒ **PLEASE ACCEPT THIS LETTER AS AUTHORIZATION FOR:** ☒ **TREATMENT** ☐ **SURGERY** ☐ **MRI**
☐ **EMG** ☐ **OTHER**

☒ **AFTER YOU HAVE HAD AN OPPORTUNITY TO EXAMINE THE PATIENT, PLEASE COMPLETE THE INFORMATION BELOW AND FAX THIS FORM TO THE NUMBER BELOW. WE WOULD ALSO APPRECIATE YOUR NOTES WHEN COMPLETED**

☒ **THIS PATIENT HAD AN APPOINTMENT WITH YOU ON //. PLEASE COMPLETE THE INFORMATION BELOW AND FAX THIS FORM TO THE NUMBER BELOW. WE WOULD ALSO APPRECIATE YOUR NOTES WHEN COMPLETED.**

☐ **OTHER:**

- *****
1. CURRENT DIAGNOSIS: SIR Artery
 2. TREATMENT PLAN: PT
 3. NEXT APPOINTMENT: 4 weeks MMI DATE: _____
 4. PHYSICAL CAPACITY: _____ TOTAL BED REST _____ SEDENTARY ONLY

☒ **NO LIFTING** ☐ **LIFTING UP TO** _____ **LBS.**
☐ **NO DRIVING** ☐ **NO CLIMBING**
☐ **OTHER:** _____

[Signature]
 DOCTOR'S SIGNATURE

10/14/27
 DATE

☒ **THERAPY - RX FROM REFERRING DOCTOR IS ENCLOSED - PLEASE FORWARD P.T. NOTES TO D&H AS WELL AS REFERRING PHYSICIAN**

THIS REQUESTED INFORMATION IS NEEDED IN ORDER FOR ME TO PROPERLY HANDLE THIS WORKERS' COMPENSATION CLAIM AND IS REQUIRED IN ORDER FOR US TO ISSUE PAYMENTS OF YOUR MEDICAL INVOICES. SHOULD YOU HAVE ANY QUESTIONS PLEASE CALL ME AT THE NUMBER BELOW.

PLEASE SEND BILLS AND RECORDS TO THE ADDRESS BELOW.



Genesis

Orthopaedic and Spine

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

118 S. Euclid Ave, Suite 1
 Westfield NJ 07090
 Office: (808) 888-2311
 Fax: (908) 888-2319

300 Executive Dr, Suite 110
 West Orange, NJ 07082
 Office: (973) 434-9575
 Fax: (973) 434-9578

25 Linsley Dr, Suite 208
 Morristown, NJ 07960
 Office: (862) 345-7955
 Fax: (862) 345-7955

1270 NJ 38, Suite 1
 Middletown, NJ 07748
 Office: (732) 788-3769
 Fax: (732) 788-3647

118 Prospect Street, Suite 3
 Ridgewood, NJ 07450
 Phone: (861) 284-4600
 Fax: (861) 284-4699

Date:

10/14/24

Re:

Fredericks, Alder

To whom it may concern,

This letter is to certify that Alder Fredericks has been under my orthopedic care.This patient was seen and evaluated by Dr. Delaney in our office.

The patient's work/School status is:

out of work

as of

10/14/24

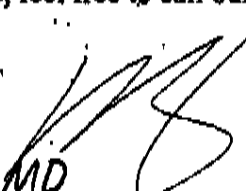
, until their next evaluation:

Yels 11/11/24 1:15pm

If you have any questions, feel free to call our office at (973) 434-9575. Thank you.

Sincerely,

Nicholas Delaney, MD



10/14/24 2:28 PM

Print Preview

FREDERICKS, Adlar DOB: 04/02/1981 (43 yo M) Acc No. 24024 - WC DOS: 10/14/2024

Progress Note

Patient: FREDERICKS, Adlar
Account Number: 24024 - WC
DOB: 04/02/1981 Age: 43 Y Sex: Male
Phone: 962-216-5262
Address: 95 S ESSEX AVE, APT 207, ORANGE, NJ-07050-2624

Provider: Nicholas Delaney

Date: 10/14/2024

Subjective:**Chief Complaints:**

1. Post op.

HPI:Work Comp Information:

Claim Number: IWC088704.
Date of Injury: 07-19-2024.
Case Manager: Carolina Shell.
Employer: Township Of Irvington.
Job Description: Laborer.
Insurance Company: D&H Alternative Risk Solutions.
Phone Number: 973-940-1851 EXT: 239.
Fax: 973-940-1852
Email: cshell@riskSolutions.com.

Work 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 day after went to ER but went to concentra day of*
Were X-rays and/or MRIs taken? *Yes*
Rate your pain today on a scale of 1-10: *8*
Have you ever experienced similar symptoms in the past? *No*
How long have you been employed at your current job? *11 years*
What is your current work status? *Currently employed*
Have you ever been treated by a Chiropractor? *Yes neck and back*

Right knee:

c/o Right knee pain The patient is presenting today s/p right knee arthroscopy 9/25/24. Ambulating without crutches. Pain controlled. Denies fevers, chills, or numbness/tingling..

ROS:General/Constitutional:

Fever denies. Night sweats denies. Weight loss denies.

Allergy/Immunology:

Runny nose denies. Itchy eyes denies. Congestion denies.

Ophthalmologic:

Vision loss denies. Blurry vision denies. Red eye denies.

EENT:

Decreased hearing denies. Nosebleed denies. Sore throat denies.

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:

Provider: Nicholas Delaney

Date: 10/14/2024

Generated for Printing/Faxing/eTransmitting on: 10/14/2024 02:28 PM EDT

10/14/2024 02:28 PM

Print Preview

FREDERICKS, Adlar DOB: 04/02/1981 (43 yo M) Acc No. 24024 - WC DOS: 10/14/2024**diarrhea denies. Nausea denies. Vomiting denies.****Hematology:****Easy bleeding denies. Easy bruising denies. Swollen glands denies.****Genitourinary:****Hematuria denies. Urinary Incontinence denies. Burning w/Urination denies.****Skin:****Skin Infection denies. Hives denies. Rash denies.****Neurologic:****Headache denies. Seizures denies. Tremor denies.****Psychiatric:****Panic attacks denies. Depressed mood denies. Suicidal thoughts denies.****Medical History: Medical History Verified.****Surgical History: Denies Past Surgical History.****Hospitalization/Major Diagnostic Procedure: Denies Past Hospitalization.****Family History: Father: alive, high blood pressure. Mother: deceased, high blood pressure. 2 brother(s) , 2 sister(s) - healthy. 1 son(s) - healthy. .****Social History:****Tobacco Use:****Tobacco Control (Standard)****Tobacco use: *Nonsmoker*****Medications: Taking Meloxicam 15 MG Tablet 1 tablet Orally Once a day****Allergies: N.K.D.A.****Objective:****Vitals:****Temp: 97.5°F, HR: 106 /min, BP: 153/99 mm Hg, Wt: 264 lbs, BMI: 35.8 Index, Ht: 72 in, Oxygen sat 97 %, Ht-cm: 182.88 cm, Wt-kg: 119.75 kg.****Examination:****General Examination:****GENERAL APPEARANCE: in no acute distress, well developed, well nourished, alert, oriented x 3.****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.****LUNGS: Unlabored breathing.****ABDOMEN: 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.****Lumbar Spine:****Inspection no deformity, no scoliosis, no kyphosis.****Skin no signs of erythema, pressure ulcers, rashes, lacerations.****Palpation no midline tenderness, no paraspinal tenderness.****Range of Motion normal range of motion on flexion, extension, rotation.****Provider: Nicholas Delaney****Date: 10/14/2024****Generated for Printing/Faxing/eTransmitting on: 10/14/2024 02:28 PM EDT**

10/14/24 2:45 PM

Print Preview

FREDERICKS, Adlar DOB: 04/02/1981 (43 yo M) Acc No. 24024 - WC DOS: 10/14/2024

Strength 5/5 strength lumbar spine and lower extremities bilaterally.
Stability no instability noted, can sit upright on exam table with minimum effort.
Special tests negative left straight leg raise, negative right straight leg raise.
Neurological 2+ reflexes bilaterally, negative Babinski.

Right knee:

INSPECTION: moderate effusion.
LEG EXAMINATION: negative Homan's sign, neurovascularly intact distally.
ALIGNMENT: normal.
WOUNDS: arthroscopy portal wounds are healing well. Sutures were removed today. No erythema or signs of infection.
PALPATION: no specific tenderness on palpation.
TENDERNESS: consistent with post-operative course.
KNEE RANGE OF MOTION: 0-100.
STABILITY: all ligaments appear stable.
STRENGTH: no focal deficit.
SKIN: no abnormal color or temperature changes.
TESTS: negative McMurray's.
HIP RANGE OF MOTION: within normal limits.
GAIT: antalgic on right.
SENSATION: normal to light touch.
VASCULAR: 2+ palpable distal pulses.
POST-OP ASSESSMENT: no signs of surgical complications on exam today.

Left knee:

INSPECTION: no deformity, no ecchymosis present, no swelling or erythema, no significant swelling.
LEG EXAMINATION: negative Homan's sign, neurovascularly intact distally, calf soft and non-tender.
ALIGNMENT: no varus or flexion contracture.
WOUNDS: no wounds.
PALPATION: no specific pain to palpation.
TENDERNESS: no specific tenderness on palpation.
KNEE RANGE OF MOTION: full flexion and extension, 0 degrees to 130 degrees intact.
STABILITY: negative abduction medial collateral ligament (MCL) laxity, negative adduction lateral collateral ligament (LCL) laxity, negative anterior drawer test, negative Lachman's test, negative patella laxity, negative posterior drawer test.
STRENGTH: 5/5 strength on extension, 5/5 on flexion.
SKIN: no pressure ulcers, rashes, erythema or wounds.
TESTS: negative McMurray's, negative patella grind.
GAIT: normal, heel to toe.
SENSATION: normal to light touch.
VASCULAR: 2+ palpable distal pulses.

Assessment:**Assessment:**

1. Complex tear of medial meniscus of right knee as current injury, subsequent encounter - S83.231D (Primary)
2. Chondromalacia - M94.20
3. Complex tear of lateral meniscus of right knee as current injury, subsequent encounter - S83.271D

Plan:**Treatment:**

1. Complex tear of medial meniscus of right knee as current injury, subsequent encounter
Procedure: PT/OT Eval and Treat 3x/week for 4 weeks
WBAT: See attached protocol

Provider: Nicholas Delaney

Date: 10/14/2024

Generated for Printing/Faxing/Transmitting on: 10/14/2024 02:28 PM EDT

10/14/24 2:25 PM

Print Preview

FREDERICKS, Adlar DOB: 04/02/1981 (43 yo M) Acc No. 24024 - WC DOS: 10/14/2024

Notes: Surgical findings discussed

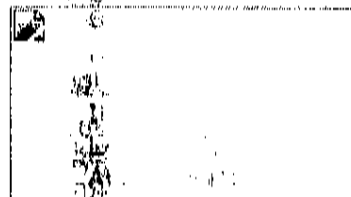
- Begin PT per protocol
- OTC meds PRN pain
- Ice/compression/elevation
- No high level activity

Procedures:Work/School Excuse:

Work Excuse No duty until next appointment.

Follow Up: 4 Weeks**Billing Information:****Visit Code:**

99024 Postop visit.

Procedure Codes:

Electronically signed by NICHOLAS DELANEY, MD on 10/14/2024 at 01:21 PM EDT

Sign off status: Completed

Provider: Nicholas Delaney**Date: 10/14/2024**

Generated for Printing/Faxing/eTransmitting on: 10/14/2024 02:25 PM EDT