

TRI-COUNTY ORTHOPEDICS

World-Class Risk Management Clinic

197 Ridgedale Avenue, Suite 300
Cedar Knolls, NJ 07927
Phone: 973-538-2334

claim #2

② Shoulder

Office Visit Summary

Exam Date: 3/29/24 Date of Injury: 03/12/2024 Physician: DAVID KLEIN, MD

Patient: JAMES VITOLLO

Carrier: D&H

Clm#: IWC087340

Adjustor: CAROLINA SHELL

Phone: 973-940-1851 Ext: 239

Email: CSHELL@RISKSOLUTIONS.COM

Fax: 973-940-1852

Case Mgr/Other:

Phone:

Ext:

Email:

Fax:

Diagnosis: ② shoulder cuff tear

ICD-10:

Causality: (first visit only) Yes _____ No _____

Work Status

Unable to work effective: _____ Return to work full duty effective: _____

Return to work with modifications: _____

Restrictions include: ☐ No Climbing ☐ No Kneeling ☐ No Squatting ☐ No Overhead lifting

Maximum lift and push/pull of _____ lbs with affected extremity

NWB TTWB PWB FWB No use of: _____ Other: _____

Able to drive at work: Yes _____ No _____ Estimated MMI: _____

Able to drive outside of work: Y/N _____

Treatment Plan

Physical Therapy: _____ x/wk _____ wk ☒ MRI/MRI Arthrogram ☐ CT Scan

☐ Injection ☐ EMG/NCS ☐ Brace ☐ Splint ☐ CAM Walker

☐ HEP/Therabands ☐ Consults _____

☐ Other _____

Medications

Narcotic prescribed: _____ Start Date: _____

Pain Score prior to narcotic initiation: (0-10) _____ Pain Score after Narcotic initiation (0-10) _____

Referral to pain management: _____

Follow up appointment: after MRI @ _____ AM/PM MMI: ☐ Yes ☐ No

TCO Case Manager: _____

Ext: _____

Orthopedic Surgeon



World-Class Team. Hometown Choice.
PO BOX 1446, Morristown, NJ 07962-1446
(973) 538-2334

Mar 29, 2024

Patient Name: James M Vitollo

The above named patient has been under my care for an orthopedic problem/pain management.

☒ Had an appointment/procedure

03/29/24 _____
Date

☐ Work guidelines:

☐ No Work as of _____

☐ Continue Full Duty as of _____

☐ Return to Full Duty as of _____

☒ Modified/Light Duty as of 03/29/24 with the following Limitations:

no fighting fires until follow up

If there are any questions, please feel free to contact our office.

Physician Name: David S. Klein D.O.



World-Class Team. Hometown Choice.

PO BOX 1446, Morristown, NJ 07962-1446 Main: 973-538-2334 Billing: 973-538-0329

☐ 197 Ridgedale Ave, 3rd floor
Cedar Knolls, NJ 07927
Fax: 973-267-6882 (Sport)
Fax 973-538-4081 (Joint)

☐ 1590 Route 206
Bedminster, NJ 07921
Fax: 908-234-2022

☐ 485 Union Ave., Suite C
Bridgewater Township, NJ 08807
Fax: 908-429-7960

☐ 757 Route 15
Lake Hopatcong, NJ 07849

MRI ORDER

Date: **03/29/2024**

Patient: **James M Vitollo**
148 Mountainview Road
Warren, NJ 07059
(908) 580-1246

DOB: 11/01/1980 43 year

Gender: Male

Ordering Provider: **David S. Klein D.O.**
NPI #: 1598006926

Test(s) Ordered: **Shoulder - MRI w/o contrast - Left**

Diagnosis: M25.512 Pain in left shoulder

Note/Instructions:

Signature:

David S. Klein D.O.

Please Give patient copy of disc.

Follow up instructions after MRI:

Please make a follow up appointment with the doctor within 3-7 days after you have your MRI to review the results and allow for the clinical correlation of the study. Allow at least 3 days for the report to be completed which will be required for appropriate interpretation. It is imperative that you bring the CD or films to the appointment.