

Veronica Reza, FNP

PATIENT:
DATE OF INJURY:
DATE OF BIRTH:

THEODORE "JIMMY" ANGEL
FEBRUARY 23, 2023
SEPTEMBER 15, 1975

May 5, 2023

INTERIM/TELEHEALTH VISIT

OVERVIEW: Mr. Theodore "Jimmy" Angel is a 47-year-old, ambidextrous male who presents to Injury Care Network Services for evaluation and disposition of injuries sustained in a motor vehicle collision that occurred on 02/23/23.

PHYSICAL THERAPY AND CHIROPRACTIC: Mr. Angel has continued a course of physical therapy and chiropractic for a total of five and six sessions respectively with the last session of both modalities on 04/28/23. He does feel these are of benefit to him and has some improvement in his interscapular shoulder blade area pain and continues to have sessions scheduled out.

ACUPUNCTURE: Mr. Angel had an initial evaluation on 04/27/23 but states that the dates and scheduling do not work for him, so he has not had a follow up and, as such, he is not able to pursue at this time.

PAIN MANAGEMENT/INJECTION SPECIALIST: Mr. Angel has been referred for an initial consultation with pain management/injection specialist. This is pending scheduling, and he is waiting to have the call so he can schedule the initial consultation.

MRI OF THE THORACIC SPINE (04/28/23): Unremarkable thoracic spine MRI.

COUNSELING: Mr. Angel has been referred for a course of counseling. This has not been scheduled but, at this time, he states he is doing better and does not feel that he needs it and would like to place this on hold.

PRESENT SYMPTOMS: Mr. Angel states that he is not having any dizziness. He states the headaches have subsided and states the only time he has a headache is when he is having really sharp pain in his shoulder blade area, but that has gone away with physical therapy and states that he has not had that in one to two weeks at least. He does continue to have occasional right shoulder area pain, but it is not intense shoulder blade area symptoms that would cause the headaches. He states his neck pain is also getting better in the interim as well. His thoracic spine pain is still somewhat there but also improved. His lower lumbar symptoms are still quite persistent and still rates these at 5-6/10, stating that has never gone away, and the sciatic pain that keeps occurring shoots down to his right knee most of the time and occasionally sometimes all the way down to his right foot. He states that pain has been persistent and constant, and he has had this pain since after the motor vehicle collision from 02/23/23. His right hip pain is still quite bothersome as well. He states that his sleep is somewhat improved with a muscle relaxer, and the anxiety with driving and being in traffic is improving and is getting better, although he still occasionally is on high alert when someone else is driving but doing much better.

PAST MEDICAL, SOCIAL, AND FAMILY/CONTRIBUTORY HISTORY: He endorses herniated discs about 25 years ago in his lumbar area when he was in his 20s. He did not have any leg pain at that time. It was actual low back pain and was treated with epidural steroids and

has had no problems since that one episode approximately 25 years ago. He has a history of a jaw surgery ten years ago. He denies any prior motor vehicle collision or work-related injuries. He is negative for systemic illnesses. He is a nonsmoker, and his family history is noncontributory.

CURRENT MEDICATIONS: He was given a prescription for ibuprofen and Flexeril by Dr. Bethany Wallace, which he has been taking and has refills for both medications.

ALLERGIES: No known drug allergies.

REVIEW OF SYSTEMS: Please see above Present Symptoms for musculoskeletal review of systems. Mr. Angel is alert and oriented to person, time, place, and purpose. He is pleasant and able to hear and engage in normal conversation via telephone without difficulty. He denies any cardiovascular or pulmonary complaints. He denies any bowel or bladder dysfunction. No other concerns are voiced at this time.

OBJECTIVE: Vital signs are not obtained as this is a telehealth/telephone encounter with Mr. Theodore “Jimmy” Angel in his home environment and Veronica Reza, FNP, in the office location setting.

Mr. Angel has previously been noted to be a well-developed, well-nourished male appearing his approximate stated age.

HEENT – he is able to speak in full sentences without respiratory distress. He is not having any cough or having to pause for completion of sentences.

Cervical spine – he endorses full range of motion of the cervical spine with pain behaviors at endpoints of movement and does endorse some pain still present in the bilateral paraspinous muscles extending into the upper trapezius muscles bilaterally.

Thoracic spine – he endorses pain previously palpated over the right paraspinous muscles and right parascapular muscles, although much improved.

Lumbar spine – he endorses full range of motion of the lumbar spine with pain behaviors at endpoints of movement and continues to endorse pain previously palpated over the bilateral paraspinous muscles as well as the right SI joint hip area and endorses pain previously palpated over the lumbosacral junction. He was previously noted to have complaints of radiating pain into the foot at 30° with straight leg raising.

Upper extremities – he endorses full range of motion of the bilateral upper extremities but endorses pain in the right and left trapezius areas.

He endorses a nonantalgic gait and is otherwise neurologically grossly intact.

DIAGNOSTICS:

A Radiograph/X-ray of the left shoulder was performed on 02/23/23 at North Suburban Hospital and read as: Normal.

A CT scan of the head and cervical spine was performed on 02/23/23 at North Suburban Hospital and read as: No acute intracranial abnormality. Chronic left maxillary sinus favor odontogenic. No acute fracture or traumatic malalignment in the cervical spine.

An MRI of the cervical spine was performed on 04/07/23 at Health Images North Denver and

read as: Mild annular bulging C4-5, C5-6, and C6-7. No high-grade central canal stenosis or foraminal narrowing identify given motion limitation.

An MRI of the lumbar spine was performed on 04/07/23 at Health Images North Denver and read as: Transitional lumbosacral anatomy with current nomenclatures assuming a transitional as one segment. Multilevel lumbar spondylosis appearing most significant at L5-S1 where the right > left L5-S1 neuroforaminal narrowing and right subarticular recess stenosis secondary to a right central disc extrusion. Mild bilateral foraminal narrowing at L4-5. Mild right foraminal narrowing at L3-4.

MRI of the thoracic spine (04/28/23) – unremarkable thoracic spine MRI.

MEDICAL DECISION MAKING: At this time, we did review Mr. Angel's MRI of the thoracic spine as well as his ongoing symptoms and improvement in some areas. He is awaiting scheduling with a pain management/injection specialist and, as such, once he is able to schedule that, he should hopefully discuss his options in regards to his cervical and lumbar pain. He has had improvement in his anxiety and stress with driving and being in traffic and, at this time, we will place counseling on hold. We will go ahead and continue with acupuncture and hopefully he is able to get that scheduled on Fridays, which the day that he is able to get all of his appointments, as he is not able to take much time off of work and is only able to take one day and would like to get all of his appointments scheduled on the same day to avoid missing more work.

DIAGNOSES-Trauma Related: Persistent:

1. Lumbar Disc Rupture L5-S1 (S33.0XXA).
2. Lumbosacral Radiculopathy, Right Leg (M54.17).
3. Cervical Sprain/Strain (S13.4XXA, S16.1XXA).
4. Lumbar Sprain/Strain (S33.5XXA, S39.012A).
5. Thoracic Sprain/Strain (S23.3XXA, S29.012A).
6. Leg Pain, Right (R20.9).
7. Hip Pain, Right (M25.551).
8. Sleep Disturbance (G47.09).
9. Adjustment Disorder with Anxiety (F43.22).

DIAGNOSES-Trauma Related: Improving/No Symptoms Presently:

1. Posttraumatic Headache (G44.319).
2. Shoulder Sprain, Right (S43.401)/Left (S43.402A).
3. Ankle/Foot Sprain, Right (S96.911A).
4. Dizziness (R420).
5. Cognitive Changes (R41.9). Concussion/Traumatic Brain Injury without Loss of Consciousness (S06.0X0A).

PLAN:

1. Mr. Theodore "Jimmy" Angel will continue his course of physical therapy.
2. He will continue his course of chiropractic with massage.
3. He may continue acupuncture should he be able to get that scheduled on days that he is able to present for this.
4. He is still pending consultation with pain management/injection specialist, and we will try to facilitate if he has not heard from them in the next few days.
5. Counseling is placed on hold due to interim improvement.
6. Mr. Angel may continue medications as previously prescribed.

7. He will remain on information restrictions of avoiding heavy lifting, avoiding excessive bending, and change positions frequently. He is encouraged to use common sense and avoid any activities that exacerbate his symptoms or are poorly tolerated.
8. He will follow up with Injury Care Network Services in four to five weeks' time for interim evaluation and disposition.

Greater than 35 minutes were spent in conjunction with this visit with more than 50% of the time spent directly with the patient in telehealth/telephone education and counseling regarding the pathophysiology of associated diagnoses including review of efficacy of interim evaluations and treatments as well as review of associated notes and diagnostics. Additional time was spent in discussing the available evaluation and treatment options and, after answering all posed questions and utilization of shared decision making, we did agree to the regimen of care as indicated above.

Veronica Reza FNP-C

Veronica Reza, FNP

Bethany Wallace, D.O., CIME

Level II Certified – Occupational Medicine (a State of Colorado Certification)

VR:BW:ade

VF#: 0505-001