

Veronica Reza, FNP

PATIENT:
DATE OF INJURY:
DATE OF BIRTH:

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

June 23, 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 eight and nine sessions respectively. The last session of both modalities was on 06/09/23. He did have an appointment today but got confused and so he has rescheduled for the following week. He is very happy with his progress thus far.

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 did have an initial consultation with pain management/injection specialist at the office of Dr. Rentz and has had a subsequent follow-up for recommended injections on the right L5-S1 transforaminal epidural steroid injections and does have a subsequent follow-up on 07/12/23 following those injections. He is doing very well at this time. All office visits from Dr. Rentz's office notes have been reviewed and are in the chart.

PRESENT SYMPTOMS: Mr. Angel states that his neck and upper back are good. He has not had any issues in over three weeks. He is not having any issues with the shoulder. He got some treatments and follow-up therapies with physical therapy and chiropractor and has had significant improvement in this having no pain in the right shoulder area. He states that since the injections, he is doing much better than he has, only some pain in his mid-lower back that does not go past his right hip. He is no longer having shooting pains and states that now his pain is at a 2/10 at its worst, previously up to a 6-7/10. He is doing more activities, able to take his pets walking and doing much better and is very happy since having the injections. His sleep has returned to baseline as well and anxiety with driving and being in traffic is significantly improved overall.

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 a telehealth/telephone encounter with Mr. Theodore "Jimmy" Angel in his home environment and Veronica Reza, FNP, in the office location setting.

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

He endorses full range of motion of the cervical spine and upper extremities with no pain behaviors at this time. He denies pain previously palpated at the superior to mid-trapezius or right shoulder area.

He endorses full range of motion of the lumbar spine with only mild pain behaviors at endpoints of movement and endorses pain previously palpated only in the mid-lumbar segment and into the right hip.

He endorses 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.

DIAGNOSES-Trauma Related: Persistent:

1. Lumbar Disc Rupture L5-S1 (S33.0XXA).
2. Lumbosacral Radiculopathy, Right Leg (M54.17).
3. Lumbar Sprain/Strain (S33.5XXA, S39.012A).
4. Hip Pain, Right (M25.551).

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).
5. Cervical Sprain/Strain (S13.4XXA, S16.1XXA).
6. Thoracic Sprain/Strain (S23.3XXA, S29.012A).
7. Leg Pain, Right (R20.9).
8. Sleep Disturbance (G47.09).
9. Adjustment Disorder with Anxiety (F43.22).

PLAN:

1. Mr. Theodore "Jimmy" Angel will continue a course of physical therapy.
2. He will continue a course of chiropractic with massage.
3. He will follow up with pain management/injection specialist on 07/12/23 for follow up and to discuss any further recommended treatments.
4. Acupuncture will remain on hold due to scheduling conflicts.
5. He will continue to increase his overall activity as tolerated and he is encouraged to use common sense and avoid any activities that exacerbate his symptoms or are poorly tolerated.
6. He will follow up with Injury Care Network Services in four to five weeks' time for interim evaluation and disposition.

Greater than 45 minutes were spent in conjunction with this visit with more than 50% of the time spent direct with the patient in telehealth/telephone education and counseling regarding pathophysiology of associated diagnoses including review of efficacy of interim evaluations and treatments as well as review of associated notes. Additional time was spent in discussing 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 noted 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: mvs

VF#: 0623-020