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July 26, 2022

RE: Maria Munoz

DOB: 1/30/1968

DOA: 12/29/2021

Location: Cruz Banting Imelda MD PT, North Bronx

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Right shoulder pain.

HISTORY OF PRESENT ILLNESS: This is a right-handed 54-year-old female presenting for follow-up evaluation after sustaining injuries in a work-related incident which occurred on 12/29/2021. The patient has been undergoing conservative management without adequate relief of pain of the right shoulder.

Right shoulder pain is 5/10. Patient has intermittent pain that is worsened with activity. Patient has difficulty reaching overhead and reaching back. The patient also notes clicking of the right shoulder. Physical therapy only provides mild temporary relief of pain.

ADL CAPABILITIES: The patient states that he can walk for 5 blocks. As a direct result of the injuries sustained in this accident, the patient states that he is unable to do the following activities: Lifting, carrying heavy objects, shopping, kneeling, squatting, and negotiating stairs.

PHYSICAL EXAMINATION:

Right Shoulder: No erythema, heat swelling noted. There is tenderness upon palpation of the supraspinatus and AC joint. Drop-arm test is positive, Empty can is positive, Hawkins is positive. ROM is as follows: Abduction is 150 degrees, adduction is 30 degrees, forward flexion 160, external rotation is 70 degrees, and internal rotation to L4. Grip strength 5-/5.

DIAGNOSTIC STUDIES:

4/12/2022 - MRI of the right shoulder reveals disruption of the supraspinatus tendon with retraction of tendon fibers to the mid humeral head. There is full-thickness tear of the infraspinatus tendon with partial retraction of some fibers. Intrasubstance tear of the proximal intra-articular biceps tendon at the biceps anchor. Fluid in the subacromial, subdeltoid and subcoracoid bursa as well as within the glenohumeral joint.

FINAL DIAGNOSES:

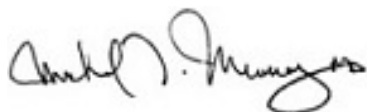
1. M75.121 Complete rotator cuff tear, right shoulder.
2. M25.511 Pain, right shoulder.
3. M75.81 Tendinitis, right shoulder.

PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Continue cold compresses for the right shoulder.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder 3 days/week.
6. Discussed right shoulder arthroscopy versus conservative management with the patient. The patient states that due to continual pain and lack of relief with physical therapy and the inability to perform day-to-day activities due to pain, the patient would like to proceed with right shoulder surgery.
7. It is medically necessary to perform the suggested surgery to properly diagnose the patient's condition and to objectively verify presence and severity of internal derangement and other right shoulder pathology in quantitative and qualitative terms and achieve better prognosis. This surgery is crucial to provide most specific and maximally effective treatment to this patient.
8. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
9. All the benefits and risks of the right shoulder arthroscopy have been discussed with the patient. The risks include, but not limited to bleeding, infection, pain, stiffness, muscle injury, nerve injury, DVT, and recurrence.
10. All the questions in regard to the procedure were answered.
11. The patient verbally consents for the arthroscopy of right shoulder and the patient will be scheduled for right shoulder surgery. On the day of the surgery, before the procedure, the surgeon will explain all related questions of the procedure. The patient will sign a written consent and be witnessed by the surgeon.
12. WC authorization needed prior to surgery.
13. Follow up in 4-6 weeks.

IMPAIRMENT RATING: Patient is currently and temporarily 100% disabled and is not working.

CAUSALITY: It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on 12/29/2021. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



Nadezhda Bababekova, NP-BC
Michael Murray, MD

NB/AEI