

**KDV Medical, P.C.**

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October 18, 2022

Re: Pervizi, Rozina

DOB: 07/08/1972

DOA: 09/25/2021

Location: Cruz Banting Imelda MD PT

**ORTHOPEDIC RE-EVALUATION**

**CHIEF COMPLAINT:** Right shoulder and left shoulder pain.

**HISTORY OF PRESENT ILLNESS:** This is a 50-year-old left-hand dominant female who presents for follow-up evaluation of injuries sustained in a work-related accident on 09/25/2021.

Right shoulder pain is 8/10, described as constant. The patient reports pain with reaching overhead and behind and is frequently woken up at night due to pain.

Left shoulder pain is 10/10, described as constant. The patient reports pain with reaching overhead and behind and is frequently woken up at night due to pain.

**IMPAIRMENT RATING:** The patient is currently and temporarily 100% disabled and not working.

**PHYSICAL EXAMINATION:**

Right Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the supraspinatus, AC joint, and subacromial space. Positive Empty Can test. Positive Hawkins test. Positive Impingement test. Range of motion, abduction is 130 degrees, normal is 180 degrees; forward flexion is 140 degrees, normal is 180 degrees; internal rotation to L5; external rotation is 60 degrees, normal is 90 degrees. The patient has no motor or sensory deficit of the right upper extremity.

Left Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the supraspinatus, AC joint, and subacromial space. Positive Empty Can test. Positive Hawkins test. Positive Impingement test. Range of motion, abduction is 100 degrees, normal is 180 degrees; forward flexion is 110 degrees, normal is 180 degrees; internal rotation to PSIS; external rotation is 60 degrees, normal is 90 degrees. The patient numbness and tingling of the left upper extremity.

**DIAGNOSTIC STUDIES:**

Right shoulder MRI, done on 11/30/2021, Partial - Thickness tearing within the supra and infraspinatus tendons is identified. Tear within the intra-articular portion of biceps tendon. fluid within the subacromial and subdeltoid bursa as well as within the subcoracoid recess of the joint.

Left shoulder MRI, done on 10/21/2021, Partial - Thickness tearing within the supra and infraspinatus tendons is identified. Tear within the infra - articular portion of biceps tendon is also identified. Fluid within the subacromial bursa.

**FINAL DIAGNOSES:**

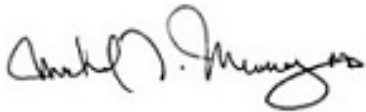
1. Adhesive Capsulitis, right shoulder - M75.01
2. Bursitis, right shoulder - M75.51
3. Impingement, right shoulder. - M75.41
4. Pain, right shoulder - M25.511
5. Partial rotator cuff tear, right shoulder - S46.011D
6. Partial rotator cuff tear, left shoulder - S46.012D
7. Bursitis, left shoulder - M75.52
8. Adhesive Capsulitis , left shoulder - M75.02
9. Impingement, left shoulder - M75.42
10. Pain, left shoulder - M25.512

**PLAN:**

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Continue anti-inflammatory and muscle relaxant medications p.r.n.
4. Continue physical therapy for left shoulder 3 days/week.
5. Discussed left 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 surgery. 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 left 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. Discussed the length of the arthroscopy and the postoperative instructions. All the benefits and risks of the left 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. All the questions in regard to the procedure were answered.
6. The patient verbally consents for the arthroscopy of left shoulder and the patient will be scheduled for left 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.
7. The patient needs medical clearance prior to surgery. Workers' Compensation Board authorization needed prior to surgery.
8. The patient will follow up 4-6 weeks.

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**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 diagnoses rendered are causally related to the injuries the patient incurred on the right shoulder and left shoulder on May 23, 2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

A handwritten signature in black ink, appearing to read "Michael Murray", written over a horizontal line.

Nadezhda Bababekova, NP-BC  
Michael Murray, MD

NB/AEI