

**Ketan D. Vora, D.O., P.C.**

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Date: 07/26/2022

RE: Peter Nicaj

DOB: 7/1/1971

DOA: 12/29/2021

Location: Cruz Banting Imelda MD PT, North Bronx

**ORTHOPEDIC FOLLOW-UP EVALUATION**

**CHIEF COMPLAINT:** Left wrist pain.

**HISTORY:**

This is a 51-year-old male presenting today for a follow-up visit following a work-related incident which occurred on the date of 12/29/2021. Patient states there is still pain in the left wrist despite undergoing conservative treatment with physical therapy.

**PRESENT COMPLAINTS:**

The patient complains of 10/10 left wrist pain. The patient complains of constant pain. Patient also reports numbness and tingling, pain with ROM of wrist, lifting, carrying, and driving. Patient has no improvement of pain with physical therapy.

**PHYSICAL EXAM:**

Left Wrist: There is tenderness to palpation of the ulnar styloid, distal radius, and TFCC. Tinel's is positive. Phalen is positive. Range of motion: Flexion 60 degrees, normal is 80 degrees, extension is 50 degrees, normal is 70 degrees, radial deviation is 10 degrees, normal is 20 degrees, and ulnar deviation is 20 degrees, normal is 30 degrees. Pain reported with range of motion. Pulses +2. Grip strength is 4/5.

**Diagnostic Studies:**

04/12/2022 - MRI of the left wrist reveals tear within the triangular fibrocartilage. Tendinosis of the extensor carpi ulnaris tendon. Fluid in the radiocarpal joint and in the ulnar carpal joint. Sprain of the dorsal. Radiocarpal ligament. Cystic change at the base of the 1st metacarpal.

**Diagnoses:**

Contusion of left wrist, subsequent encounter (S60.212D)

Triangular fibrocartilaginous complex tear

Internal derangement, left wrist (M24.832)

Left wrist pain (M25.532)

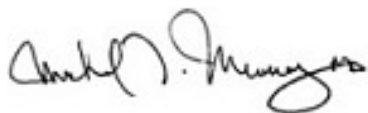
**PLAN:**

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.

3. Continue with cold compresses for the left wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy 3 days/week.
6. Discussed left wrist 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 wants to undergo 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 left wrist 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 left wrist arthroscopy have been discussed with the patient. The risks include, but not limited to bleeding, infection, pain, stiffness, muscle injury, nerve injury, and recurrence.
10. All the questions in regard to the procedure were answered.
11. The patient verbally consents for the arthroscopy of left wrist and the patient will be scheduled for left wrist 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 weeks.

**IMPAIRMENT RATING:** Patient is currently and temporarily 100% disabled.

**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