

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

Tel #: 1-877-SPINE-DR

Fax: (347) 708-8499

**Initial Comprehensive Medical Evaluation**

Date: 07/01/2022

RE: Ivana Clarke

DOB: 4/15/1999

DOA: 05/15/2021

Location: Cruz Banting Imelda MD PT, North Bronx

Case Type: WC

1<sup>st</sup> Evaluation

**Work Status:** Not working, temporarily totally disabled.

**HISTORY:**

On 07/01/2022, Ms. Ivana Clarke, a right-handed 23-year-old female presents for the evaluation of the injuries sustained in a work related incident which occurred on the date of 05/15/2021. She went to hospital via ambulance 1 day later. She was evaluated and released. She was working driving her work van when involved in head-on collision. The patient reports no injury to the head and no loss of consciousness. During the accident the patient reports injuries to right knee.

**CHIEF COMPLAINTS:**

The patient complains of right knee pain that is 7/10, with 10 being the worst, which is sharp and shooting in nature. Right knee pain is worsened with walking, climbing stairs and squatting.

**REVIEW OF SYSTEMS:** The patient denies seizures, chest pain, shortness of breath, jaw pain, abdominal pain, fevers, night sweats, diarrhea, blood in urine, bowel/bladder incontinence, double vision, hearing loss, recent weight loss, episodic lightheadedness and rashes.

**PAST MEDICAL HISTORY:** Asthma.

**PAST SURGICAL / HOSPITALIZATION HISTORY:** None.

**MEDICATIONS:** None.

**ALLERGIES:** No known drug allergies.

**SOCIAL HISTORY:** Unknown.

**PHYSICAL EXAM:**

**General:** The patient presents in an uncomfortable state.

**Neurological Exam:** Patient is alert and cooperative and responding appropriately. Cranial nerves II-XII grossly intact.

**Deep Tendon Reflexes:** Are 2+ and equal.

**Sensory Examination:** It is intact.

**Manual Muscle Strength Testing:** Is 5/5 normal.

**Right Knee Examination:** Positive McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Negative anterior and posterior drawer. Range of motion reveals flexion 110/130 degrees and extension 0/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity. Sensation is intact.

**GAIT:** Normal.

**Diagnostic Studies:**

6/33/2021 - MRI of the right knee reveals tear of the posterior horn of the medial meniscus.

**Diagnoses:**

S83.241A Medial meniscus tear, right knee

M25.461 Joint effusion, right knee.

S80.911A Injury, right knee.

M25.561 Pain, right knee.

**Plan:**

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee 3 days/week.
6. Discussed right knee 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 think about 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 knee 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 knee 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. Follow up in 4 weeks.

**IMPAIRMENT RATING:** 50%.

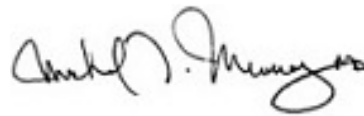
**CAUSALITY:** It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to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

**AFFIRMATION:** Being duly licensed to practice medicine in the state of New York, pursuant to the applicable provisions of the Civil Practice Laws and Rules, I hereby affirm under penalty of perjury that the statements contained herein are true and accurate.



---

Rehan Khan, FNP-BC  
RK/AEI



---

Michael Murray, MD