

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

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**Initial Comprehensive Medical Evaluation**

Date: 07/01/2022

RE: Alexis Montesinos Reinoso

DOB: 8/12/1996

DOA: 08/27/2021

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, Mr. Alexis Montesinos Reinoso, a right-handed 25-year-old male presents for the evaluation of the injuries sustained in a work-related incident which occurred on the date of 08/27/2021. The patient states that an EMS team did not arrive at the scene. He works in a car rental when T-boned by box truck. The patient reports no injury to the head and no loss of consciousness. During the accident the patient reports injuries to left shoulder.

**CHIEF COMPLAINTS:**

The patient complains of left shoulder pain that is 7/10, with 10 being the worst, which is sharp and shooting in nature. Left shoulder pain is worsened with raising the arm and lifting objects.

**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:** Noncontributory.

**PAST SURGICAL / HOSPITALIZATION HISTORY:** Arthroscopy on June 27th.

**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.

**Left Shoulder Examination:** Reveals tenderness upon palpation of the left AC joint region with muscle spasm present at deltoid muscle and trapezius muscle. Neer's test is positive and Hawkins test is positive.

**GAIT:** Normal.

**Diagnostic Studies:** None reviewed.

**Diagnoses:**

1. M24.812 Internal derangement, left shoulder.
2. M25.512 Pain, left shoulder.
3. S49.92XA Injury, left shoulder.
4. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
5. M25.412 Joint effusion, left shoulder.

**PLAN:**

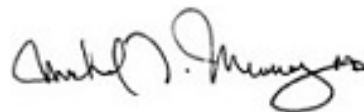
1. All treatment options discussed with the patient.
2. Cold compresses for right shoulder and right knee.
3. Continue anti-inflammatory and muscle relaxant medications p.r.n.
4. Continue physical therapy for left shoulder 3 days/week.
5. Recommend steroid injections for left shoulder.
6. Follow up in 4 weeks.

**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