

KDV Medical, P.C.

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September 28, 2022

Re: Alessandro, Michael

DOB: 08/19/1969

DOA: 06/01/2021

Location: Cruz Banting Imelda MD PT

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Left knee pain.

HISTORY OF PRESENT ILLNESS: This is a 53-year-old right-hand dominant male who presents for follow-up evaluation of injuries sustained in a work related incident on 06/01/2021.

Left knee pain is 6-8/10, described as intermittent. The patient has difficulty raising from a chair and walking up and down stairs. The patient also has clicking and buckling of the left knee. Patient has pain with sitting, standing, and walking.

PHYSICAL EXAMINATION:

Left Knee: No swelling, heat, erythema noted. Reveals tenderness to palpation over medial and lateral joint line, and patella. Range of motion, flexion is 120 degrees, normal is 135 degrees and full extension. Positive McMurray test. Positive patellofemoral grinding test. Left knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity. Muscle strength is 4-/5

DIAGNOSTIC STUDIES:

Left knee MRI, done on 06/03/2022, Left knee MRI, done on June 03, 2022, shows vertical tear in the posterolateral meniscus as well as tear within the posterior horn and body of the medial meniscus. Intrasubstance tear along the inferior aspect of the anterior cruciate ligament. Sprain and intrasubstance tear of the medial collateral ligament.

FINAL DIAGNOSES:

1. Medial Meniscus tear, left knee - S83.242A
2. Lateral Meniscus tear, left knee - S83.282A
3. ACL tear, left knee - S83.519A
4. MCL sprain, left knee - S83.412A
5. Chondromalacia, left knee - M94.262
6. Joint effusion, left knee - M25.462
7. Pain, left knee - M25.562
8. Popliteal cyst.

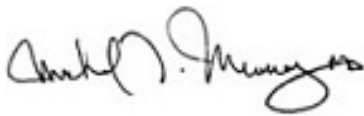
PLAN:

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 knee 3 days/week.
5. Discussed left 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 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 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. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery. All the benefits and risks of the left 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.
6. All the questions in regard to the procedure were answered.
7. Workers' Compensation Board authorization needed prior to surgery.
8. The patient verbally consents for the arthroscopy of left knee and the patient will be scheduled for left knee 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.
9. The patient will follow up in 4-6 weeks.

IMPAIRMENT RATING: Patient is currently and temporarily 60% disabled and is currently working full-time

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 left knee on June 01, 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