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July 26, 2022

RE: Alessandro, Michael
DOB: 08/19/1969
DOA: 06/01/2021
Location: Cruz Banting Imelda MD PT, North Bronx

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Left knee pain.

HISTORY OF PRESENT ILLNESS: This is a 52-year-old right-hand dominant male presents for follow-up evaluation after injuries sustained in a work-related incident on June 01, 2021. Patient has been undergoing conservative management with physical therapy without adequate relief of pain of the left knee.

ADL CAPABILITIES: The patient states that he can walk for 5 blocks. As a direct result of the injuries sustained in this accident, the patient states that he is unable to do the following activities: Lifting, carrying heavy objects, shopping, kneeling, squatting, and negotiating stairs.

PRESENT COMPLAINTS: Left knee pain is 6-8 /10. Worse with prolonged walking, has difficulty raising from a chair, and going up and down stairs. Currently limping with ambulation. The patient also notes clicking and buckling.

PHYSICAL EXAMINATION:
Left knee: There is tenderness to palpation along the medial and lateral joint line. Positive McMurray test. Positive patellofemoral. Range of motion reveals flexion 120 degrees. 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:
MRI of the left knee, 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. S83.242D Medial meniscus tear, left knee.
2. S83.282D Lateral meniscus tear, left knee.
3. S83.519D ACL tear, left knee.
4. S83.412D MCL sprain, left knee.
5. M25.562 Pain, left knee.
6. M94.262 Chondromalacia, left knee.

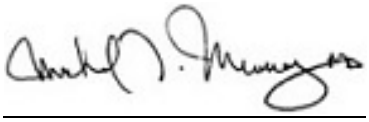
7. M94.462 joint effusion, left knee.
8. Popliteal cyst.

PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Continue cold compresses for the left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left knee 3 days/week.
6. 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 left knee 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 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 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.
10. All the questions in regard to the procedure were answered.
11. 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.
12. WC authorization needed prior to surgery.
13. Follow up in 4 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 diagnosis rendered is causally related to the injury the patient incurred on 5/15/2021. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



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