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

Tel #: 1-877-SPINE-DR
Fax: (347) 708-8499

July 25, 2022

RE: Juan Garcia
DOB: 03/12/1984
DOA: 03/08/2022
Location: TS Chiropractic Wellness, Richmond Hill

ORTHOPEDIC RE-EVALUATION

IMPAIRMENT: 70%
WORK STATUS: Working Full-time.

CHIEF COMPLAINT: Left shoulder and left knee pain.

HISTORY OF PRESENT ILLNESS: This is a right-handed 38-year-old male presents for followup visit of the injuries sustained in a work-related incident which occurred on the date of 03/08/2022. Patient states that there is still pain in left shoulder and left knee despite undergoing conservative treatment with physical therapy.

PRESENT COMPLAINTS:
The patient complains of left shoulder pain that is 4/10, which is intermittent in nature. Patient is unable to reach overhead and back. Also, patient is unable to sleep at night due to pain.

The patient complains of left knee pain that is 7/10, which is intermittent. Patient reports buckling of the left knee. Patient has difficulty going up and down stairs and prolonged ambulation and standing.

PHYSICAL EXAMINATION: Patient is alert, oriented and cooperative.

Left shoulder reveals no erythema, swelling, heat. Tenderness to palpation on the supraspinatus and AC joint. Hawkins test is positive. Range of motion reveals abduction 150 degrees, adduction 40 degrees, forward flexion 160 degrees, internal rotation to L3, and external rotation 80 degrees. Grip strength is 5/5. Patient has no motor or sensory deficit of the left upper extremity.

Left knee reveals no erythema, swelling, heat. Tenderness to palpation on the medial and lateral joint line and patella. Patellofemoral grinding test is positive. McMurray test is positive. Range of motion reveals forward flexion is 120 degrees. Extension is -5 degrees. Muscle strength is 4/5. Knee is stable to varus/valgus test. Patient has no motor or sensory deficit of the left lower extremity.

DIAGNOSTIC STUDIES:
05/13/2022 - MRI of the left knee reveals ACL sprain, suprapatellar fat pad impingement.

05/05/2022 - MRI of the left shoulder reveals mild subluxation AC joint.

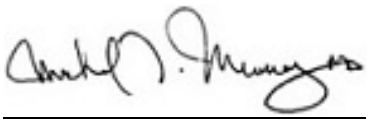
FINAL DIAGNOSES:

1. M23.92 - Internal derangement, left knee.
2. S83.512D - ACL sprain, left knee.
3. M22.2X2 Patellofemoral chondral injury.
4. M25.562 Pain, Left knee.
5. M24.812 Internal derangement, left shoulder.
6. M25.512 Pain, Left shoulder.

PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for the left knee and left shoulder.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left knee and left shoulder 3 days/week.
6. Recommended steroid injection for pain management of the left knee, which was declined by the patient.
7. 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.
8. 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.
9. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
10. 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.
11. All the questions in regard to the procedure were answered.
12. The patient verbally consents for the arthroscopy of left knee and the patient will be scheduled for left knee surgery after WC authorization. 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.
13. WC authorization clearance needed prior to surgery.
14. 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 03/08/2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



Nadezhda Bababekova, NP-BC
Michael Murray, MD

NB/AEI