

KDV Medical, P.C.

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October 18, 2022

Re: Cambero, Maria

DOB: 07/06/1966

DOA: 05/23/2022

Location: Cruz Banting Imelda MD PT

INITIAL ORTHOPEDIC CONSULTATION

CHIEF COMPLAINT: Right shoulder pain.

HISTORY OF PRESENT ILLNESS: This is an initial orthopedic evaluation for a 56-year-old right-hand dominant female, involved in a work-related accident on 05/23/2022. Patient works in post office. Patient was lifting about a 60-pound bag and felt pain in the right shoulder. Patient went to CitiMed Hospital next day by car. The patient was treated and released the same day. The patient presents today complaining of right shoulder pain sustained in the work related accident. The patient has been treated with physical therapy for the last 2-3 months without adequate relief.

Right shoulder pain is 10/10, described as constant. The patient complains of weakness, stiffness, and clicking. The patient reports pain with reaching overhead and behind and is frequently woken up at night due to pain. No improvement.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Reduction mammoplasty, cholecystectomy, laser liposuction in 5/22.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking Tylenol p.r.n.

SOCIAL HISTORY: The patient drinks alcohol occasionally.

IMPAIRMENT RATING: The patient is currently and temporarily 100% disabled and not working.

ADL CAPABILITIES: As a direct result of the injuries sustained in this accident, the patient states that she is unable to do the following activities: lifting heavy objects, carrying, reaching overhead, and shopping.

REVIEW OF SYSTEMS: General: No fever, chills, night sweats, weight gain, or weight loss.

PHYSICAL EXAMINATION: The patient's height is 5 feet 7 inches, weight is 204 pounds.

Right Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the supraspinatus, AC joint, and subacromial space. Positive Drop Arm test. Positive Empty Can test. Positive Hawkins test. Positive Impingement test. Positive Lift-Off test. Range of motion, abduction is 100 degrees, normal is 180 degrees; forward flexion is 120 degrees, normal is 180 degrees; internal rotation to side; external rotation is 50 degrees, normal is 90 degrees. The patient reports numbness and tingling radiating to right upper extremity.

DIAGNOSTIC STUDIES: Right shoulder MRI, done on 09/27/2022, Full-Thickness tear of the supraspinatus tendon with partial disruption and retraction of tendon fibers. Partial - Thickness tear within the infraspinatus tendon as well as tendinosis with intrasubstance tear of the subscapularis tendon. AC joint arthrosis. Fluid is identified in the subacromial subdeltoid and subcoracoid bursa and in the glenohumeral joint.

FINAL DIAGNOSES:

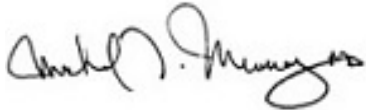
1. Complete rotator cuff tear, right shoulder - M75.121
2. Pain, right shoulder - M25.511
3. Partial rotator cuff tear, right shoulder - S46.011A
4. Tendinitis, right shoulder. -

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 right shoulder 3 days/week.
5. Discussed right 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 right shoulder 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 and the postoperative instructions. All the benefits and risks of the right shoulder 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. All the questions in regard to the procedure were answered.
6. The patient verbally consents for the arthroscopy of right shoulder and the patient will be scheduled for right shoulder 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.
7. Workers' Compensation Board authorization needed prior to surgery.
8. The patient will follow up 4-6 weeks.

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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 right shoulder on May 23, 2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

A handwritten signature in black ink, appearing to read "Michael Murray", written over a horizontal line.

Nadezhda Bababekova, NP-BC
Michael Murray, MD

NB/AEI