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Initial Comprehensive Medical Evaluation

Date: 07/01/2022

RE: Maria Munoz
DOB: 1/30/1968
DOA: 12/29/2021
Location: Cruz Banting Imelda MD PT, North Bronx
Case Type: WC

1st Evaluation

Work Status: Not working-temporarily totally disabled.

HISTORY:
On 07/01/2022, Ms. Maria Munoz, a right-handed 54-year-old female presents for the evaluation of the injuries sustained in a work-related incident which occurred on the date of 12/29/2021. The patient states that an EMS team did not arrive at the scene. Patient works as a cashier for Stop and Shop when putting away product she slipped and fell hurting her right shoulder. The patient reports no injury to the head and no loss of consciousness. During the accident the patient reports injuries to right shoulder.

CHIEF COMPLAINTS:
The patient complains of right shoulder pain that is 9/10, with 10 being the worst, which is sharp, dull and achy in nature. Right shoulder pain is worsened with movement, lifting objects, rotation, walking and overhead activities.

REVIEW OF SYSTEMS: The patient denies seizures, chest pain, shortness of breath, jaw pain, abdominal pain, fevers, night sweats, diarrhea, bowel/bladder incontinence, double vision, hearing loss, recent weight loss, episodic lightheadedness and rashes.

PAST MEDICAL HISTORY: HTN, Asthma.

PAST SURGICAL / HOSPITALIZATION HISTORY: Noncontributory.

MEDICATIONS: Amlodipine, omeprazole, albuterol.

ALLERGIES: Penicillin, amoxicillin, sulfa.

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.

Right Shoulder Examination: Reveals tenderness upon palpation of the right AC joint and glenohumeral region. Neer's test is positive, Hawkins test is positive, Yergason's test is positive and reverse beer can test is positive. ROM is as follows: Abduction is 160 degrees, normal is 180 degrees; flexion is 140 degrees, normal is 180 degrees; external rotation is 80 degrees, normal is 90 degrees and internal rotation is 70 degrees, normal is 90 degrees.

GAIT: Normal.

Diagnostic Studies:
4/12/2022 - MRI of the right shoulder reveals disruption of the supraspinatus tendon with retraction of tendon fibers to the mid humeral head. There is full-thickness tear of the infraspinatus tendon with partial retraction of some fibers. Intrasubstance tear of the proximal intra-articular biceps tendon at the biceps anchor. Fluid in the subacromial, subdeltoid and subcoracoid bursa as well as within the glenohumeral joint.

The above diagnostic studies were reviewed.

Diagnoses:
1. S46.011A Partial rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, right shoulder.
3. M75.81 Shoulder tendinitis, right shoulder.
4. M25.511 Pain, right shoulder.
5. S49.91XA Injury, right shoulder.
6. M25.411 Joint effusion, 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 shoulder 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 wants to think about surgery.
6. 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

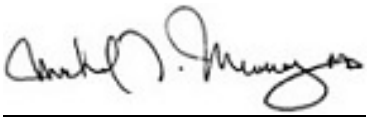
achieve better prognosis. This surgery is crucial to provide most specific and maximally effective treatment to this patient.

7. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
8. 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.
9. All the questions in regard to the procedure were answered.
10. **Procedure - intra-articular right shoulder injection under ultrasound guidance:** I have performed an intra-articular steroid injection under ultrasound guidance of the right shoulder today. The patient has been receiving therapy since the accident and had an MRI of the right shoulder as noted above. The ultrasound will aid in assuring that the needle indeed enters the intra-articular space. In an effort to avoid surgery, this injection should decrease inflammation and pain which will aid the physical therapist in achieving and maintaining the conditioned increase in the range of motion and overall expedite recovery.
11. **Procedure - right shoulder suprascapular nerve block:** Given the persistent right shoulder pain and multiple attempts of conservative care treatment including physical therapy, anti-inflammatories and intra-articular steroid injection with limited relief and persistent pain, a suprascapular nerve block was performed on the patient.
12. 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