

KDV Medical, P.C.

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October 18, 2022

Re: Yousaf, Muhammad

DOB: 05/19/1961

DOA: 08/18/2021

Location: Cruz Banting Imelda MD PT

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Right shoulder and right elbow pain.

HISTORY OF PRESENT ILLNESS: This is a 61-year-old right-hand dominant male who presents for follow-up evaluation of injuries sustained in a work-related accident on 08/18/2021.

Right shoulder pain is 6/10, described as intermittent pain. The patient complains of weakness. The patient reports pain with reaching overhead and behind and is frequently woken up at night due to pain.

The patient complains of right elbow pain that is 8/10, which is constant in nature. There is weakness, numbness and tingling. Patient has pain with lifting, carrying and driving.

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

PHYSICAL EXAMINATION:

Right Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the supraspinatus, AC joint, and subacromial space. Positive Empty Can test. Positive Hawkins test. Positive O'Brien's test. Range of motion, abduction is 140 degrees, normal is 180 degrees; forward flexion is 150 degrees, normal is 180 degrees; internal rotation to PSIS; external rotation is 60 degrees, normal is 90 degrees. The patient has no motor or sensory deficit of the right upper extremity.

Right Elbow: No heat, erythema, swelling noted. There is tenderness upon palpation over the medial and lateral epicondyle. Range of motion: extension is 0-130 degrees, normal is 150 degrees; flexion is 130 degrees, normal is 150 degrees; supination is 90 degrees, normal is 90 degrees; pronation is 90 degrees, normal is 90 degrees. Pain noted with range of motion. Pain with resisted wrist flexion. Muscle strength is 4-/5.

DIAGNOSTIC STUDIES:

Right shoulder MRI, done on 09/20/2021, Partial-thickness tearing within the supra and infraspinatus tendons is identified. Tear within the superior labrum. AC joint arthrosis. Fluid in the subacromial and subdeltoid bursa as well as within the glenohumeral joint.

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12/23/2021 - MRI of the right elbow reveals intrasubstance tear within the distal triceps tendon as well as tendinosis/sprain of the distal brachialis tendon and sprain of the distal biceps tendon. Tendinosis within the common extensor tendon is also identified. Joint effusion. Cystic appearing area along the posterior aspect of the distal humerus. No other acute fracture or dislocation is identified.

FINAL DIAGNOSES:

1. Labral tear, right shoulder. - S43.431D
2. Pain, right shoulder - M25.511
3. Partial rotator cuff tear, right shoulder - S46.011D
4. Triceps tendon tear, right elbow.
5. Brachialis tendon sprain, right elbow.
6. Common extensor tendon tendinosis, right elbow.
7. Effusion, right elbow.
8. Pain, right elbow. –

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 elbow 3 days/week.
5. Discussed right elbow 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 elbow 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 elbow 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. Pending Workers' Compensation Board authorization for arthroscopy.
7. The patient will follow up 4-6 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 diagnoses rendered are causally related to the injuries the patient incurred on the right shoulder and right elbow on May 23, 2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

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NB/AEI