

KDV Medical, P.C.

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September 28, 2022

Re: Montolio, Elvido

DOB: 11/18/1986

DOA: 04/24/2021

Location: Cruz Banting Imelda MD PT

INITIAL ORTHOPEDIC CONSULTATION

CHIEF COMPLAINT: Right knee pain.

HISTORY OF PRESENT ILLNESS: This is an initial orthopedic evaluation for a 35-year-old right-hand dominant male, involved in a work related accident on 04/24/2021. Patient is a truck driver. He was making a delivery of about 300 lbs of merchandise, down the stairs and the hand truck caught on a few steps and the patient pulled the hand truck up and felt pain in his right knee and lower back. The patient did not go to the hospital thus far. The patient presents today complaining of right knee pain sustained in the work related accident. The patient has been treated with physical therapy for the last five months without adequate relief.

Right knee pain is 7/10, described as constant, sharp, pinching. The patient has difficulty raising from a chair and walking up and down stairs. The patient also has clicking and buckling of the right knee.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Right ankle surgery.

DRUG ALLERGIES: ALMONDS, ITCHY THROAT.

MEDICATIONS: The patient is taking ibuprofen prn pain.

WORK HISTORY: The patient is currently working light duty, fulltime.

IMPAIRMENT RATING: Patient is currently and temporarily 60% disabled.

ADL CAPABILITIES: The patient states that he can walk for 1/2 block. He can stand for 5 minutes before he has to sit. He can sit for 5 minutes before needing to change positions secondary to pain. As a direct result of the injuries sustained in this accident, the patient states that he has difficulty doing the following activities: carrying heavy objects, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging, and exercising.

PHYSICAL EXAMINATION: The patient's height is 5 feet 3 inches, weight is 145 pounds. Patient is alert, oriented and cooperative.

Right Knee: No swelling, heat, erythema noted. Reveals tenderness to palpation over medial and lateral joint line. Range of motion, flexion is 120 degrees, normal is 135 degrees and extension - 5. Positive McMurray test. Positive patellofemoral grinding test. Right knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity. Muscle strength 4-/5.

DIAGNOSTIC STUDIES: Right knee MRI, done on 07/28/2021, Tear of the posterior horn of the medial meniscus. Intrasubstance tear of the posterior fibers of the anterior cruciate ligament as well as tear of the popliteus muscle. Joint effusion.

FINAL DIAGNOSES:

1. ACL tear, right knee - S83.519A
2. Medial Meniscus tear, right knee - S83.241A
3. Pain, right knee - M25.561

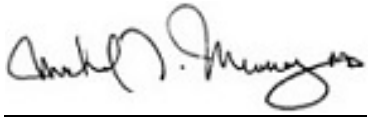
PLAN:

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 knee 3 days/week.
5. Discussed right 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 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 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. Discussed the length of the arthroscopy and the postoperative instructions. All the benefits and risks of the right 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.
6. All the questions in regard to the procedure were answered.
7. Workers' Compensation Board authorization needed prior to surgery.
8. The patient verbally consents for the arthroscopy of right knee and the patient will be scheduled for right 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.
9. 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 injury the patient incurred on the right knee on April 24, 2021. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

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A handwritten signature in black ink, appearing to read "Michael Murray". The signature is fluid and cursive, with a large initial "M".

Nadezhda Bababekova, NP-BC

Michael Murray, MD

NB/AEI