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**Initial Comprehensive Medical Evaluation**

Date: 06/30/2022

RE: Manuel Sarmiento

DOB: 07/22/1993

Location: Woodside-Ortho

Case Type: WC

1<sup>st</sup> Evaluation

**Degree of Disability:** 100%.

**Work Status:** Not working-temporarily totally disabled.

The patient is doing PT/chiro x3 weeks. Will obtain authorization for left shoulder arthroscopy, possible SLAP repair.

**HISTORY:**

On 06/30/2022, Mr. Manuel Sarmiento, a right-handed 28-year-old male presents for the evaluation of the injuries sustained in a work-related incident which occurred on the date of 03/08/2021. The patient was seen at the Woodside-Ortho. The patient works in construction and demolition, when on the rooftop with hammer drill demolishing a 100 year old theater the whole rooftop collapsed and he fell from around 15 feet height, while falling he strapped on the hose on his left arm hurting his lower back, right hip and the left shoulder. The patient reports no injury to the head and no loss of consciousness. During the accident, the patient reports injuries to left shoulder.

**CHIEF COMPLAINTS:**

The patient complains of left shoulder pain that is 10/10, with 10 being the worst, which is sharp. Left shoulder pain is worsened with range of motion, unable to reach overhead or behind back.

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

**PAST MEDICAL HISTORY:** Noncontributory.

**PAST SURGICAL/HOSPITALIZATION HISTORY:** Noncontributory.

**MEDICATIONS:** None.

**ALLERGIES:** No known drug allergies.

**SOCIAL HISTORY:** The patient admits drinking. The patient is nonsmoker. The patient works as a demolition worker.

**PHYSICAL EXAM:**

**General:** The patient presents in an uncomfortable state.

**Vitals:** Height 5'6" Weight 160 pounds

**Neurological Examination:** The 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:** Testing is 5/5 normal.

**Left Shoulder Examination:** Reveals tenderness upon palpation of the left AC joint and glenohumeral region. Neer's test is positive, Hawkins test is positive and Yergason's test is positive. ROM is as follows: Active abduction is 100 degrees, normal is 180 degrees; Passive abduction is 100 degrees, normal is 180 degrees; external rotation is 60 degrees, normal is 90 degrees and internal rotation is 45 degrees, normal is 90 degrees. Positive cross-over, O'Brien's and impingement sign.

**GAIT:** Normal.

**Diagnostic Studies:**

5/20/2021 - MRI of the left shoulder revealed capsular thickening which can be seen with adhesive capsulitis. Superior labral fraying.

11/22/2021 - MRI of the right hip: Cam deformity with mild hip joint narrowing, anterior superior labral tear and joint effusion.

The above diagnostic studies were reviewed.

**Diagnoses:**

1. M24.812 Internal derangement, left shoulder.
2. M25.512 Pain, left shoulder.
3. S49.92XA Injury, left shoulder.
4. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
5. M25.412 Joint effusion, left shoulder.
6. S43.439A Superior glenoid labrum lesion of left shoulder, initial encounter.
7. M75.42 Rotator cuff impingement of the left shoulder.

**Plan:**

1. **SCHEDULE LEFT SHOULDER ARTHROSCOPIC SURGERY:** The patient has not improved despite 1 year of physical therapy without any relief. He continues to have pain in his left shoulder. The left shoulder MRI is positive for a capsular thickening which can be seen with adhesive capsulitis. Superior labral fraying. I reviewed the results of the left shoulder MRI with the patient. Today, the details of the left shoulder

arthroscopic surgery were discussed with him. All the pros and cons were discussed with him including the remote possibility of an infection requiring further surgery and the remote possibility of clotting, for which I will be giving him aspirin in the postoperative period. He will also be on a CPM machine with ice packs on the left shoulder in the postoperative period. All postoperative management was discussed with him. There is no guarantee that he will recover perfectly after the surgery.

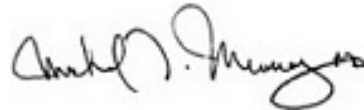
2. **Physical therapy:** The patient is to continue with physical therapy.

**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.



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Rehan Khan, FNP-BC  
RK/AEI



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Michael Murray, MD