

Ketan D. Vora, D.O., P.C.

Tel #: 1-877-SPINE-DR

Fax: (347) 708-8499

Initial Comprehensive Medical Evaluation

Date: 07/01/2022

RE: Clemente Matos

DOB: 6/24/1973

DOA: 03/24/2022

Location: Cruz Banting Imelda MD PT, North Bronx

Case Type: WC

1st Evaluation

Degree of Disability: 100%.

Work Status: Not working-temporarily totally disabled.

HISTORY:

On 07/01/2022, Mr. Clemente Matos, a right-handed 49-year-old male presents for the evaluation of the injuries sustained in a work-related incident which occurred on the date of 03/24/2022. Patient works in construction in labor, while doing construction work, the patient got hit by a steel ball used for demolition on the right knee. The patient reports no injury to the head and no loss of consciousness. During the accident the patient reports injuries to right knee.

CHIEF COMPLAINTS:

The patient complains of right knee pain that is 6-7/10, with 10 being the worst, which is sharp, dull and achy in nature. Right knee pain is worsened with movement, walking, climbing stairs, squatting and 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: Cholesterol, Hypertension.

PAST SURGICAL / HOSPITALIZATION HISTORY: Noncontributory.

MEDICATIONS: Lisinopril, amlodipine, HCTZ, aspirin.

ALLERGIES: No known drug allergies.

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 Knee Examination: Reveals tenderness upon palpation of the right medial, lateral and peripatellar region. McMurray's test is positive, Lachman's test is positive and posterior drawer test is positive. ROM is as follows: forward flexion is 100 degrees, normal is 130 degrees.

GAIT: Normal.

Diagnostic Studies:

6/27/2022 - MRI of the right knee reveals partial tear of the anterior cruciate ligament. Tear within the posterior horn of both the medial and lateral menisci. Subtle osseous edema along the superior aspect of the patella subjacent to the quadriceps tendon insertion with intrasubstance signal in the distal quadriceps tendon. Avulsive injury to the patella with tendinosis/partial tear of the distal quadriceps tendon is suspected.

The above diagnostic studies were reviewed.

Diagnoses:

1. S83.241A Medial meniscus tear, right knee.
2. M23.91 Internal derangement, right knee.
3. S83.411A Medial collateral ligament sprain, right knee.
4. M25.461 Joint effusion, right knee.
5. S80.911A Injury, right knee.
6. M25.561 Pain, right knee.

Plan:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee 3 days/week.
6. 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 wants to think about surgery.
7. 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.

8. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
9. 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.
10. All the questions in regard to the procedure were answered.
11. Follow up in 4 weeks.

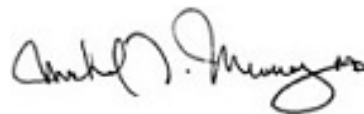
IMPAIRMENT RATING: 75%.

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