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August 23, 2022

RE: Maria Munoz
DOB: 01/30/1968
DOA: 12/29/2021
Location: Cruz Banting Imelda MD PT

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Right shoulder pain and right hip pain.

HISTORY OF PRESENT ILLNESS: This patient is a right-handed 54-year-old female presents for follow-up evaluation of the injuries sustained in a work-related incident which occurred on the date of 12/29/2021. Patient is status post intra-articular steroid injection on 06/22/22 with relief lasting only for 1-2 months.

The patient complains of right shoulder pain that is 7/10, which is constant in nature. The patient reports pain with reaching overhead and behind and is frequently woken up at night due to pain.

The patient complains of right hip pain that is 7/10, which is constant in nature. Patient has pain with standing, walking, and going up and down stairs.

WORK HISTORY: The patient is currently not working.

IMPAIRMENT RATING: Patient is currently and temporarily 100% disabled.

PHYSICAL EXAMINATION: Patient is alert, oriented and cooperative.

Right Shoulder: Reveals no erythema, swelling, heat. Tenderness to palpation of the AC joint and supraspinatus region. Positive empty can test. Positive Hawkins test. Range of motion, abduction is 150 degrees, normal is 180 degrees; flexion is 160 degrees, normal is 180 degrees; external rotation is 70 degrees, normal is 90 degrees. Right shoulder internal rotation to L5. The patient has no motor or sensory deficit of the right upper extremity.

Right Hip: Reveals no erythema, swelling, heat. Positive tenderness to palpation of the greater trochanter. Range of motion, abduction is 30 degrees, adduction is 20 degrees; flexion is 90 degrees, extension is 20 degrees, and internal and external rotation are 30 degrees. Range of motion is limited and painful. There is groin pain with ROM. Trendelenburg test is positive.

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.

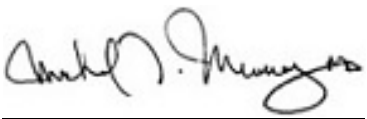
FINAL DIAGNOSES:

1. S46.011D Partial rotator cuff tear, right shoulder.
2. M75.51 Bursitis, right shoulder.
3. M25.411 Joint effusion, right shoulder.
4. M25.511 Pain, 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.
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, she has agreed to right shoulder arthroscopy. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery. 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. Patient is pending an IME evaluation for further evaluation/management for WC authorization of the procedure.
6. Follow up in 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 diagnosis rendered is causally related to the injury the patient incurred on the right shoulder on 12/29/2021. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



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NB/AEI