

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

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**Initial Comprehensive Medical Evaluation**

Date: 07/01/2022

RE: Peter Nicaj

DOB: 7/1/1971

Location: Cruz Banting Imelda MD PT, North Bronx

Case Type: WC

1<sup>st</sup> Evaluation

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

**HISTORY:**

On 07/01/2022, Mr. Peter Nicaj, a right-handed 51-year-old male presents for the evaluation of the injuries sustained in a work-related incident which occurred on the date of 12/29/2021. Patient was a transporter in the hospital moving patient, when pushing a bed with a patient up the ramp he hurt his left wrist and left ankle. The patient reports no injury to the head and no loss of consciousness. During the accident the patient reports injuries to left wrist and left ankle.

**CHIEF COMPLAINTS:**

The patient complains of left wrist pain. The patient complains of pain specifically at the radial and dorsal side of wrist. Thumb pain just as severe as the wrist.

The patient complains of left ankle pain. The patient complains of pain specifically at the lateral malleolus side of ankle.

**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:** 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.

**Left Wrist Examination:** There is tenderness upon palpation of the radial and dorsal side of the wrist. Finkelstein's test is positive.

**Left Ankle Examination:** Range of motion is mildly decreased with local tenderness upon palpation of the medial malleolus. The ankle pain is worsened with plantar, dorsiflexion and ambulation.

**GAIT:** Normal.

**Diagnostic Studies:**

4/4/2022 - MRI of the left ankle reveals scarring of anterior talofibular ligament with superimposed sprain. Sprains of calcaneofibular and posterior talofibular ligaments. No osseous component to apparent acute-on-chronic inversion sprain injury. No acute bony pathology. Tibialis posterior hypertrophic tendinosis.

4/12/2022 - MRI of the left wrist reveals tear within the triangular fibrocartilage. Tendinosis of the extensor carpi ulnaris tendon. Fluid in the radiocarpal joint and in the ulnar carpal joint. Sprain of the dorsal. Radiocarpal ligament. Cystic change at the base of the 1st metacarpal.

The above diagnostic studies were reviewed.

**Diagnoses:**

Contusion of left wrist, initial encounter (S60.212A)

Left wrist pain (M25.532)

Pain in left ankle (M25.572)

**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 3 days/week.
5. Discussed left wrist 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.
6. 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 left wrist 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.

7. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
8. All the benefits and risks of the left wrist arthroscopy have been discussed with the patient. The risks include, but not limited to bleeding, infection, pain, stiffness, muscle injury, nerve injury, and recurrence.
9. All the questions in regard to the procedure were answered.
10. Follow up in 4 weeks.

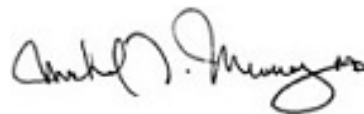
**IMPAIRMENT RATING:** 50%.

**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