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October 03, 2022

Re: Flores, Jose

DOB: 06/26/1977

DOA: 11/23/2019

Location: TS Chiropractic Wellness

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Right knee pain.

HISTORY OF PRESENT ILLNESS: This is a 45-year-old right-hand dominant male who presents for follow-up evaluation of injuries sustained in a work related incident on 11/23/2019.

Right knee pain is 8/10, described as constant. The patient complains of stiffness. The patient has difficulty raising from a chair and walking up and down stairs. Patient reports pain is improved with rest and ice.

IMPAIRMENT RATING: Patient is currently not working. Temporarily totally disabled.

PHYSICAL EXAMINATION:

Right Knee: No swelling, heat, erythema noted. Reveals tenderness to palpation over the medial and lateral joint line. Range of motion, flexion is 110 degrees, normal is 135 degrees and full extension. Posterior drawer test is positive. The patient has no motor or sensory deficit of the right lower extremity.

DIAGNOSTIC STUDIES:

Right knee MRI, done on 02/03/2020, Mild patellofemoral cartilage loss. Mild moderate medial compartment cartilage loss. Faint patellar bone marrow edema/contusion 4 mm lateral femoral trochlea osteochondral lesion. Mild semimembranosus muscle strain with faint pes anserinus per tendinitis. Trace joint effusion and mild soft tissue swelling. Menisci, cruciate and collateral ligaments intact.

FINAL DIAGNOSES:

1. Postsurgical pain, right knee.

PLAN:

2. Imaging studies and clinical examinations were reviewed with the patient.
3. All treatment options discussed with the patient.
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, other arthroscopy versus conservative management with the patient. The patient states that due to continual pain and lack of relief with physical

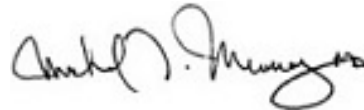
therapy and the inability to perform day-to-day activities due to pain, the patient would like to proceed with surgery.

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. 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. All the questions in regard to the procedure were answered
8. The patient will follow up 4 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 November 23, 2019. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



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Michael Murray, MD