

KDV Medical, P.C.

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October 18, 2022

Re: Munoz, Maria

DOB: 01/30/1968

DOA: 12/29/2021

Location: Cruz Banting Imelda MD PT

ORTHOPEDIC RE-EVALUATION

CHIEF COMPLAINT: Right shoulder pain.

HISTORY OF PRESENT ILLNESS: This is a 54-year-old right-hand dominant female who presents for follow-up evaluation of injuries sustained in a work-related accident on 12/29/2021.

Right shoulder pain is 5-7/10, described as intermittent pain. The patient complains of weakness. The patient reports pain with reaching overhead and behind. Pain worsens with prolonged use.

IMPAIRMENT RATING: Patient is currently and temporarily 100% disabled and not working

PHYSICAL EXAMINATION:

Right Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the supraspinatus and AC joint. Positive Empty Can test. Positive Hawkins test. Positive Drop Arm test. Range of motion, abduction is 150 degrees, normal is 180 degrees; forward flexion is 160 degrees, normal is 180 degrees; internal rotation to L5; external rotation is 80 degrees, normal is 90 degrees. The patient has no motor or sensory deficit of the right upper extremity.

DIAGNOSTIC STUDIES:

Right shoulder MRI, done on 04/12/2022, 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 subcorocoid bursa as well as within the glenohumeral joint.

FINAL DIAGNOSES:

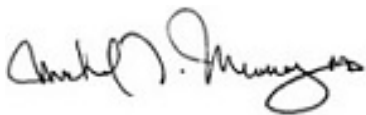
1. Complete rotator cuff tear, right shoulder - M75.121
2. Pain, right shoulder - M25.511
3. Partial rotator cuff tear, right shoulder - S46.011D

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 for right shoulder 3 days/week.

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, the patient would like to proceed with surgery. 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 shoulder 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 shoulder 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
6. The patient verbally consents for the arthroscopy of right shoulder and the patient will be scheduled for right shoulder surgery. On the day of the surgery, before the procedure, the surgeon will explain all related questions of the procedure. The patient will sign a written consent and be witnessed by the surgeon.
7. The patient needs medical clearance prior to surgery.
8. The patient will follow up 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 diagnoses rendered are causally related to the injuries the patient incurred on the right shoulder on May 23, 2022. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.



Nadezhda Bababekova, NP-BC
Michael Murray, MD

NB/AEI