

**KDV Medical, P.C.**

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September 28, 2022

Re: Dietz, Christopher

DOB: 01/05/1965

DOA: 12/12/2020

Location: Cruz Banting Imelda MD PT

**ORTHOPEDIC RE-EVALUATION**

**CHIEF COMPLAINT:** Right shoulder, right knee and right wrist pain.

**HISTORY OF PRESENT ILLNESS:** This is a 57-year-old right-hand dominant male who presents for follow-up evaluation of injuries sustained in a work related incident on 12/12/2020.

Right shoulder pain is 7/10, described as sharp pain. The patient complains of weakness, clicking. The patient reports pain with reaching overhead and behind and is frequently woken up at night due to pain.

Right knee pain is 6/10, described as intermittent. The patient has difficulty raising from a chair and walking up and down stairs. The patient also has clicking of the right knee. Pain is worse with prolonged ambulation and standing.

Right wrist pain is 6/10, described as constant, sharp pinching pain. Pain is worsened with lifting and carrying.

**PHYSICAL EXAMINATION:**

Right Shoulder: No heat, erythema or swelling noted. Reveals tenderness upon palpation of the supraspinatus, AC joint with supraspinatus atrophy. Positive Empty Can test. Positive Hawkins test. Positive Impingement 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 60 degrees, normal is 90 degrees. The patient has no motor or sensory deficit of the right upper extremity.

Right Knee: No swelling, heat, erythema noted. Reveals tenderness to palpation over the patella. Range of motion, flexion is 120 degrees, normal is 135 degrees and full extension. Positive patellofemoral grinding test. Right knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity. Quad strength is 4-/5.

Right Wrist: Tenderness to palpation over the TFCC and distal radius of wrist. Range of motion reveals flexion 60/80 degrees, extension 50/70 degrees, radial deviation 10/20 degrees, ulnar deviation 20/30 degrees. Grip strength is 4/5. Pain with resisted wrist, flexion/extension. Pulses +2.

**DIAGNOSTIC STUDIES:**

Right shoulder MRI, done on 03/24/2021, of the Right Shoulder: Full-Thickness tearing of the supraspinatus tendon with partial retraction of tendon fibers. Partial-Thickness tearing in the infraspinatus tendon with marked attenuation of the distal fibers. Intrasubstance tear of the subscapularis tendon. AC Joint arthrosis. Fluid in the subacromial and Subdeltoid bursa.

Right knee MRI, done on 02/15/2021, of the Right Knee: Intrasubstance tear within the anterior cruciate ligament without evidence of disruption. Sprain along superficial fibers of medial collateral ligament. Sensitive intrasubstance tear of the patellar tendon with no evidence of disruption. Joint Effusion.

**FINAL DIAGNOSES:**

1. Complete rotator cuff tear, right shoulder - M75.121
2. Pain, right shoulder - M25.511
3. Partial rotator cuff tear, right shoulder - S46.011A
4. ACL tear, right knee - S83.519A
5. MCL sprain, right knee - S83.411
6. Pain, right knee - M25.561
7. Patellar tendon tear, right knee -
8. TFCC tear.
9. Ganglion cyst.

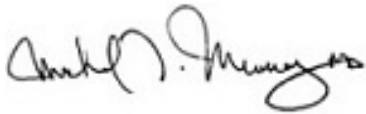
**PLAN:**

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Continue home stretching/strengthening exercises of the right knee as demonstrated and provided in the clinic.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder, right wrist, and right knee 3 days/week.
6. 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.
7. All the questions in regard to the procedure were answered.
8. Workers' Compensation Board authorization needed prior to surgery.
9. Obtain right wrist brace and wear with activity.
10. The patient will follow up in 4-6 weeks.

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**IMPAIRMENT RATING:** Patient is currently and temporarily 60% disabled and is working full-time.

**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, right knee and right wrist on December 12, 2020. These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.

A handwritten signature in black ink, appearing to read "Michael Murray", is positioned above a horizontal line.

Nadezhda Bababekova, NP-BC  
Michael Murray, MD

NB/AEI