**Medical Re-Evaluation**

Patient Name: Thomas Munley

Dt. of Exam: 07/23/2019

1st Exam Dt.: 11/13/2018

Dt. of Injury: 10/17/2018

**Procedures performed:**

11/13/18 - UTox

2/23/19 - LSIA w/fluoro #1

04/16/2019-EMG UE/LE

**Chief Complaint:**

The patient complains of neck pain that is 7/10, with 10 being the worst, which is sharp and shooting in nature. Neck pain is associated with numbness and tingling. Neck pain is worsened with sitting, standing and lying down.

The patient complains of lower back pain that is 8/10, with 10 being the worst, which is sharp in nature. Lower back pain is associated with numbness and tingling Lower back pain is worsened with sitting, standing, lying down, movement activities and climbing stairs.

The patient complains of left shoulder pain that is 7/10, with 10 being the worst, which is sharp and shooting in nature. Left shoulder pain is worsened with raising the arm and lifting objects.

The patient complains of right shoulder pain that is 7/10, with 10 being the worst, which is sharp and shooting in nature. Right shoulder pain is worsened with raising the arm and lifting objects.

**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:**  Diabetes, hypertension.

**PAST SURGICAL / HOSPITALIZATION HISTORY:**  Noncontributory.

**MEDICATIONS:**  Metformin 1000 mg one a day, Hyzaar 125/25 mg.

**ALLERGIES:**  Penicillin.

**Physical Examination:**

**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:** .

**Manual Muscle Strength Testing:** Testing is 5/5 normal.

**Cervical Spine exam:** Cervical spine examination reveals tenderness upon palpation at C2-8 levels bilaterally with muscle spasm present. ROM is as follows: extension was 10 and is 10 degrees; forward flexion was 30 and is 30 degrees; right rotation was 10 and is 10 degrees; left rotation was 10 and is 10 degrees; right lateral flexion was 10 and is 10 degrees and left lateral flexion was 10 and is 10 degrees.

**Lumbar Spine Examination:** Lumbar spine examination reveals tenderness upon palpation atL1-S1 levels bilaterally with muscle spasm present. ROM is as follows: extension was 10 and is 10 degrees; forward flexion was 30 and is 30 degrees; right rotation was 10 and is 10 degrees; left rotation was 10 and is 10 degrees; right lateral flexion was 10 and is 10 degrees and left lateral flexion was 10 and is 10 degrees.

**Left Shoulder Examination:** Reveals tenderness upon palpation of the left AC joint region with muscle spasm present at deltoid muscle and trapezius muscle. Neer's test is positive and Hawkins's test is positive.

**Right Shoulder Examination:** Reveals tenderness upon palpation of the right AC joint region with muscle spasm present at deltoid muscle and trapezius muscle. Neer's test is positive and Hawkins's test is positive.

**GAIT:** Normal.

**Diagnostic Studies:**

2/11/2019 - MRI of the Cervical spine reveals There is severe left neural foraminal narrowing with moderate to severe right neural foraminal narrowing. Mild posterior disc bulge with mild stenosis. There is severe bilateral neural foraminal narrowing due to disc osteophyte complex

2/11/2019 - MRI of the Lumbar spine reveals Multilevel spondylosis most prominent at L3-4 and L4-5, axial segmental analysis.

1/29/2019 - MRI of the left shoulder reveals Small partial-thickness articular surface tear at distal supraspinatus tendon. Tendinosis at distal infraspinatus tendon. No evidence for full-thickness rotator cuff tear. AC joint arthrosis abutting the myotendinous junction of supraspinatus, likely cause anatomic impingement syndrome. Please correlate clinically. Mild subacromial subdeltoid bursitis..

4/16/2019 - UE NCV/EMG Acute left C3-4 radiculopathy. Mild bilateral carpal tunnel syndrome affecting sensory components..

4/16/2019 - LE NCV/EMG is normal.

6/28/2019 - MRI of the right wrist: Degenerative changes..

10/18/2018 - CT Scan of the brain: Physiologic calcifications at the right basal ganglia..

4/24/2019 - X-rays of the hand: There is probable chronic fracture deformity of the scaphoid. Questionable chip fracture/avulsion of the distal aspect of the right second metacarpal. Recommend correlation with point tenderness..

The above diagnostic studies were reviewed.

**Diagnosis:**

Cervical There is severe left neural foraminal narrowing with moderate to severe right neural foraminal narrowing. Mild posterior disc bulge with mild stenosis. There is severe bilateral neural foraminal narrowing due to disc osteophyte complex.

Lumbar Multilevel spondylosis most prominent at L3-4 and L4-5, axial segmental analysis..

Cervical Muscle Sprain/Strain.

Possible Cervical Disc Herniation.

Possible Cervical Radiculopathy Vs. Plexopathy Vs. Entrapment Syndrome.

Lumbar Muscle sprain/strain.

Possible Lumbar disc herniation.

Possible Lumbar radiculopathy vs. entrapment syndrome vs. polyradiculopathy.

Sacroiliitis.

**Plan:**

Evaluation of the right hand The patient is discharged with home exercise program as the patient has reached maximum medical benefits.



Gurbir Johal, M.D.