

UK Sinha Physician, P.C.

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October 17, 2022

Office seen at:

Liberty Rhea Ranada Ebarle PT PC
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Phone# (718) 402-5200

Re: Martinez, Jairo
DOB: 02/08/1988
DOA: 01/12/2022

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of left wrist pain.

HISTORY OF PRESENT ILLNESS: The patient presents today in followup with continued pain in the left wrist.

ADL CAPABILITIES: As a direct result of the injuries sustained in this accident, the patient states that he is unable to do the following activities: driving, lifting heavy objects, carrying, reaching overhead, laundry, shopping, running errands, and exercising.

PRESENT COMPLAINTS: Left wrist: Left wrist pain is 8/10, described as constant, dull, achy pain. Admits to weakness, numbness, tingling. The patient has pain with lifting and carrying. Worse with range of motion and improves with rest.

PHYSICAL EXAMINATION: The left wrist reveals pain to palpation over the ulnar styloid and scaphoid. Grip strength is 4/5. There is swelling noted. Positive Tinel sign. Positive Phalen test. Range of motion reveals flexion 55/80 degrees, extension 50/70 degrees, radial deviation 10/20 degrees, ulnar deviation 15/30 degrees.

DIAGNOSTIC TESTING: MRI of the left wrist, done on 03/01/2022, shows hyperintense signal of the volar scapholunate ligament suggestive of sprain with no demonstrable widening of the scapholunate distance. Small synovial/ganglion cysts noted along the radial aspect of the flexor tendons and in the volar aspect of the trapezium. Distal radioulnar joint effusion.

ASSESSMENT:

1. Sprain, left wrist.
2. Scapholunate ligament sprain, left wrist.

3. Synovial/ganglion cyst, left wrist.
4. Effusion, left wrist.
5. Pain, left wrist.
6. Injury, left wrist.

PLAN:

1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left wrist 3 days/week.
6. The patient has had 9 months of physical therapy with no improvement.
7. 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 would like to proceed with surgery.
8. The patient needs medical clearance prior to surgery. Workers' Compensation Board authorization needed prior to surgery.
9. 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.
10. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
11. 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, DVT, and recurrence.
12. All the questions in regard to the procedure were answered.
13. The patient verbally consents for the arthroscopy of left wrist and the patient will be scheduled for left wrist 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.
14. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

IMPAIRMENT RATING: 75%. The patient is currently not working.

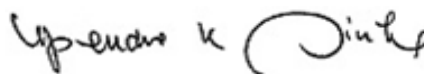
CAUSALITY: It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to the 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.

A handwritten signature in black ink, consisting of a large, stylized 'M' followed by a horizontal line.

Mellita Shakhmurov, PA-C

MS/AEI

A handwritten signature in black ink, consisting of the letters 'U.K.' followed by a stylized 'S'.

U.K. Sinha, MD, MS (Ortho), FAAOS
Board Certified Orthopedic Surgeon