UK Sinha Physician, P.C.

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July 08, 2022

Re: Vargas, Luz
DOB: 06/01/1996
DOA: 10/05/2020

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right knee and left knee pain.

HISTORY OF PRESENT ILLNESS: A 26-year-old right-hand dominant female involved in a work-related accident on 10/05/2020. The patient was working at a construction site. A wall fell on top of her. The patient need to resist the wall, but the wall fell on her right knee and left knee. The EMS did not arrive on the scene. The police were not called to the scene of the accident. The patient was transported via ambulance to NYC Health + Hospitals/Elmhurst and was treated and released the same day. The patient presents today complaining of right knee and left knee pain sustained in the work-related accident. The patient was attending physical therapy for the last 3 weeks with little relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Noncontributory. There is no previous history of trauma.

PAST SURGICAL HISTORY: Right knee arthroscopy (05/2021).

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: The patient is taking pain medications p.r.n.

SOCIAL HISTORY: The patient is a nonsmoker. The patient drinks alcohol occasionally. The patient does not use recreational drugs.

ADL CAPABILITIES: The patient states that she can walk for 1/2 block. She can stand for 5 minutes before she has to sit. She can sit for 5 minutes before needing to change positions secondary to pain. As a direct result of the injuries sustained in this accident, the patient states that she is unable to do the following activities: driving, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

PRESENT COMPLAINTS: Right knee: Right knee pain is 8-9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has no difficulty rising from a chair and has no

difficulty going up and down stairs. The patient also notes clicking, popping, and buckling. Worse with range of motion and improves with rest, medication, and physical therapy.

Left knee: Left knee pain is 3-4/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has no difficulty rising from a chair and has no difficulty going up and down stairs. The patient also notes clicking and popping. Worse with range of motion and improves with rest, medication, and physical therapy.

REVIEW OF SYSTEMS: Temperature taken at the time of exam was 98.6 degrees Fahrenheit.
General: No fever, chills, night sweats, weight gain, or weight loss.
HEENT: No double vision, eye pain, eye redness, decreased hearing, earache, ear ringing, nosebleeds, sore throat or hoarseness.
Endocrine: No cold intolerance, appetite changes or hair changes.
Skin: Clear, no rashes or lesions.
Neuro: No headaches, dizziness, vertigo or tremor.
Respiratory: No wheezing, coughing, shortness of breath or difficulty breathing.
Cardiovascular: No chest pain, murmurs, irregular heart rate or hypertension.
GI: No nausea, vomiting, diarrhea, constipation, jaundice or changes in bowel habits.
GU: No blood in urine, painful urination, loss of bladder control or urinary retention.
Hematology: No active bleeding, bruising, anemia or blood clotting disorders.
Psychiatric: No anxiety, change in sleep pattern, depression or suicidal thoughts.

PHYSICAL EXAMINATION: The patient's height is 5 feet 5 inches, weight is 115 pounds, and BMI is 19.1. The right knee reveals tenderness along the superior pole of patella and inferior pole of the patella. There is swelling appreciated. There is no heat, erythema, crepitus or deformity appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 110/130 degrees and extension 0/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the right lower extremity.

The left knee reveals tenderness along the medial joint line and superior pole of patella. There is no heat, swelling, erythema, crepitus or deformity appreciated. Positive McMurray test. Negative Lachman test. Positive patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 120/130 degrees and extension 0/5 degrees. Knee is stable with varus and valgus stress test. The patient has no motor or sensory deficit of the left lower extremity.

DIAGNOSTIC TESTING: MRI of the right knee, done on 02/23/2021, shows evidence for medial meniscal tear. Lateral meniscal myxoid reaction. Additional ACL injury suggested. Quadriceps and patella tendinitis. Joint effusion. MRI of the left knee, done on 04/29/2021, shows grade I sprain of the ACL. Grade II intrameniscal horizontal signal involving the posterior horn of the medial meniscus. Small joint effusion.

ASSESSMENT:

1. M23.91 Internal derangement, right knee.
2. S83.511A Anterior cruciate ligament sprain, right knee.
3. S83.411 Medial collateral ligament sprain, right knee.
4. M94.261 Chondromalacia, right knee.
5. M22.2X1 Patellofemoral chondral injury, right knee.
6. M25.461 Joint effusion, right knee.
7. M12.569 Traumatic arthropathy, right knee.
8. S80.911A Injury, right knee.
9. M25.561 Pain, right knee.
10. M65.161 Synovitis, right knee.
11. M24.10 Chondral lesion, right knee.
12. M24.661 Adhesions, right knee.
13. Recurrent subluxation of knee cap. Arthroscopy done on 05/2021 showed chondral damage patella and shallow trochlea.

PLAN:

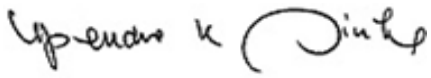
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for right knee and left knee.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right knee and left knee 3 days/week.
6. Discussed right knee 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. Workers' Compensation Board authorization needed prior to surgery.
8. 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.
9. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
10. 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.
11. All the questions in regard to the procedure were answered.
12. The patient verbally consents for the arthroscopy of right knee and the patient will be scheduled for right knee 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.
13. Surgery: Reconstruction of patellofemoral ligament of right knee with allograft hamstring open procedure, (Arthrex) C arm.

14. The patient will follow up 1-2 weeks postop or in 2 months if surgery has not been performed yet.

IMPAIRMENT RATING: 100%.

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.



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