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July 26, 2022

Office seen at:
Renew Chiropractic
2426 Eastchester Road
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Phone# (347) 843-6230

Re: Lewis, Dakur
DOB: 10/09/1998
DOA: 10/31/2019

FOLLOW-UP NOTE

CHIEF COMPLAINT: Follow up of left shoulder and left wrist pain.

HISTORY OF PRESENT ILLNESS: The patient presents today in follow up with continued pain in the left shoulder and 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 shoulder: Left shoulder pain is 9/10, described as constant, sharp, stabbing, dull, achy pain. The patient has stiffness, popping, and clicking. The patient is able to reach overhead, able to reach behind the back, and unable to sleep at night due to pain.

Left wrist: Left wrist pain is 7/10, described as intermittent, dull, achy pain. The patient has pain with lifting, carrying, and driving. Worse with range of motion and improves with rest.

PHYSICAL EXAMINATION: The left shoulder reveals tenderness to palpation over supraspinatus tendon region, AC joint, proximal biceps tendon, and coracoid. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative drop arm test. Positive cross-over test. Positive empty can test. Positive Yergason test. Negative deltoid atrophy. Positive O'Brien test. Positive impingement sign. Positive Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 130/180 degrees, adduction 30/45 degrees, forward flexion 125/180 degrees, extension 40/60 degrees, internal rotation 55/90 degrees, and external rotation 50/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The left wrist reveals pain to palpation over the dorsal with ganglion cyst. Grip strength is 5/5. There is swelling noted. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 55/80 degrees, extension 50/70 degrees, radial deviation 15/20 degrees, ulnar deviation 25/30 degrees.

DIAGNOSTIC TESTING: MRI of the left shoulder, done on 01/27/2020, shows mild insertional rotator cuff tendinosis. Mild long head of the biceps tenosynovitis. Anterior superior glenoid labral tear. AC joint sprain sequelae. Low-lying acromion morphology. MRI of the left wrist, done on 06/28/2022, shows ulnar-sided tear of the TFCC. Tendinopathy of the second extensor compartment tendons.

ASSESSMENT:

1. M75.82 Shoulder tendinitis, left shoulder.
2. S43.432A Labral tear, left shoulder.
3. M65.812 Tenosynovitis, left shoulder.
4. M25.512 Pain, left shoulder.
5. S49.92XA Injury, left shoulder.
6. M25.412 Joint effusion, left shoulder.
7. Acromioclavicular joint sprain, left shoulder.
8. Ulnar tear of the triangular fibrocartilage complex, left wrist.
9. Tendinopathy, left wrist.
10. Dorsal ganglion cyst, 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 shoulder and left wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder and left wrist 3 days/week.
6. Recommend steroid injections with pain management for left shoulder and left wrist. The patient refuses due to side effects.
7. MRI ordered of left shoulder to rule out ligament tear and/or synovial injury. Updated left shoulder MRI done 2 years ago.
8. Discussed left shoulder and left wrist arthroscopies 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.
9. Workers' Compensation Board authorization needed prior to surgery.
10. 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 shoulder and left wrist pathologies in quantitative and qualitative terms and achieve better prognosis. This surgery is crucial to provide most specific and maximally effective treatment to this patient.
11. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.

12. All the benefits and risks of the left shoulder and left wrist arthroscopies have been discussed with the patient. The risks include, but not limited to bleeding, infection, pain, stiffness, muscle injury, nerve injury, DVT, and recurrence.
13. All the questions in regard to the procedure were answered.
14. The patient verbally consents for the arthroscopy of left wrist and the patient will be scheduled for left wrist surgery after receiving Workers' Compensation Board authorization. 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.
15. 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.

Mellita Shakhmurov, PA-C
MS/AEI

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