

# UK Sinha Physician, P.C.

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June 22, 2022

Office seen at:

P.R. Medical, P.C.  
79-09B Northern Boulevard  
Jackson Heights, NY 11372  
Phone# (718) 507-1438

Re: Batista, Manuel  
DOB: 05/19/1981  
DOA: 03/13/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** Right knee, left knee and low back pain.

**HISTORY OF PRESENT ILLNESS:** A 41-year-old right-hand dominant male involved in a motor vehicle accident on 03/13/2022. The patient was opening his car door and other car hit him. The vehicle was struck on the front driver's side. The airbags did not deploy. The EMS arrived on the scene. The police were called to the scene of the accident. The patient was did not go to the hospital. The patient presents today complaining of right knee, left knee and low back pain sustained in the motor vehicle accident. The patient was attending physical therapy 3 days a week with little relief.

**WORK HISTORY:** The patient is currently working as a full-time shop manager.

**PAST MEDICAL HISTORY:** Noncontributory.

**PAST SURGICAL HISTORY:** Noncontributory.

**DRUG ALLERGIES:** NO KNOWN DRUG ALLERGIES.

**MEDICATIONS:** The patient is not taking any medication at this time.

**SOCIAL HISTORY:** The patient is a nonsmoker. The patient does not drink alcohol. The patient does not use recreational drugs.

**ADL CAPABILITIES:** The patient states that he can walk for 1/2 block. He can stand for 5 minutes before he has to sit. He 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 he is unable to do the following activities: carrying heavy objects, laundry, shopping, running errands, kneeling, squatting, negotiating stairs, jogging, and exercising.

**PRESENT COMPLAINTS:** Right knee: Right knee pain is 4/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has difficulty rising from a chair and difficulty going up and down stairs.

Left knee: Left knee pain is 7/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness and weakness. The patient has difficulty rising from a chair and difficulty going up and down stairs. The patient also notes clicking, popping, and buckling.

**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 9 inches, weight is 270 pounds, and BMI is 39.9. The right knee reveals tenderness along the lateral joint line, superior pole of patella, inferior pole of the patella. There is crepitus appreciated. There is no heat, swelling, erythema 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 3/5 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 lateral joint line, superior pole of patella, 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 left lower extremity.

**DIAGNOSTIC TESTING:** MRI of the right knee, done on 04/08/2022, shows an interstitial tear of the ACL is noted, as described, which is greater proximally, surrounding reactive changes are seen. There is a contusion over the patellar-tendon and extending medially and laterally. A horizontal tear is seen at the lateral meniscus from anterior body to the posterior horn. There is slight involvement of the anterior horn with attenuation. MRI of the left knee, done on,

04/08/2022, shows an interstitial tear of the ACL seen, as noted. There is no attenuation. A small joint effusion is seen without evidence of a loose body. Varicosities are seen medially and laterally. A mild pes anserine bursitis is noted.

**ASSESSMENT:**

1. M23.200 Lateral meniscus derangement, right knee.
2. M23.91 Internal derangement, right knee.
3. S83.511A Anterior cruciate ligament sprain, right knee.
4. S83.411 Medial collateral ligament sprain, right knee.
5. M94.261 Chondromalacia, right knee.
6. S83.31XA Tear articular cartilage, right knee.
7. M22.2X1 Patellofemoral chondral injury, right knee.
8. M25.461 Joint effusion, right knee.
9. M12.569 Trauma arthropathy, right knee.
10. S80.911A Injury, right knee.
11. M25.561 Pain, right knee.
12. M65.161 Synovitis, right knee.
13. M24.10 Chondral lesion, right knee.
14. M24.661 Adhesions, right knee.
15. S83.282A Lateral meniscus tear, left knee.
16. S83.519A Partial anterior cruciate ligament tear, left knee.
17. S83.512A Anterior cruciate ligament sprain, left knee.
18. S83.412A Medial collateral ligament sprain, left knee.
19. M94.262 Chondromalacia, left knee.
20. M24.662 Adhesions, left knee.

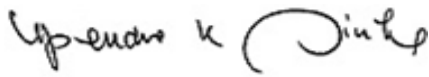
**PLAN:**

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 and left 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 think about surgery.
7. 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 and left 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.
8. Discussed the length of the arthroscopy, the postoperative instructions, and the option of continuing with conservative management alternatives to surgery, including no surgery.
9. All the benefits and risks of the right knee and left 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.

10. All the questions in regard to the procedure were answered.

**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, appearing to read "U.K. Sinha", written over a horizontal line.

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

MS/AEI