

UK Sinha Physician, P.C.

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July 19, 2022

Office seen at:

Merrick Medical PC
243-51 Merrick Blvd
Rosedale, NY 11422
Phone# (718) 413-5499

Re: Baker, Merle
DOB: 02/29/1952
DOA: 06/07/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Right knee and left knee pain.

HISTORY OF PRESENT ILLNESS: A 70-year-old right-hand dominant female involved in a motor vehicle accident on 06/07/2022. The patient was a front passenger and was wearing a seatbelt. The vehicle was T-boned on the passenger's side. The airbags did not deploy. The EMS arrived on the scene. The police were not called to the scene of the accident. The patient did not go to any hospital that same day. The patient presents today complaining of right knee and left knee pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 1 month with no relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Diabetes and hypertension. There is previous history of MVA in 2018.

PAST SURGICAL HISTORY: Right shoulder arthroscopy in 2018, right knee arthroscopy in 2004, and left knee TKA in 2015.

DRUG ALLERGIES: SULFA.

MEDICATIONS: Metformin 1000 mg, amlodipine 10 mg, losartan 100 mg, and HCTZ 25 mg.

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

ADL CAPABILITIES: The patient states that she can walk for 1-2 blocks. She can stand for 30 minutes before she has to sit. She can sit for 30 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: running errands, kneeling, squatting, negotiating stairs, jogging and exercising.

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

Left knee: No pain, described as intermittent, sharp, stabbing, dull, achy pain. Status post TKA. There is superficial pain when touched. The patient has no difficulty rising from a chair and has no difficulty going up and down stairs.

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 or irregular heart rate. The patient has 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 6 inches, weight is 240 pounds, and BMI is 38.7. The right knee reveals tenderness along the medial joint line, lateral joint line, superior pole of patella, and inferior pole of the patella. There is swelling and crepitus appreciated. There is no heat, erythema or deformity appreciated. Positive McMurray test. Positive Lachman test. Positive patellofemoral grinding test. Positive anterior drawer. Negative posterior drawer. Range of motion reveals flexion 85/130 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 scar, status post TKA scar healed. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. No positive test. Negative McMurray test. Negative Lachman test. Negative patellofemoral grinding test. Negative anterior drawer. Negative posterior drawer. Range of motion reveals flexion 115/130 degrees and extension 4/5 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 06/25/2022, shows bone marrow edema seen at the medial lateral tibial plateau as well as the femoral condyles. Increased signal on the proton density along the ACL and ACL fibers are not visualized indicating a tear. Medial collateral ligament contains adjacent edema and is bulging. Medial and lateral meniscal tears in the posterior horn. Suprapatellar joint effusion present, prepatellar edema. MRI of the left knee, done on 06/25/2022, shows limited study due to metallic artifact. Prepatellar likely fluid. Suprapatellar joint fluid present.

ASSESSMENT:

1. S83.241A Medial meniscus tear, right knee.
2. M23.200 Lateral meniscus derangement, right knee.
3. M23.91 Internal derangement, right knee.
4. S83.519A Anterior cruciate ligament tear, right knee.
5. S83.511A Anterior cruciate ligament sprain, right knee.
6. S83.411 Medial collateral ligament sprain, right knee.
7. M25.461 Joint effusion, right knee.
8. S80.911A Injury, right knee.
9. M25.561 Pain, right knee.
10. M25.462 Joint effusion, left knee.
11. S80.912A Injury, left knee.
12. M25.562 Pain, left knee.
13. Status post total knee arthroplasty, 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. Recommend steroid injections with pain management for right knee and left knee. The patient refuses due to side effects.
7. 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 wants to think about 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 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.
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 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.
11. All the questions in regard to the procedure were answered.

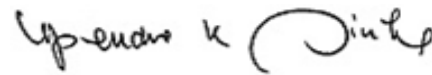
12. Follow up in 4 weeks.

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