UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418
Ph: 718-480-1130 Fax: 718-480-1132

July 11, 2022

Office seen at:
Liberty Rhea Ranada Ebarle PT PC
14 Bruckner Blvd
Bronx, NY 10454
Phone # (718) 402-5200

Re: Mercado, Jan Marvin
DOB: 02/05/1990
DOA: 08/26/2021

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left shoulder and left elbow pain.

HISTORY OF PRESENT ILLNESS: A 32-year-old ambidextrous male involved in a work-related accident on 08/26/2021. The patient was cleaning at work and pain got really bad in left shoulder and left elbow. The EMS did not arrive 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 left shoulder and left elbow pain sustained in the work-related accident. The patient was attending physical therapy for the last 2 weeks with little relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Noncontributory.

PAST SURGICAL HISTORY: Left shoulder surgery in March 2022.

DRUG ALLERGIES: ACETAMINOPHEN.

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

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: Garden, play sports, lifting heavy objects, carrying heavy objects, reaching overhead, laundry, shopping, running errands, and exercising.

PRESENT COMPLAINTS: Left shoulder: Left shoulder pain is 8/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has popping and clicking. The patient is able to reach overhead and able to reach behind the back. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left elbow: Left elbow pain is 8/10, described as intermittent, dull, achy pain. The patient has pain with lifting, carrying, and driving. Worse with range of motion and improves with rest, 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 4 inches, weight is 145 pounds, and BMI is 24.9. The left shoulder reveals tenderness to palpation over deltoid. There is no heat, swelling, erythema, crepitus or deformity appreciated. Negative drop arm test. Negative cross-over test. Negative empty can test. Negative Yergason test. Negative deltoid atrophy. Negative O'Brien test. Negative impingement sign. Negative Lift-off test. Negative Hawkins test. Range of motion, as per goniometer, abduction 120/180 degrees, adduction 35/45 degrees, forward flexion 120/180 degrees, extension 45/60 degrees, internal rotation 60/90 degrees, and external rotation 60/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity. The patient already had surgery done.

The left elbow reveals no swelling, erythema, bruise, or deltoid atrophy. Muscle strength is 3/5. There is tenderness to palpation over the lateral epicondyle. The patient had injection before. Negative Varus test. Negative Valgus test. Negative Tinel sign. Range of motion reveals flexion 130/150 degrees, extension 130/150 degrees, supination 80/90 degrees, pronation 80/90 degrees.

DIAGNOSTIC TESTING: MRI of the left shoulder, done on 10/13/2021, shows evidence supporting rotator cuff tendinitis and partial tear. Associated bursitis. MRI of the left elbow, done on 10/27/2021, shows evidence of lateral epicondylitis. MRI of the left hand, done on 11/09/2021, shows no significant structural derangement suspected.

ASSESSMENT:

1. Status post arthroscopy, left shoulder.
2. M24.812 Internal derangement, left shoulder.
3. M65.812 Tenosynovitis, left shoulder.
4. M25.512 Pain, left shoulder.
5. S49.92XA Injury, left shoulder.
6. Posttraumatic lateral epicondylitis, left elbow.

PLAN:

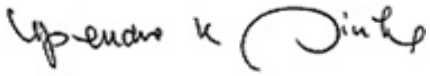
1. Imaging studies and clinical examinations were reviewed with the patient.
2. All treatment options discussed with the patient.
3. Cold compresses for left shoulder and left elbow.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder and left elbow 3 days/week.
6. Recommend steroid injections with pain management for left shoulder. The patient accepts.
7. Discussed left elbow 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. 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 elbow 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 elbow 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 elbow and the patient will be scheduled for left elbow 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: 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.



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