

# UK Sinha Physician, P.C.

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June 15, 2022

Office seen at:

Primavera PT, P.C.

4250 White Plains Road

Bronx, NY 10466

Phone# (718) 515-1080

Re: Rojas, Robert

DOB: 04/11/1989

DOA: 04/06/2022

## INITIAL ORTHOPEDIC CONSULT EXAMINATION

**CHIEF COMPLAINT:** pain.

**HISTORY OF PRESENT ILLNESS:** A 33-year-old right-hand dominant male involved in a motor vehicle accident on 04/06/2022. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the rear side. The airbags did not deploy. The EMS arrived on the scene. The police were 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 shoulder and left shoulder pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 2 months with little relief.

**WORK HISTORY:** The patient is currently not working.

**PAST MEDICAL HISTORY:** Noncontributory.

**PAST SURGICAL HISTORY:** Noncontributory.

**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 socially. The patient uses recreational drugs daily.

**ADL CAPABILITIES:** The patient states that he can walk without any issues. He can stand for 60 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: lifting heavy objects, carrying heavy objects, and exercising.

**PRESENT COMPLAINTS:** Right shoulder: No pain.

Left shoulder: Left shoulder pain is 6/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness and clicking. The patient is unable to reach overhead and unable to reach behind the back. Worse with range of motion and improves with rest 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 164 pounds, and BMI is 28.1. The right shoulder reveals tenderness to palpation over AC joint and coracoid. There is crepitus appreciated. There is no heat, swelling, erythema 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 165/180 degrees, adduction 45/45 degrees, forward flexion 170/180 degrees, extension 55/60 degrees, internal rotation 80/90 degrees, and external rotation 85/90 degrees. Internal rotation to the mid back. The patient has no motor or sensory deficit of the right upper extremity.

The left shoulder reveals tenderness to palpation over supraspinatus tendon region and proximal biceps tendon. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative drop arm test. Negative cross-over test. Negative empty can test. Positive Yergason test. Negative deltoid atrophy. Negative O'Brien test. Positive impingement sign. Negative Lift-off test. Negative Hawkins test. Range of motion, as per goniometer, abduction 155/180 degrees, adduction 40/45 degrees, forward flexion 150/180 degrees, extension 50/60 degrees, internal rotation 75/90 degrees, and external rotation 80/90 degrees. Internal rotation to the mid back. The patient has no motor or sensory deficit of the left upper extremity.

**DIAGNOSTIC TESTING:** MRI of the right shoulder, done on 05/03/2022, shows suggestive shoulder impingement predominately in the supraspinatus with concomitant tendinosis as well as

sprain of the coracoacromial ligament Infraspinatus tendinosis with rim rent tear and at this level there also patchy edematous and cystic changes of the posterior humeral head which may represent contusion from recent trauma. Mild inflammatory changes of the AC joint capsule and mild subacromial bursitis. Hyperintense curvilinear signal of the anterior labrum suspicious for tear, with small effusion. Series 6 image 15. Mild subscapularis tendinopathy. MRI of the left knee, done on 05/03/2022, shows suggestive shoulder impingement predominately in the supraspinatus with mild tendinosis. There is more suspicion for a rim rent tear at the very posterior infraspinatus insertional fibers, where there also subcortical patchy edematous and cystic changes of the posterior humeral head. There is who hyperintense signal concerning for blunted tear of the inferior labrum 6:00 axis, mild subscapularis tendinopathy.

#### **ASSESSMENT:**

1. S46.011A Partial rotator cuff tear, right shoulder.
2. M24.811 Internal derangement, right shoulder.
3. M75.81 Shoulder tendinitis, right shoulder.
4. S43.431A Labral tear, right shoulder.
5. M75.41 Impingement, right shoulder.
6. M75.51 Bursitis, right shoulder.
7. S49.91XA Injury, right shoulder.
8. M89.311 Acromioclavicular joint hypertrophy, right shoulder.
9. M25.411 Joint effusion, right shoulder.
10. S46.012A Partial rotator cuff tear, left shoulder.
11. M24.812 Internal derangement, left shoulder.
12. M75.82 Shoulder tendinitis, left shoulder.
13. S43.432A Labral tear, left shoulder.
14. M75.42 Impingement, left shoulder.
15. M25.512 Pain, left shoulder.
16. S49.92XA Injury, left shoulder.
17. M25.412 Joint effusion, left shoulder.

#### **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 shoulder and left shoulder.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for right shoulder and left shoulder 3 days/week.
6. Recommend steroid injections with pain management for right shoulder and left shoulder. The patient refuses due to side effects.
7. Discussed left shoulder 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 left shoulder 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 left shoulder 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. No intervention is needed for the right shoulder as there is no pain.
13. Follow up in 2 weeks for decision.

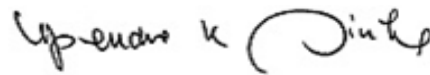
**CAUSALITY:** It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to 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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Mellita Shakhmurov, PA-C

MS/AEI



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