

UK Sinha Physician, P.C.

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

October 17, 2022

Office seen at:

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

Re: Flores, Juan
DOB: 09/17/1981
DOA: 07/26/2022

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left wrist and left hand pain.

HISTORY OF PRESENT ILLNESS: A 41-year-old right-hand dominant male involved in a work-related accident on 07/26/2022. The patient is a porter at GSB, lifting metal sheet, when transporting, was jammed on second left digit. The patient went by car to Mount Sinai Hospital and was treated and released the same day. The patient presents today complaining of left wrist and left hand pain sustained in the work related accident. The patient was attending physical therapy for the last 2.5 months with little relief.

WORK HISTORY: The patient is currently not working.

PAST MEDICAL HISTORY: Noncontributory. There is no previous history of trauma.

PAST SURGICAL HISTORY: Noncontributory.

DRUG ALLERGIES: NO KNOWN DRUG ALLERGIES.

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

SOCIAL HISTORY: The patient smokes occasionally. The patient does not drink alcohol. The patient does not use recreational drugs.

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 wrist: Left wrist pain is 7-8/10, described as intermittent, dull, achy pain. Admits to weakness, numbness, tingling. The patient has pain with lifting and carrying. Worse with range of motion and improves with ice.

Left hand: Left hand pain is 9/10, described as intermittent, dull, achy pain. Admits to weakness, numbness, tingling. The patient has pain with lifting and carrying. Worse with range of motion and improves with rest.

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 6 feet 0 inches, weight is 208 pounds, and BMI is 28.2. The left wrist reveals pain to palpation over the ulnar styloid and scaphoid. Grip strength is 4/5. There is swelling noted. Positive Tinel sign. Positive Phalen test. Range of motion reveals flexion 60/80 degrees, extension 55/70 degrees, radial deviation 10/20 degrees, ulnar deviation 15/30 degrees. Second digit is unable to flex.

DIAGNOSTIC TESTING: MRI of the left wrist, done on 10/04/2022, shows focal PD sat fat hyperintensities at ulnar attachment of triangular fibrocartilage complex (TFCC) - likely low-grade tear. There is a minimal joint effusion. MRI of the left hand, done on 10/13/2022, shows hyperintense signal of the ulnar collateral ligament of the thumb at the proximal insertion site with no demonstrable fiber discontinuity, compatible with partial tear.

ASSESSMENT:

1. Triangular fibrocartilage complex tear, left wrist/hand.
2. Joint effusion, left wrist/hand.
3. Ulnar collateral ligament tear, left wrist/hand.
4. Injury, left wrist/hand.
5. Pain, left wrist/hand.

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 wrist and left hand.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left wrist and left hand 3 days/week.

6. Recommend steroid injections with pain management for left wrist. The patient refuses due to side effects.
7. Discussed left wrist/left hand 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 wrist/left hand 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 wrist/left hand 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 wrist/left hand and the patient will be scheduled for left wrist/left hand 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: 75%.

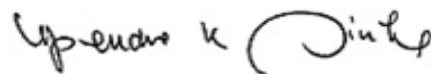
CAUSALITY: It is within a certain degree of medical certainty, that the history presented by the patient, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the specified date. These current symptoms were nonexistent prior to the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