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June 8, 2022

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Re: Gualpa Pelaez, Marco

DOB: 11/15/1989

DOA: 10/08/2021

INITIAL ORTHOPEDIC CONSULT EXAMINATION

CHIEF COMPLAINT: Left shoulder, left elbow, and left wrist pain.

HISTORY OF PRESENT ILLNESS: A 31-year-old right-hand dominant male involved in a motor vehicle accident on 10/08/2021. The patient was a driver and was wearing a seatbelt. The vehicle was struck on the tear 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 did not go to any hospital that same day. The patient presents today complaining of left shoulder, left elbow and left wrist pain sustained in the motor vehicle accident. The patient was attending physical therapy for the last 8 months with little relief.

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.

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 shoulder: Left shoulder pain is 6/10, described as intermittent, sharp, stabbing, dull, achy pain. The patient has stiffness. The patient is unable to reach overhead or behind the back and unable to sleep at night due to pain.

Left wrist: Left wrist pain is 4/10, described as intermittent, dull, achy pain. The patient has pain with lifting. Worse with range of motion and improves with rest, medication, physical therapy, and ice.

Left elbow: Left wrist pain is 5/10, 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, physical therapy, and ice.

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 6 inches, weight is 160 pounds, and BMI is 25.8. The left shoulder reveals tenderness to palpation over supraspinatus tendon region and AC joint. There is crepitus appreciated. There is no heat, swelling, erythema or deformity appreciated. Negative drop arm test. Positive cross-over test. Negative empty can test. Negative Yergason test. Negative deltoid atrophy. Positive O'Brien test. Negative impingement sign. Negative Lift-off test. Positive Hawkins test. Range of motion, as per goniometer, abduction 140/180 degrees, forward flexion 115/180 degrees, extension 40/60 degrees, internal rotation 65/90 degrees, and external rotation 65/90 degrees. Internal rotation to the sacrum. The patient has no motor or sensory deficit of the left upper extremity.

The left wrist reveals pain to palpation over the ulnar styloid. Scaphoid 4/5 grip strength. Negative Tinel sign. Negative Phalen test. Range of motion reveals flexion 70/80 degrees, extension 65/70 degrees, radial deviation 15/20 degrees, ulnar deviation 20/30 degrees.

The left elbow reveals swelling, erythema, bruise, and deltoid atrophy. Muscle strength is 4/5. There is tenderness to palpation over the medial epicondyle, lateral epicondyle. Negative Varus test. Negative Valgus test. Negative Tinel sign. Range of motion reveals flexion 140/150 degrees, extension full, supination 80/90 degrees, pronation 80/90 degrees.

DIAGNOSTIC TESTING: MRI of the left shoulder, done on 10/27/2021, shows a focal mid substance tear is seen at the superior labrum at the anterior margin. There is no attenuation or displacement. Mild tendinitis changes are seen at the supraspinatus and infraspinatus tendons. A focal bursal surface tear is noted at the anterior margin of the distal supraspinatus tendon. MRI of the left elbow, done on 11/17/2021, a partial-thickness tear is seen at the origin of the common flexor tendon group. There is no attenuation. There is a contusion over the distal triceps tendon and olecranon. Tendinopathy changes are seen at the distal triceps tendon. MRI of the left wrist, done on 11/24/2021, shows a focal vertical tear is seen at the triangular fibrocartilage medially, as noted. There is no attenuation or displacement. Subtle bone bruising is seen at the scaphoid centrally. A focal soft tissue contusion is noted dorsally at the level of the carpus at the lateral aspect.

ASSESSMENT:

1. S46.012A Partial rotator cuff tear, left shoulder.
2. M24.812 Internal derangement, left shoulder.
3. M75.02 Adhesive Capsulitis, left shoulder.
4. M75.82 Shoulder tendinitis, left shoulder.
5. S43.432A Labral tear, left shoulder.
6. M75.42 Impingement, left shoulder.
7. M65.812 Tenosynovitis, left shoulder.
8. M75.52 Bursitis, left shoulder.
9. M75.22 Bicipital tendinitis, left shoulder.
10. M25.512 Pain, left shoulder.
11. S49.92XA Injury, left shoulder.
12. M67.212 Hypertrophic synovitis, left shoulder.
13. M89.312 Acromioclavicular joint hypertrophy, left shoulder.
14. M25.412 Joint effusion, left shoulder.
15. Sprain, left wrist.
16. Lateral epicondylitis, left elbow.

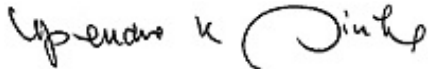
PLAN:

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, left elbow, and left wrist.
4. Continue anti-inflammatory and muscle relaxant medications p.r.n.
5. Continue physical therapy for left shoulder, left elbow, and left wrist 3 days/week.
6. 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.
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 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.

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 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.
10. All the questions in regard to the procedure were answered.
11. Follow up in 2 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.



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

MS/AEI