

3/28/24, 11:12 AM

Burton, Danila A (MR # 11623070) Encounter Date: 02/26/2024

Allergies**Allergen**

- Shellfish Containing Products

Reactions

Rash and Shortness Of Breath

Review of Systems

Neurological ROS: no neurological symptoms/sensory or motor

Objective

She appears well, in no apparent distress. Alert and oriented times three, pleasant and cooperative. Vital signs are as documented in vital signs section.

Examination of the left knee demonstrates lacks 30 degrees of full extension in the seated position reporting pain in her left hip and left knee, no specific joint line tenderness, pain with attempted left hip flexion.

Radiology: Xrs left knee are reviewed and interpreted by me and demonstrates possible loose body in posterior compartment.

MRI's reviewed.

Assessment:**Encounter Diagnoses**

Code	Name	Primary?
• M25.562	Left knee pain, unspecified chronicity	Yes
• M23.42	Loose body of left knee	
• M70.62	Trochanteric bursitis, left hip	
• M54.16	Lumbar radiculopathy	
• M46.1	Sacroiliitis	
• S30.0XXA	Contusion of pelvis, initial encounter	

Plan: Diagnosis as above. All treatment options were discussed with patient. Ongoing left knee pain. Symptoms persist, as such MRI to be obtained. Further recommendations forthcoming. Continue formal PT. Pt advised to follow with her medical doctor for evaluation of her ultrasound findings. She will continue on temporary total disability and remain out of work. Follow up in 6 weeks.

2/26/2024

5:43 AM

2/26/2024

5:41 AM

2/26/2024

5:39 AM

Patient Reported Outcome (PRO) Scores

PROMIS-10 Global v1.2

24 (Poor)

Physical Health (Range:
15 - 70)

PROMIS-10 Global v1.2

21 (Poor)

Mental Health (Range:
20 - 70)

PROMIS Physical

29 (severe dysfunction)

Function CAT v2.0 (Range 10 - 90)

PROMIS Pain Intensity 62

3a v1.0 (Range 10 - 90)

By signing my name below, I, MEMON, ZEESHAN, attest that this documentation has been prepared under the direction and in the presence of Dr. James Kipnis.

3/28/24, 11:12 AM

Burton, Danita A (MR # 11623070) Encounter Date: 02/26/2024

Electronically Signed: MEMON, ZEESHAN, Scribe. 02/26/24

I, Dr. James Kipnis, personally performed the services described in this documentation, as scribed by MEMON, ZEESHAN in my presence. I have reviewed the chart and agree that the record reflects my personal performance and is accurate and complete.

Electronically signed by James Michael Kipnis, MD at 2/26/2024 6:41 PM

Office Visit on 2/26/2024 *Note viewed by patient*

Additional Documentation

Vitals: Ht 1.575 m (5' 2") Wt 69.2 kg (152 lb 8.9 oz) BMI 27.90 kg/m² BSA 1.74 m²

Flowsheets: Patient-Reported Data, Anthropometrics, Weight Change

Orders Placed

MRI KNEE WITHOUT IV CONTRAST LEFT (Resulted 3/20/2024)

AMB REFERRAL TO PHYSICAL THERAPY Pending Review

Medication Changes

As of 2/26/2024 9:13 AM

None

Visit Diagnoses

Primary: Left knee pain, unspecified chronicity M25.562

Loose body of left knee M23.42

Trochanteric bursitis, left hip M70.62

Lumbar radiculopathy M54.16

Sacroiliitis M46.1

Contusion of pelvis, initial encounter S30.0XXA

Failed Fax

Received by WCB Fax on 3/28/2024 3:36:22 PM

Laryssa Bohdan

Subject:

MRI Left Knee 3/20/2024

MRI KNEE LEFT WITHOUT IV CONTRAST

Results

MRI KNEE WITHOUT IV CONTRAST LEFT [IMG1408]

Status: **Final result**

Full Report

IMPRESSION:

Degeneration with partial thickness radial tearing along the free margin of the lateral meniscal body segment. No displaced meniscal flap fragment. Lateral compartment osteoarthritis and chondromalacia with partial thickness chondral loss and fissuring as described, along with degenerative marrow edema in the lateral tibial plateau.

Subtle degenerative fraying along the free margin of the medial meniscal posterior horn segment without displaced meniscal flap fragment.

Additional mild medial and patellofemoral compartment chondromalacia as described. No knee joint effusion. No intra-articular ossific body, the questioned ossific body in the posterior joint recess corresponds to prominent osteophyte formation along the posterior margin of the medial tibial plateau.

History: Left knee pain

MRI of the left knee

Technique: Multiplanar, multisequential images were obtained on a 3.0T scanner according to standard protocol.

Prior studies: Radiographs 1/18/2024

Findings:

Ligaments/tendons/retinaculum: The anterior cruciate ligament is intact. The posterior cruciate ligament is intact. The extensor mechanism is intact. The medial collateral ligament complex is intact. The iliotibial band, fibular collateral ligament, biceps femoris, and popliteus tendons are intact. The semimembranous tendon is intact.

From: Laryssa Bohdan
Sent: Tuesday, March 26, 2024
To: wcb.sa.Xeroxapp
Subject: Danita Burton - WCB#G3539998; CC#GLEN-033-22

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Laryssa Bohdan

Senior Paralegal - Workers Compensation

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SUITE 605

GARDEN CITY, NY 11530

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Medial compartment: Degenerative fraying along the free margin of the medial meniscal posterior horn segment. Remainder of the meniscus is intact without displaced tear.. Low-grade chondral wear along the central weightbearing portion of the femoral condyle. There is marginal osteophyte formation along the posterior rim of the tibial plateau, which corresponds to the questionable loose body in the posterior joint recess on the previous performed radiographs (series 6/7 images 12-17)..

Lateral compartment: Degeneration with truncation and partial-thickness radial tearing along the free margin of the lateral meniscal body segment. Anterior and posterior horns of the meniscus remains intact. There is partial thickness chondral loss and fissuring along the central/posterior weightbearing portions of the tibial plateau and posterior weightbearing portion of the femoral condyle. Associated degenerative marrow edema within the posterior aspect of the lateral tibial plateau..

Patellofemoral compartment: Partial thickness chondral loss and thinning along the lateral patellar facet. Trochlear cartilage is overall maintained..

Additional bone findings: There is no evidence of acute fracture, osseous contusion, or osseous stress response. No destructive osseous lesion..

Joint space: No joint effusion or intra-articular body. The questioned ossific body within the posterior joint recess on the prior radiograph corresponds to a prominent osteophyte formation along the posterior margin of the medial tibial plateau. Tiny popliteal cyst measuring 1.6 x 0.7 x 2.0 cm.

Neurovascular structures: Unremarkable

Musculature: Normal muscle signal intensity without strain injury, denervation edema, or atrophy.

Subcutaneous tissues: Unremarkable

Electronic Signature: I personally reviewed the images and agree with this report. Final Report: Dictated by and Signed by Attending Valentino Abballe MD 3/20/2024 9:57 AM

**NYU Langone Health
System**

PORT SURCHMARCOUS
AV
1999 Marcus Avenue, Suite
202
Lake Success NY 11042-1034

BURTON, Danita A
MRN: 11623070, DOB: 1/2/1961, Sex: F

Patient Demographics

Name	Patient ID	SSN	Gender Identity	Birth Date
Burton, Danita A	11623070	xxx-xx-1911	Female	01/02/61 (63 yrs)
Address	Phone	Email		
80 Valentine Street #A Glen Cove NY 11542	631-836-8338 (M) 631-836-8338 (H)	danitaburton@hotmail.com		
Reg Status	PCP	Date Last Verified	Next Review Date	
Verified	John Anthony Reyes, MD516-671-6900	02/15/24	03/16/24	
Emergency Contact 1				
Vanessa Shaw (SISTER)				
516-567-4205 (M)				

XR HIP COMBO WITH PELVIS [542403660]

Electronically signed by: James Michael Kipnis, MD on 01/18/24 0938	Status: Completed
This order may be acted on in another encounter.	
Ordering user: James Michael Kipnis, MD 01/18/24 0938	Authorized by: James Michael Kipnis, MD
Frequency: 01/18/24 -	
Diagnoses:	
Trochanteric bursitis, left hip [M70.62]	
Lumbar radiculopathy [M54.16]	
Sacroiliitis [M46.1]	
Contusion of pelvis, initial encounter [S30.0XXA]	
Left knee pain, unspecified chronicity [M25.562]	
Questionnaire	
Question	Answer
Reason for exam:	pain
Specify views of the PELVIS:	AP Pelvis
Specify laterality on each hip:	Left
Designate views LEFT:	Frog Lateral
Release to patient	Immediate

Result date and time is equivalent to report date and time.

Legend: A! = Abnormal

XR HIP COMBO WITH PELVIS [542403660]

Resulted: 01/18/24 1033, Result status: Final result

Resulted by: Renata La Rocca Vieira, MD	Performed: 01/18/24 0950 - 01/18/24 0951
Accession number: 40557476	Resulting lab: NYU RADIOLOGY SWF
Narrative:	
CLINICAL INDICATION: 1.pain	

TECHNIQUE: XR HIP WITH PELVIS 2 OR 3 VIEWS LEFT

COMPARISON STUDIES: None

Electronic Signature: I personally reviewed the images and agree with this report. Final Report: Dictated by and Signed by Attending Renata La Rocca Vieira MD 1/18/2024 10:33 AM

Impression:

FINDINGS/IMPRESSION:

Bilatera hip joint degenerative disease manifested by marginal osteophytes. Degenerative disease of the symphysis pubis. Otherwise, no osseous or articular abnormality. There is no significant soft tissue abnormality.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
133 - NYU Rad Syngo	NYU RADIOLOGY SWF	Unknown	Unknown	07/06/10 0826 - Present

XR KNEE LEFT [542403661]

Electronically signed by: James Michael Kipnis, MD on 01/18/24 0938	Status: Completed
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Generated on 2/21/24 9:41 AM

Page 1

27 Pgs Received, 21 Pgs Transmitted

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CC: Laryssa Bohdan <lbohdan@workerslaw.com>
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Senior Workers Compensation Paralegal

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