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| ***MEDICAL CHRONOLOGY – INSTRUCTIONS TO FOLLOW******General Instructions:*** ***Accident report:*** This report has been captured in detail.***EMS/Ambulance report:*** This report has been captured in detail.***Injury report:*** This comprises of an abstract of the patient’s related damages, surgical details, disability, etc., – *This table will be filled only if there is one date of injury available*.***Missing Medical Record Table:*** This table comprises of all the missing records, inclusive of interim, probable, and confirmatory missing records.***Patient History:*** Details related to the patient’s history (medical, surgical, social, occupational, family history and allergy details) are captured from the medical records.***Verbatim Detailed Medical Chronology:*** Information is captured “as it is” from the medical records without alteration of the meaning. Type of information capture (all details/zoom-out model and relevant details/zoom-in model) is as per the requirement of the case which will be elaborated under the ‘Specific Instructions.’***Reviewer’s Comments:*** Comments on contradictory information and misinterpretations in the medical records, illegible handwritten notes, missing records, clarifications needed etc. are given in italics and red font color and will appear as *\*Reviewer’s Comment****Illegible Dates:*** Illegible and missing dates are presented as “00/00/0000” (MM/DD/YYYY format)***Illegible Notes:*** Illegible handwritten notes are left as a blank space “\_\_\_\_\_” with a note as “Illegible Notes” in the heading of the particular medical record.***Specific Instructions:**** *Medical chronology focuses on the slip and fall that occurred on October 4, 2022, the resulting injuries (left wrist, left foot/ankle and lumbar spine) and their treatment.*
* *Related office/follow-up visits and consultation visits have been elaborated in detail.*
* *Unrelated visits are not elaborated and only the reason of the visit is mentioned in the heading.*
* *Repeated information has not been captured in the chronology.*
* *Case specific details have been highlighted in yellow for easy reference.*
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**Police Report/Accident Scene Investigation Report**

***Pdf Ref:*** *Not Available*

|  |  |  |
| --- | --- | --- |
| **PARAMETER** | **DETAILS** | **PDF REF** |
| **Date and time of accident** | **Date of accident:****Time of accident:** |  |
| **Location**  |  |  |
|  |
|  |
| **Direction of travel** |  |  |
| **Speed of vehicles** |  |  |
| **Scene of accident** |  |  |
| **No., of vehicles involved** |  |  |
| **Party Details** |  |  |
| **Vehicle #1 details** |  |  |
| **Vehicle #2 details** |  |  |
| **Description of accident** |  |  |
| **Did airbags deploy?** |  |  |
| **Seat belt applied?** |  |  |
| **Seating position** |  |  |
| **Vehicle Damages/Vehicle Towed** |  |  |
| **Property loss (Damage Amount)** |  |  |
| **Violation Code/Reason for Accident/ Sobriety and Distraction Factors** |  |  |
| **Parties Cited/At Fault Party** |  |  |
| **Was 911 Called?** |  |  |
| **Who Arrived at the scene First?** |  |  |
| **Other Details (Witness statements, etc.,)** |  |  |

**EMS/Ambulance Report**

***Pdf Ref:*** *Not Available*

|  |  |  |
| --- | --- | --- |
| **PARAMETER** | **DETAILS** | **PDF REF** |
| **Date of injury** |  |  |
| **Name of EMS/Ambulance** |  |  |
| **Name of Paramedics** |  |  |
| **Incident times** | **Call received:**  |  |
| **Dispatched:**  |
| **En route:**  |
| **On scene:**  |
| **At patient:**  |
| **Depart scene:**  |
| **At destination:**  |
| **Patient transferred:**  |
| **Call closed:** |
| **Level of Service**  | *Basic Life Support (BLS)/Advanced Life Support (ALS)/Intermediate Life Support (ILS)* |  |
| **Chief complaint** |  |  |
| **Vitals and Pain level**  |  |  |
| **Assessment findings** |  |  |
| **Narrative Summary** |  |  |
| **Neck Collar Applied** |  |  |
| **Back support provided** |  |  |
| **Treatment received** |  |  |
| **Clinical Impression** |  |  |
| **Destination Details** | **Transported to:**  |  |
| **Department:** |
| **Other Details** |  |  |

**Injury Report**

| **PARAMETER** | **DETAILS** | **PDF REF** |
| --- | --- | --- |
| **Date of injury** | 10/04/YYYY | 162 |
| **Related injuries and medical conditions before incident** | **Past Medical History:*** Left knee deterioration
* Left knee pain
* Left knee joint effusion
* Internal derangement left knee with history of previous knee arthroscopic surgery
* Back pain
* Acute exacerbation of chronic low back pain for 8 years
* Sciatica

**Past Surgical History:*** Left knee arthroscopic surgery (As of 02/07/2021, the surgery was performed approximately 5 years ago)
* Left knee arthroscopy surgery (09/08/2021)
* Epidural steroid injections for low back pain
 | 1216152819552511286627831952, 28552866 |
| **Damages Developed/Sustained as a result of incident(*Diagnoses alone*)** | * Left wrist sprain/strain
* Left knee sprain/strain
* Left ankle sprain/strain
* Lumbar sprain/strain
* Derangement of posterior horn of medial meniscus due to old tear or injury, left knee
* Other spontaneous disruption of anterior cruciate ligament of left knee
* Chronic instability of knee, unspecified knee
* Sprain of deltoid ligament of left ankle
* Carpal tunnel syndrome left
* Acute exacerbation of chronic low back pain
 | 164, 148, 64, 2939 |
| **Causation of injuries*****(Physician’s statement)*** | **11/15/YYYY: Stephen Ducker, M.D*.****(Chambers Medical Group)*“It is my opinion, within a reasonable degree of medical probability that the patient is suffering from a medical condition as listed in my diagnosis above as a direct result of a motor vehicle accident that occurred on 10/04/YYYY, manifesting itself by acute symptoms, including lumbar spine, left wrist, left knee and left ankle pain. The patient has an emergency medical condition as defined by the Florida Statutes, which is related to the accident. The absence of medical attention could result in serious dysfunction of the affected body parts” | 164 |
| **Surgeries or procedures performed as a result of incident** | **Procedures:****01/27/YYYY:** Left knee injection (Xylocaine)**Surgeries:** *Not available* | 149 |
| **Post-surgical complications (infection, DVT, etc.,)** | *Not available* |  |
| **Aggravation of pre-existing conditions (Physician or therapist’s statement alone)** | *Not available* |  |
| **Did patient return to work?****(Date and work status as per the last few visits/therapies)** | As on 11/21/YYYY, it was mentioned that the patient is a CNA and her case worker did an appeal for disability | 2951 |
| **Impairment rating****(Physician or therapist’s statement alone)** | *The physician’s statement for patient’s impairment rating was not available* |  |
| **Disability****(Physician or therapist’s statement alone)** | *The physician’s statement for patient’s disability was not available* |  |

**Missing Medical Records**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What records are needed?** | **Hospital/Medical Provider** | **Date/Time Period** | **Is records missing confirmatory or probable?** | **Hint/Clue that the records are missing** | **PDF Ref** |
| EMS | *Unknown*  | 10/04/YYYY | Confirmatory | Mentioned in the office visit dated 11/15/YYYY | 162 |
| ER records | Manatee Memorial Hospital | 10/04/YYYY | Confirmatory | Mentioned in the office visit dated 11/15/YYYY | 162 |

**Patient History**

**Past medical history:** Left knee deterioration, Left knee pain, Left knee joint effusion, Internal derangement left knee with history of previous knee arthroscopic surgery, Back pain, Acute exacerbation of chronic low back pain for 8 years, Sciatica, hypertension, hyperthyroidism(PDF ref: 1216, 1528, 1955, 2511, 2866, 2783)

**Past surgical history:** Left knee arthroscopic surgery (As of 02/07/2021, the surgery was performed approximately 5 years ago) and Left knee arthroscopy surgery (09/08/2021)(PDF ref: 1952, 2855)

**Family history:** Father - Diabetes mellitus type II and hypertension**;** (PDF ref: 179)

**Social history:** Alcohol - Current, 1-2 times per month, 3 drinks/episode; Tobacco - Current, Cigarettes, 2 year (s) (PDF ref: 307)

**Allergies:** No seasonal allergies, no food allergies, no recurrent infections, no impaired immunity.(PDF ref: 1216)

**Detailed Chronology**

| **DATE** | **PROVIDER** | **OCCURRENCE/TREATMENT** | **PDF REF** |
| --- | --- | --- | --- |
| 08/30/YYYY | Manatee Memorial HospitalBlake Zika, M.D., | **Emergency room visit for edema in bilateral lower extremity:****History of present illness:** The patient presents with edema and leg edema. The onset was 1 days ago. The course/duration of symptoms is constant. Location: Bilateral lower extremity. The degree at onset was moderate. The degree at present is moderate. The exacerbating factor is none. The relieving factor is none.**Active problems:** Left knee deterioration, obesity**Diagnosis:** Edema**Plan:** Lasix 20mg, follow-up with Douglas Walsh within 1-2 days. | 1216-1223, 1205-1215, 1202-1204, 1224-1302 |
| 09/26/YYYY | Manatee Memorial HospitalMitchell Hall, M.D., | **Emergency room visit for acute bronchitis:** | 1111-1128, 1107-1110, 1102-1106, 1129-1201 |
| 06/24/YYYY | Manatee Memorial HospitalTracey Demino, M.D. | **Emergency room visit for edema and congestive heart failure:** | 863-892, 861-862, 854-860, 893-980 |
| 08/19/YYYY | Manatee Memorial HospitalMichael Henry, M.D. | **Emergency room visit for chest pain and cocaine abuse:** | 739-853, 721-738  |
| 07/08/YYYY | Manatee Memorial HospitalJohn Haggarty, M.D., | **Emergency room visit for bilateral peripheral edema:****Active problems:** Left knee deterioration, obesity congestive heart failure, left lung nodule**Surgical history:** Left knee | 389-398, 377-388, 399-485 |
| 10/10/YYYY | Manatee County EMSTimothy Kelly, EMT-Paramedic.,Lorenzo Hogans, EMT-Paramedic | **Ambulance transfer for headache and severe heartburn:** | 194-197 |
| 10/10/YYYY | Manatee Memorial HospitalMangalie Grant, M.D., | **Emergency room visit for hypertension and acute urinary infection:****Active problems:** Left knee deterioration, obesity**Surgical history:** Left knee | 178-193, 176-177, 198-287 |
| 11/27/YYYY | Manatee Memorial HospitalMangalie Grant, M.D., | **Emergency room visit for chronic bilateral feet swelling and pain:****Active problems:** Left knee deterioration, obesity**Surgical history:** Left knee | 293-369, 288-293, |
| 01/08/YYYY | Manatee County EMSSteven Wheeler, EMT-ParamedicRyan Meiler, EMT-Paramedic | **Ambulance transport for altered mental status:** | 623-625 |
| 01/08/YYYY – 01/09/YYYY | Manatee Memorial Hospital*Multiple Providers* | **Hospitalization for altered mental status and acute psychosis:****Active problems:** Left knee deterioration, obesity**Surgical history:** Left knee | 617-622, 626-632, 603-617,633-720 |
| 04/17/YYYY | Manatee Memorial HospitalBlake Zika, M.D., | **Emergency room visit for acute gastritis, elevated blood pressure and chest wall pain:****Active problems:** Left knee deterioration, obesity**Surgical history:** Left knee | 2334-2338, 2320-2333, 2339-2410 |
| 02/07/YYYY | Manatee Memorial Hospital | Flow Sheets |  |
| 02/07/YYYY | Manatee Memorial HospitalTeresa Rawe, M.D., | **Emergency room visit for elevated blood pressure and bone spur of right foot:****Active problems:** Left knee deterioration, obesity**Surgical history:** Left knee | 2623-2625, 2617-2622, 2626-2726 |
| 02/13/YYYY | Manatee Memorial HospitalJoseph Mullen, M.D. | **Emergency room for abdominal pain:****Active problems:** Left knee deterioration, obesity, acute psychosis, back pain, hypertension**Surgical history:** Left knee | 2510-2514, 2505-2510, 2515-2616 |
| 08/13/YYYY | Manatee Memorial HospitalJohn Haggarty, M.D. | **Emergency room for abdominal pain and flank pain:****Active problems:** Left knee deterioration, obesity, acute psychosis, back pain, hypertension**Surgical history:** Left knee | 2416-2431, 2411-2415, 2432-2504 |
| 09/05/YYYY | Manatee Memorial HospitalTracey Demino, M.D. | **Emergency room visit for aphthous ulcer of tongue:****Active problems:** Left knee deterioration, obesity, acute psychosis, back pain, hypertension**Surgical history:** Left knee | 2129-2132, 2111-2128, 2133-2199 |
| 09/06/YYYY | Manatee Memorial HospitalTracey Demino, M.D. | **Emergency room visit for aphthous ulcer of tongue:****Active problems:** Left knee deterioration, obesity, acute psychosis, back pain, hypertension**Surgical history:** Left knee | 2044-2046, 2029-2043, 2047-2110 |
| 11/25/YYYY | Manatee County EMSIsaac Carpenter, EMT-Paramedic | **Ambulance transport for accidental overdose of pain medication for chronic back pain:****Call received:** @0741 hours**Dispatched:** @0741 hours**En route:** @0744 hours**On scene:** @0750 hours**At patient:** @0750 hours**Depart scene:** @0808 hours**At destination:** @0815 hours**Patient transferred:** @0823 hours**Call closed:** @0828 hours**Level of service:** Advanced Life Support**EMD Complaint:** Convulsions/Seizures**Disposition:** Manatee Memorial Hospital**Department:** Emergency Room**Condition at destination:** Improved

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Time** | **AVPU** | **BP** | **Pulse** | **RR** | **SPO2** | **ETCO2** |
| @0758 hours | Unresponsive | 140/90 | 132 | 8R | 89 | 74 |
| @0801 hours | Unresponsive | 108/77 | 129 | 7R | 97 | 92 |
| @0804 hours | Alert | 168/118 | 156R | 23R | 100 | 51 |
| @0811 hours | Alert | 153/105 | 143 | 34R | 100 | 44 |

**Narrative:**Dispatched to the above location in reference to a seizure. Upon arrival, patient was found sitting upright in the driver seat of a motor vehicle in the parking lot of a gas station. The patient presented unresponsive with shallow breathing. Fire had already applied high flow oxygen prior to EMS arrival. Due to patient’s location, adequate care could not be provided. EMS and Fire used a direct left to relocate the patient from the driver’s seat to the stretcher. Assessment was free from DCAP-BTLS. Patient placed in a fowler’s position and a non-breathable was replaced. EMS secured that patient with seatbelt style straps and loaded for transport. Once loaded, IV access was established and 1mg of Narcan was administered IV. The patient respirations increased and the patient became alert. EMS transported priority Yellow.During transport, the patient stated that she believes she took her normal prescription amount of Dilaudid which is 8mg PO for chronic back pain, patient denied any nausea, vomiting, chest pain, dizziness, difficulty breathing, abnormal sensation or trauma. Patient denied ever having this type of reaction to her Dilaudid before. She stated the only recent change to her medication was an increase in dosage to her Seroquel. Patient remained in stable condition for the duration of transport. All treatments noted with all times approximate.Upon arrival to the ER, the patient was unloaded and taken to bed in the Hallway. EMS assisted the PT from the stretcher to the hospital bed without incident. Verbal report was provided to the nurse on duty and care was transferred. | 1860-1867 |
| 11/25/YYYY | Manatee Memorial HospitalJaya Kolla, M.D. | **Emergency room visit for accidental overdose:****History of present illness:** Patient presenting to the ED via EMS for evaluation post accidental overdose just PTA. Patient reports that she is prescribed Dilaudid and Methadone chronically. She notes that her doctor recently increased her Seroquel dosage from 50 mg to 100 mg and she took an extra pill last night. Per EMS, the patient was found asleep in her car at a gas station. They report that they gave her Narcan which resolved her symptoms. Patient denies any preceding SOB or chest pain.**Impression:*** Opiate overdose
* Chronic pain

**Assessment:** The patient is awake, alert and oriented x3. The patient's sister is also at that time. I suspect that the patient may have accidentally taken too much medications that were not as prescribed. Patient was told to take her medications as prescribed and to follow-up with her primary care physician. Patient told she has any other concerns to return back for the evaluation but at this time would be reasonable for her to be discharged home and follow-up with her physician. Understanding is agreeable this plan.**Plan:****Condition:** Stable**Disposition:** PCP no family dr No, MED Within 1-2 days, PCP no family dr No, MED Within 1-2 days. | 1847-1859, 1837-1846, 1868-1933 |
| 02/07/YYYY | Manatee Memorial HospitalEileen Blackburn, P.AJohn Haggarty, M.D. | **Emergency room visit for left knee pain:****History of present illness:** The patient presents with knee pain. The onset was 1 days ago. The course/duration of symptoms is constant and This is a 41-year black female who states that she underwent arthroscopic surgery approximately 5 years ago and over last week now she is been noticing recurrence of pain over the left knee. The patient denies any excessive standing or walking or any direct trauma to the knee. The patient states that the pain feels similar to the pain she experienced prior to the arthroscopic surgery. The patient is unsure what her diagnosis was but believes it may have been damaged cartilage. Type of injury: none. The character of symptoms is pain. The degree at present is moderate. The exacerbating factor is movement. The relieving factor is immobilization. Risk factors consist of none. Prior episodes: occasional. Therapy today: none.**Impression and plan:*** Knee pain
* History of arthroscopic knee surgery
* Internal derangement of left knee
* Knee joint effusion

**Plan:****Condition:** Stable**Prescription:** Diclofenac Sodium 50mg**Patient was given the following educational materials:** Knee Immobilizer, Knee Pain of Uncertain Cause, Diclofenac sodium enteric-coated tablets.Follow up with: ; MMH/LWR East Manatee Family Healthcare Within 1-2 days; Michael Retino, ORT, SUR Within 1-2 days for orthopedic follow upMMH/LWR East Manatee Family Healthcare Within 1-2 days; Michael Retino, ORT, SUR Within 1-2 days for orthopedic follow up | 1952-1955, 1934-1951, 1956-2012, 2014-2028 |
| 02/07/YYYY | Manatee Memorial HospitalOsarugue Aideyan, M.D., | **X-ray of left knee:****Clinical indication:** Pain. History of surgery approximately 18 years ago**Impression:** Possible very small knee joint effusion. Otherwise no acute changes | 2013 |
| 07/07/YYYY | MMHHMichelle Bryan , APRNMitchell Hall, M.D. | **Emergency room visit for pain in low back, left knee, right foot and ankle:****History of present illness:** The patient presents following Patient was the restrained driver of a vehicle that was struck on the passenger side with airbag deployment. Patient is complaining of low back pain, right foot pain, right ankle pain and left knee pain. The onset was just prior to arrival. The Collision was passenger side impact. The patient was the driver. There were safety mechanisms including seat belt, no airbag. Location: back. The degree of pain is minimal. The degree of bleeding is minimal. Risk factors consist of none. Therapy today: none. Associated symptoms: denies shortness of breath denies abdominal pain and denies vomiting.**Reexamination/ Reevaluation****Dr. Hall Note:** Appreciated MLP initiation of care.I assumed care of this patient from the advanced practice clinician. I performed independent history and physical exam, I reviewed the database and completed the disposition**Face to Face encounter:** HPI MVC with sprain right foot, left knee, lumbarPE: No respiratory distress. Ambulatory with no weakness Patient has no altered mental status, abdomen has no significant focal tenderness**MDM:** Patient appears comfortable, appropriate for disposition, indications for return were discussed with him, including symptoms related to pain, vomiting, or worsening in general**Impression:*** Lumbar sprain
* Right foot sprain
* Left knee sprain
* Motor vehicle accident

**Plan:****Condition:** Improved, stable**Prescription:** cyclobenzaprine 10 mg oral tablet (Prescribe): 10 mg, 1 Tabs, Oral, TID, for 7 Days, PRN: for spasm, 21 Tabs, 0 Refill(s)WORK NOTE for 2 days (Prescribe): 1 Each, Misc., Once, NO school or work for today and tomorrow. To see provider if tomorrow if needed. 1 Each, 0 Refill(s).**Limitations**: Limited activity, For 2 days.**Follow up with:** Center East manatee hlthcare, MED Within 1-2 days; Self Florida injury and convenient care | 1739-1767, 1736-1739, 1768-1820, 1824-1836 |
| 07/07/YYYY | Manatee Memorial HospitalAnthony Rizzo, M.D., | **X-ray of lumbosacral spine:****Clinical indication:** MVC low back pain**Findings/Impression:*** There are no marked abnormalities of alignment. There is no acute fracture or lytic/blastic lesion. Bowel gas pattern is unremarkable. Visualized SI joints are unremarkable.
* There is mild L3-4 and L4-5 degenerative disc change.
* There is mild to moderate mid and lower lumbar facet joint degenerative change.
 | 1821 |
| 07/07/YYYY | Manatee Memorial HospitalAnthony Rizzo, M.D., | **X-ray of left knee:****Clinical indication:** Injury knee and below**Impression:** No acute fracture | 1821 |
| 07/07/YYYY | Manatee Memorial HospitalAnthony Rizzo, M.D., | **X-ray of right foot and ankle:****Clinical indication:** Pain-Injury**Impression:** No acute fracture | 1822 |
| 07/24/YYYY – 07/26/YYYY | Manatee Memorial HospitalNicolas Branscomb, M.D. | **Hospitalization for hypertension and bilateral lower extremity edema:****Active problems:** Left knee deterioration, obesity, acute psychosis, back pain, hypertension**Surgical history:** Left knee | 1606-1735 |
| 08/23/YYYY | Bowes Imaging CenterMark Girguis, M.D., | **MRI of left knee:****Impression:*** This exam is limited by motion artifact
* There is a lateral patellar tilt with lateral subluxation of patella with osteophytes in the patellofemoral compartment. There is mild chondromalacia patella involving the lateral facet.
* There is mucinous degeneration of the anterior crucial ligament with intraosseous ganglion cysts in the tibial spine
* Large joint effusion
* Mild soft tissue edema.
 | 137, 56-62 |
| 08/25/YYYY | Manatee Memorial HospitalSajeev Nair, M.D. | **Surgery and procedure scheduling form:****Procedure:** Left knee arthroscopic debridement, partial med/lat meniscectomy, chondroplasty, lateral release and possible micro fracture**Day of procedure orders:**Blood glucose level (POC) on admission, notify anesthesia provider if blood glucose greater than 180 or less than 70.Potassium Level on admission, if history of dialysis or chronic renal failure.Emergency Drug Screen (EDS) for all admitted users with the exception of marijuana.Cardiac Devices/Neuro/Ortho/Podiatry/Thoracic/Vasc/Other General: Cefazolin IV x 1 if allergic, Clindamycin 900mg IV x 1.**MRSA Positive:** Vancomycin 15mg/kg IV x 1 addition to B-lactam or Clindamycin for CABG, valve repairs GYN, neurosurgery and orthopedic surgeries. | 1529-15311532-1605 |
| 08/27/YYYY | Manatee Memorial HospitalSajeev Nair, M.D. | **History and Physical for severe left knee pain:****Chief complaint/reason for consultation:** Severe left knee pain swelling stiffness difficulty in walking. Failed conservative treatment with multiple modalities including therapy injections. Chronic pain on pain management**History of present illness:** Patient is 42-year-old female.I have performed her left knee arthroscopy surgery 9 years ago and was doing well.For the past couple of years she has noticed progressively worsening knee pain with difficulty in walking with mechanical symptoms swelling and night pain. Even though she tried injection therapy she was not able to get any significant comfort in order for her to ambulate without discomfort. She had imaging studies done which showed a degenerative disease degenerative signal changes in the meniscus with the patellofemoral disease. Because of her failed conservative treatment and persistent mechanical symptoms and pain I have recommended arthroscopic debridement. She was brought into the hospital in anticipation for surgical treatment.**Review of systems:** Musculoskeletal-knee pain back pain**Objective:**Patient is ambulating with great discomfort**Physical Exam****Left knee examination:** Tenderness noted, Knee flexion limited with pain, Effusion noted, Patella compression painful with crepitus, Popliteal fossa tenderness noted**Imaging study**Degenerative joint diseaseDegenerative meniscal changes indicative of possible tearPatellofemoral disease synovitis and maltracking of the patella**Assessment/Plan**Internal derangement left knee with a history of previous knee arthroscopic surgery 9 years ago. Failed conservative treatmentPatient was seen in the preoperative surgical area. She had herpes preoperative labs performed which were normal limits. Today we performed urinary drug screen which came positive for cocaine.Even though patient was swearing that she never had taken cocaine the repeat studies still came back positive for cocaine and hence the surgical treatment was canceled. I have explained to her that we will not be able to do surgery with positive drug screen for cocaine and told her to stay away from cocaine for 1 week. We will repeat her urine examination next week and will proceed with the surgical treatment if she is negative. This was explained to her thoroughly and we will postpone the surgery for another week. | 1527-1528, 1319,1303-1394 |
| 09/08/YYYY | International CenterSajeev Nair, M.D. | **Office visit for left knee pain:****Subjective:** Patient is 42-years-old and patient is here for follow-up. She confused to complain of left knee pain. Patient is taking methadone and wanted to control her pain better.**Objective:****Left knee examination:** Incisions looking clean, dry, intact, no ecchymosis or cellulitis noted.**Assessment:** Left knee arthroscopy surgery and left knee pain**Plan:** I have recommended exercise program with range of motion. I will see her back next week to remove the sutures. She will start physical therapy after that. | 2851-2856 |
| 09/16/YYYY | International CenterSajeev Nair, M.D. | **Follow-up visit for left knee pain:****Chief complaint:** Status post left knee arthroscopy, doing well**Subjective:** Patient is here for follow-up of her left knee arthroscopy surgery**Objective:****Left knee examination:** Incision healed well and sutures removed.**Assessment:** Left knee arthroscopy surgery, doing well**Plan:** Physical therapy recommended, follow-up in 3 months of therapy | 2857-2862 |
| 03/09/YYYY | Nathalia Mess, M.D. | **Office visit for evaluation and management of chronic medical problems:****History of present illness:** Here as a walk-in. 8 year history of low back pain, per patient, diagnosed with bulging discs. She has tried PT, chiropractor, and ESI did 3 (last time years ago), with temporary pain relieve. She was seen recently in a different facility and tried Flexeril and gabapentin with temporary improvement. Signs and symptoms recurred yesterday, she woke up with low back pain radiating to her right hip and thigh. She took Ibuprofen 800 mg x2 yesterday with no improvement.**Pain Assessment:**Pain level = 8 The patient has intense pain. Physical activity is severely impacted. It is difficult to just hold a conversation.**Q&A**:**Are you rating your pain right now or rating the most severe pain since your last visit?** Right now**Where is the pain?** Right sided LBP**Does it travel?** Yes, Right hip and thigh**What does it feel like?** Dull**What brings it on?** Movement**What relieves your pain?** Repositioning**Does pain trigger other symptoms?** NO**Are you satisfied with your current level of pain control?** NO**Medications:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Prescription** | **Medication Name** | **Status** | **Start and End Date**  | **Sig** |
| New | Diclofenac Sodium 75mg | Taking as directed | 03/09/YYYY | 1 tab orally twice daily as needed  |
| New | Tizanidine 4mg | Newly prescribed | 03/09/YYYY | 1 tab orally twice daily as needed |
| Existing | Lisinopril-hydrochlorothiazide 20-12.5mg | Newly prescribed |  |  |

**Physical examination:****Constitutional:** Some distress is noted, distress due to pain**Musculoskeletal:** Difficulty with transfers and balance, Abnormal ROM noted, Antalgic gait. Moderate TTP to right sided paraspinal muscles with muscle spasm palpated. SLR equivocal on right side, negative on eft side. Unable to bend over due to pain.**Assessment and plan:****Morbid obesity****Hypertension****Acute exacerbation of chronic low back pain:** 8 year history of low back pain, per patient, diagnosed with bulging discs. She has tried PT, chiropractor, and ESI did 3 (last time years ago), with temporary pain relieve. She was seen recently in a different facility and tried Flexeril and gabapentin with temporary improvement. Signs and symptoms recurred yesterday, she woke up with low back pain radiating to her right hip and thigh. She took Ibuprofen 800 mg x2 yesterday with no improvement. Toradol IM given today at POC. Sent Tizanidine 4 mg and Diclofenac bid. Side effects discussed. RTC in 2 days for reassessment. Consider PT/Acupuncture/pain management. Requesting records. -- I assessed this problem today 03/09/YYYY. Problem is Unchanged.**Additional notes:** Return to clinic in 2 days for reassessment. Consider PT/Acupuncture/imaging. Review medical records. HEP/Icing alternated with heat. | 2863-2867, 2833 |
| 03/10/YYYY | Call 4 HealthAurindorn Narayana, M.D.Elizabeth Finch, R.N. | **Telephone encounter for back pain:****Assessment notes:** Returned call to patient. Patient states that since last Tuesday has been having severe lower back pain. She was seen in the clinic yesterday and received an injection in the hip and muscle relaxants. She states the injection wore off when she returned home. The muscle relaxants are not helping relieve the pain. She states she is suffering with sciatica. She states the pain is locates in her lower back radiating down her right leg. She states that she is unable to walk or move due to pain. She is trying to lie on her left side. She has a return appointment tomorrow. She was hoping to see if there was something that could bring her relief until tomorrow. She does not want to go to the emergency room. Reached out to on-call provider, Mahima Pandey, for assistance. The provider advised She is on Diclofenac 75 mg bid and Tizanidine 4 mg daily as needed per notes. I would advise her to take additional Tizanidine now and do heat pack alternating with ice pack. Relayed message to patient. She states she will push through and go to her appointment tomorrow. Advised her to call us back if she worsens. CARE ADVICE given per Back Pain (Adult) guideline. Elizabeth Finch RN**Questions for 2356 Back pain*** ONSET: "When did the pain begin?" - Tuesday
* LOCATION: "Where does it hurt?" (upper, mid or lower back) - Lower back pain
* SEVERITY: "How bad is the pain?" (e.g., Scale 1-10; mild, moderate, or severe) - MILD (1-3): doesn't interfere with normal activities - MODERATE (4-7): interferes with normal activities or awakens from sleep - SEVERE (8-10): excruciating pain, unable to do any normal activities Severe
* PATTERN: "Is the pain constant?" (e.g., yes, no; constant, intermittent) Constant especially
* RADIATION: "Does the pain shoot into your legs or elsewhere?"
* Radiating down right leg
* CAUSE: "What do you think is causing the back pain?" Unknown Etiology
* BACK OVERUSE: "Any recent lifting of heavy objects, strenuous work or exercise?" Denies overuse
* MEDICATIONS: "What have you taken so far for the pain?" (e.g., nothing, acetaminophen, NSAIDS) Muscle Relaxers and received an
* injection in the back
* NEUROLOGIC SYMPTOMS: Do you have any weakness, numbness, or problems with bowel/bladder control?" No weakness or numbness

**Triage disposition:**SEVERE back pain (e.g., excruciating, unable to do any normal activities) AND [2] not improved 2 hours after pain medicine Reason: inadequate analgesia CA: 43, 74, 73, 89, 1**Care Advice:**See physician within 4 hours (or PCP triage): - IF NO PCP TRIAGE: You need to be seen. Go to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ED/UCC or office if it will be open) within the next 3 or 4 hours. Go sooner if you become worse. - IF PCP TRIAGE REQUIRED: You may need to be seen. Your doctor will want to talk with you to decide what's best. I'll page the doctor now. If you haven't heard from the on-call doctor within 30 minutes, call again.CAUTION - NSAIDs (e.g., ibuprofen, naproxen): - Do not take nonsteroidal anti-inflammatory drugs (NSAIDs) if you have stomach problems, kidney disease, heart failure, or other contraindications to using this type of medication. - Do not take NSAID medications for over 7 days without consulting your PCP. Do not take NSAID medications if you are pregnant. - You may take this medicine with or without food. Taking it with food or milkMay lessen the chance the drug will upset your stomach. - GASTROINTESTINAL RISK: There is an increased risk of stomach ulcers, GI bleeding, and perforation. - CARDIOVASCULAR RISK: There may be an increased risk of heart attack and stroke.PAIN MEDICINES: - For pain relief, take acetaminophen, ibuprofen, or naproxen. - Use the lowest amount that makes your pain feel better. ACETAMINOPHEN (e.g., Tylenol): - Take 650 mg by mouth every 4-6 hours as needed. Each Regular Strength Tylenol pill has 325 mg of acetaminophen. The most you should take each day is 3,250 mg (10 pills a day). - Another choice is to take 1,000 mg every 8 hours. Each Extra Strength Tylenol pill has 500 mg of acetaminophen. The most you should take each day is 3,000 mg (6 pills a day). IBUPROFEN (e.g., Motrin, Advil): - Take 400 mg by mouth every 6 hours as needed. - Another choice is to take 600 mg by mouth every 8 hours. NAPROXEN (e.g., Aleve): - Take 250-500 mg by mouth every 12 hours as needed. EXTRA NOTES: - Acetaminophen is thought to be safer than ibuprofen or naproxen in people over65 years old. Acetaminophen is in many OTC and prescription medicines. It might be in more than one medicine that you are taking. You need to be careful and not take an overdose. An acetaminophen overdose can hurt the liver. - Before taking any medicine, read all the instructions on the package. | 2841-2842 |
| 03/11/YYYY | Ashley Uney, NP | **Follow-up visit for chronic low back pain:****History of present illness:** Patient presents today as walk in for continued back pain. She was seen on 03/09/YYYY as walk-in for pain. She had a Toradol injection w/ little relief. She has had back pain x 8 years but is having flair. Says she was previously being managed by pain management but has not been in over one month. Had Toradol 2 days ago with no relief. Has history of bulging disc in back. Pain is lower back and right side.**Physical examination:****Musculoskeletal/extremities:** Difficulty with transfers and balance, Abnormal ROM noted, moderate tenderness to palpation to right sided paraspinal muscles.**Assessment and plan:****Acute exacerbation of chronic low back pain** 8 year history of LBP, per patient, diagnosed with bulging discs. She has tried PT, chiropractor, and ESI did 3 (last time years ago), with temporary pain relieve. She was seen recently in a different facility and tried Flexeril and gabapentin with temporary improvement. Signs and symptoms recurred yesterday, she woke 4 days ago with low back pain radiating to her right hip and thigh. Denies any paresthesia, weakness, saddle anesthesia, bladder or bowel incontinence, bladder retention, etc. She took Ibuprofen 800 mg x2 yesterday with no improvement. Given Toradol x 2 days ago with minimal effect. Solumedrol IM today. Diclofenac was not available two days ago, will be available later today - she will come pick it up later. Rest, use heat and advised to contact her pain management doctor as we are unable to prescribed meds with them due to contract. She has active Methadone and Hydromorphone Rx per Eforce.**Additional notes:** Solumdedrol injection. Checked Eforce and she has RX for Methadone and Hydromorphone being managed by another clinic/ pain management. | 2868-2870 |
| 03/13/YYYY | Manatee Memorial HospitalEileen Blackburn, PATeresa Rawe, D.O. | **Emergency room visit for low back pain status post motor vehicle collision:****History of present illness:** The patient presents with back pain. The onset was 2 weeks ago. The course/duration of symptoms is constant, fluctuating in intensity and This is a 42-year-old black female who states that 2 to 3 weeks ago she was a restrained passenger in a vehicle that was broadsided by a car that ran a stop. The patient states that since that time she has been having right-sided pain radiating down the back of her thigh. The patient states she has been seen by her primary care physician, Dr. Mesa, and 3 days ago she was given a shot of Toradol and the following day she was given a shot of a steroid. The patient states that she was sent home with a prescription for Tizanidine and told that she could be rechecked the following week. The patient was concerned because she did not get enough pain control for over the weekend. The patient also stated that they had not done any imaging of her back since the accident. The patient does admit to a past history of sciatica but states it has been many years ago. She denies any history of back surgery.Type of injury: motor vehicle collision. The location where the incident occurred was in the street. Location: Right sacral. Radiating pain: right lower extremity. The character of symptoms is sharp. The degree at onset was moderate. The degree at present is moderate. There are exacerbating factors including movement, bending over and changing position. The relieving factor is none. Risk factors consist of obesity. Prior episodes: occasional. Therapy today: prescription medications including Tizanidine 4 mg.**MDM:** CT scan shows only degenerative changes. Patient advised to continue following up with her primary care physician, return if any change worsening symptoms.**Impression:*** Sciatica
* Motor vehicle accident victim

**Plan****Condition:** Stable. **Prescriptions:** Work (Prescribe): 1 Each, Misc, Once, No work for two days., 1 Each, 0 Refill(s); Robaxin-750 oral tablet (Prescribe): 750 mg, 1 Tabs, Oral, TID, for 5 Days, May take 1 or 2 as needed up to 3 times daily., 15 Tabs, 0 Refill(s); predniSONE 20 mg oral tablet (Prescribe): See Instructions, 3 Tabs Oral Daily on days 1-3 then 2 tabs Daily on days 4 and 5 then 1 tab Daily on days 6 and 7, 15 Tabs, 0 Refill(s).Patient was given the following educational materials: Back Pain (Acute or Chronic), Sciatica, Prednisone tablets, Methocarbamol tablets, Lidocaine dermal patch, MVC, General Precautions (MHSBLACKE). **Follow up with:** Nathalia Mesa, M.D. 1505 53rd Ave E. Bradenton, FL 34203 941-357-7950 Within 1-2 days 03-Return immediately if symptoms worsen, Nathalia Mesa, M.D. 1505 53rd Ave E. Bradenton, FL 34203 941-357-7950 Within 1-2 days 03-Return immediately if symptoms worsen. | 2779-2784 |
| 03/13/YYYY | Manatee Memorial HospitalCharley Myrick, D.O., | **CT of Lumbar spine:****Clinical indication:** Lumbar trauma**Comparison:** None**Impression:** Degenerative diseases and spondylitic changes of the lumbar spine notably at L3-L4 and L4-L5 with facet joint arthropathy throughout the lumbar spine. No acute findings  | 2767 |
| 03/15/YYYY | ChenMed | **Telephone encounter:****Phone discussion (intervention):** Around 4:30 am, ongoing worsening of back pain, has received Toradol injection, steroid shot and oral prednisone without any relief over last 1 week. Mentions was in ED late night and received morphine injection with some help. wants something for pain**Plan of Care updates:** Advised patient to come to the clinic as walk in this morning for further evaluation and management of her pain. She declines this and mentions going to ED for further evaluation. Tried to explain to the patient about further evaluation of her pain, she hung up. Patient picked up the pone on further attempt but hung up right away saying she does not want to talk further. | 2871, 3034 |
| 03/18/YYYY | Bradenton SouthNathalia Mesa, M.D. | **Follow-up visit for low back pain:****History of present illness:** Follow-up back pain. Some improvement since started on Methocarbamol 750 mg tid and Medrol pack. She also takes ibuprofen 800 g prn. Tizanidine did not work. Continues to have LBP radiating to her right hip and thigh. Getting acupuncture which seems to help. Already 2 sessions. She takes hydromorphone and methadone from pain management. No records available. She declined referral to our pain management specialist.**Medications:** Lisinopril-hydrochlorothiazide 20-12.5 mg tablet, Ibuprofen 800 mg tablet, Methylprednisolone 4 mg tablet, Methocarbamol 750 mg tablet, Acetaminophen 500 mg tablet, Diclofenac sodium 1% gel, Lidoderm 5% adhesive patch, medicated, Methadone 10 mg tablet, Hydromorphone 8 mg tablet**Assessment and plan:****Morbid Obesity****Vitamin D deficiency****Hypertension****Opioid dependence:** monitor DAU and LFT, no HSM/jaundice, no withdrawal, complaints of rehab program. Pending appt with Pain management -- I assessed this problem on 03/31/YYYY.**History of arthroscopic knee surgery:** Last year. -- I assessed this problem today 03/31/YYYY. Problem is Unchanged.**Acute exacerbation of chronic low back pain:** 8 year history of LBP, per patient, diagnosed with bulging discs. She has tried PT, chiropractor, and ESI did 3 (last time years ago), with temporary pain relieve. Methocarbamol, tizanidine, Tylenol, etc. do not work. Lidoderm patches were not authorized. She also takes ibuprofen 800 g prn. Continues to have LBP radiating to her right hip and thigh. Reports on and off paresthesia to lower leg and toes, but no weakness, saddle anesthesia, bladder or bowel incontinence, bladder retention, etc. Getting acupuncture which seems to help. Already 2 sessions. Continue acupuncture and start baclofen 10 mg nightly. Icing alternated with heat. HEP. Pending records. -- I assessed this problem today 03/31/YYYY. Problem is Unchanged.**Additional notes:** Review labs, Echo, f/u on Pain management, and acupuncture, weight loss. | 2872-2875, 3086-3089 |
| 03/31/YYYY | Bradenton SouthNathalia Mesa, M.D. | **Follow-up visit for low back pain:****History of present illness:** Seen before for acute exacerbation of chronic LBP. 8 year history of LBP, per patient, diagnosed with bulging discs. She has tried PT, chiropractor, and ESI did 3 (last time years ago), with temporary pain relieve. Methocarbamol, tizanidine, Tylenol, etc. do not work. Lidoderm patches were not authorized. She also takes ibuprofen 800 g prn. Continues to have LBP radiating to her right hip and thigh. Reports on and off paresthesia to lower leg and toes, but no weakness, saddle anesthesia, bladder or bowel incontinence, bladder retention, etc. Getting acupuncture which seems to help. Already 2 sessions. Pending appt with Pain management. No records from previous MRI last year. BP is high despite taking Lisinopril/HCTZ 20/12.5 mg daily. No alarming signs.**Assessment and plan:****Morbid Obesity****Vitamin D deficiency****Hypertension****Opioid dependence:** monitor DAU and LFT, no HSM/jaundice, no withdrawal, complaints of rehab program. Pending appt with Pain management -- I assessed this problem on 03/31/YYYY.**History of arthroscopic knee surgery:** Last year. -- I assessed this problem today 03/31/YYYY. Problem is Unchanged.**Acute exacerbation of chronic low back pain:** 8 year history of LBP, per patient, diagnosed with bulging discs. She has tried PT, chiropractor, and ESI did 3 (last time years ago), with temporary pain relieve. Methocarbamol, tizanidine, Tylenol, etc. do not work. Lidoderm patches were not authorized. She also takes ibuprofen 800 g prn. Continues to have LBP radiating to her right hip and thigh. Reports on and off paresthesia to lower leg and toes, but no weakness, saddle anesthesia, bladder or bowel incontinence, bladder retention, etc. Getting acupuncture which seems to help. Already 2 sessions. Continue acupuncture and start baclofen 10 mg nightly. Icing alternated with heat. HEP. Pending records. -- I assessed this problem today 03/31/YYYY. Problem is Unchanged.**Additional notes:** Review labs, Echo, f/u on Pain management, and acupuncture, weight loss. | 2876-2879 |
| 04/01/YYYY | Bradenton SouthNathalia Mesa, M.D. | **Prescription for Lisinopril-Hydrochlorothiazide 20-25mg:** | 2835 |
| 03/15/YYYY - 04/08/YYYY | Bradenton South*Multiple providers* | **Summary of acupuncture visits for low back pain:****Number of visits:** 4 visits**Treatment received:** Needling therapy , electrical stimulation, application of ice to affected regions**Treatment dates:** 03/15/YYYY, 03/16/YYYY, 04/01/YYYY, 04/08/YYYY | 3131-3134 |
| 05/24/YYYY | BioTel Heart | **ePatch Monitoring Report for Tachycardia:** | 2752-2760 |
| 05/24/YYYY | Bradenton SouthNathalia Mesa, M.D. | **Follow-up visit for low back pain:****Assessment and plan:****Morbid Obesity****Tachycardia****Shortness of breath****Vitamin D deficiency****Hypertension****Opioid dependence:** monitor DAU and LFT, no HSM/jaundice, no withdrawal, complaints of rehab program. Pending appt with Pain management -- I assessed this problem on 05/24/YYYY.**History of arthroscopic knee surgery:** Last year. -- I assessed this problem today 03/31/YYYY. Problem is Unchanged.**Acute exacerbation of chronic low back pain:** 8 year history of LBP, per patient, diagnosed with bulging discs. She has tried PT, chiropractor, and ESI did 3 (last time years ago), with temporary pain relieve. Methocarbamol, tizanidine, Tylenol, etc. do not work. Lidoderm patches were not authorized. She also takes ibuprofen 800 g prn. Continues to have LBP radiating to her right hip and thigh. Reports on and off paresthesia to lower leg and toes, but no weakness, saddle anesthesia, bladder or bowel incontinence, bladder retention, etc. Getting acupuncture which seems to help. Already 2 sessions. Given Toradol 60 mg x 1 POC due to severe pain. Continue acupuncture and start baclofen 10 mg nightly. Alternate Ibuprofen with Tylenol. Icing alternated with heat. HEP. Pending records. -- I assessed this problem today 05/24/YYYY. Problem is Unchanged.**Additional notes:** Review labs, recheck VS. Reassess VS, and edema in LE. Review chest X-ray. Holter monitoring report. | 2880-2883 |
| 05/25/YYYY | ChenMed | **Telephone encounter for abnormal lab results:** | 2884, 49, 2798-2800 |
| 05/31/YYYY | Dedicated Senior Medical CenterNicole Gavin, M.D. | **Orders - Holter Monitor procedure for tachycardia:** | 3035 |
| 06/01/YYYY | Bradenton SouthNathalia Mesa, M.D. | **Follow-up visit for multiple medical problems:** | 2886-2888, 3094-3097 |
| 06/03/YYYY | ChenMed | **Telephone encounter for hyperthyroidism** | 2889 |
| 06/07/YYYY | ChenMed | **Telephone encounter for medication refill** | 2890 |
| 06/08/YYYY | Dedicated Senior Medical CenterNathalia Mesa, M.D. | **Neuropathy screening:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Location**  | **Reading going up** | **Reading going down** |
| **Right foot** | Great toe | 20 | 10 |
| **Left foot** | Great toe  | 28 | 10 |
| **Interpretation** | Abnormal |

 | 2840 |
| 06/08/YYYY | Bradenton SouthNathalia Mesa, M.D. | **Follow-up visit for management of chronic medical problems:** | 2891-2895, 2973 |
| 06/10/YYYY | Bradenton SouthJunior Macias Madaula, Regional Medical Director | **Follow-up visit for hyperthyroidism:** | 2896-2898, 3098-3101 |
| 06/12/YYYY | Call 4 HealthAyca Kabasakal, M.D. | **Telephone encounter for shortness of breath:** | 2843-2844 |
| 06/13/YYYY | Bowes Imaging CenterDouglas Eiland, M.D. | **Thyroid Ultrasound for thyroid enlargement possible thyroid nodule:** | 136 |
| 06/14/YYYY | ChenMed | **Telephone encounter for shortness of breath:** | 2899 |
| 06/15/YYYY | ChenMed | **Telephone encounter for Methimazole refill:** | 2900 |
| 06/16/YYYY | Bradenton SouthNathalia Mesa, M.D. | **Follow-up visit for low back pain:****Assessment and plan:****Morbid obesity****Hypertension****Vitamin D deficiency****Iron deficiency anemia****Metrorrhagia****Sinus tachycardia****Shortness of breath on exertion****Hyperthyroidism****Polyneuropathy associated with underlying disease****Opioid dependence:** monitor DAU and LFT, no HSM/jaundice, no withdrawal, complaints of rehab program. Pending appt with Pain management -- I assessed this problem on 06/16/YYYY.**History of arthroscopic knee surgery:** Last year. -- I assessed this problem today 03/31/YYYY. Problem is Unchanged.**Acute exacerbation of chronic low back pain:** 8 year history of LBP, per patient, diagnosed with bulging discs. She has tried PT, chiropractor, and ESI did 3 (last time years ago), with temporary pain relieve. Methocarbamol, Tizanidine, Tylenol, etc. do not work. Lidoderm patches were not authorized. She also takes ibuprofen 800 g prn. Continues to have LBP radiating to her right hip and thigh. Reports on and off paresthesia to lower leg and toes, but no weakness, saddle anesthesia, bladder or bowel incontinence, bladder retention, etc. Getting acupuncture which seems to help. Already 2 sessions. Given Toradol 60 mg x 1 POC due to severe pain. Continue acupuncture and start baclofen 10 mg nightly. Alternate Ibuprofen with Tylenol. Icing alternated with heat. HEP. Pending records. -- I assessed this problem today 06/16/YYYY. Problem is Unchanged.**Additional notes:** Pending Thyroid and TV ultrasounds. Increase hydration. Compliance with appts and meds. | 2901-2904 |
| 06/20/YYYY – 07/11/YYYY | ChenMed | **Multiple telephone encounters for appointments with PCP:** | 2905-2910 |
| 07/13/YYYY | SimonMedAlan Braunstein, M.D. | **Order for MRI of lumbar spine for lumbar radiculopathy:** | 3039 |
| 07/14/YYYY | Dedicated Senior Medical CenterNathalia Mesa, M.D. | **Order for MRI of lumbar spine for acute exacerbation of low back pain:** | 2986 |
| 07/25/YYYY | Ashley Uney, NP | **Follow-up visit for left knee pain:****History of present illness:** Patient presents today for PCP switch. She states she stopped taking Methimazole because it gave her GI symptoms. She requests a referral to an Ortho for left knee pain. Dr. Nair, unclear reason. She was followed by Dr. Nair in YYYY for knee injury. For left knee arthroscopy in 9/YYYY.**Assessment and plan:****Polyneuropathy associated with underlying disease****Morbid obesity****Enlarged thyroid****Hyperthyroidism****Opioid dependence****History of arthroscopy of left knee:** With new onset of pain**Additional notes:** She stopped taking her Methomizole stating she cannot tolerate the medication as it caused her to feel bad. I recommended lowering dose to 5 mg, however, she continues to refuse. I explained to her the importance, but she continues to refuse. Referral to endocrinology as she will likely need radiation therapy for hyperthyroid. We discussed the importance of this referral. Left knee arthroscopy with new-onset pain about 3 months. Discuss MRI prior to referral. She requests to defer vaginal u/s. States normal menses with some spots, but none recently. Likely related to hyperthyroid. | 2911-2914, 3102-3105 |
| 07/26/YYYY | ChenMed | **Telephone encounter for side effects of Mehtimazole:** | 2915 |
| 07/27/YYYY | Dedicated Senior Medical CenterAshley Uney, NP | **Referral Order for endocrinology consultation:** | 2991 |
| 07/29/YYYY | Dedicated Senior Medical CenterAshley Uney, NP | **Referral Order for Nuclear Exam Thyroid:** | 2996, 3044 |
| 08/04/YYYY | ChenMed | **Telephone encounter for new medication for thyroid:** | 2993-2994 |
| 08/08/YYYY | Freedom Health | **Referral Order for thyroid imaging:** | 3047 |
| 08/12/YYYY | Dedicated Senior Medical CenterAshley Uney, NP | **Referral Order for orthopedic surgeon consultation for history of arthroscopy of left knee:** | 3046 |
| 08/18/YYYY | Ashley Uney, NP | **Follow-up visit for left knee pain:****History of present illness:** Patient presents today for follow-up visit via telehealth. She missed her thyroid scan, the main concern is continued pain to knee with swelling. **Assessment and plan:**HyperthyroidismMetrorrhagiaSinus tachycardia**Additional notes:**I called radiology to reschedule her ultrasound. I will notify patient of the appointment. She can restart meds until we are notified of date and time of ultrasound.Pending referral to ortho. | 2917-2919, 3106-3109 |
| 09/07/YYYY | Ashley Uney, NP | **Follow-up visit for left knee pain:****Brief HPI:** Patient presents today for follow-up visit via telehealth as she forgot about her appointment today. She has her thyroid scan tomorrow and Friday. Her main concern today continues knee pain. She is insistent on going to ortho for counseling.**Additional notes:** We discussed knee pain at length. Despite the discussion about the referral, she is instant. I advise that we will not be able to proceed with surgery until the thyroid is stable. | 2920-2922, 3110-3113 |
| 09/09/YYYY | Call 4 Health | **Telephone encounter for weakness, fatigue and hot flashes for 3 days:** | 2845-2846 |
| 09/09/YYYY | Manatee Memorial HospitalChristian Schmitt, M.D. | **NM Thyroid Imaging for thyrotoxicosis:** | 3067 |
| 09/15/YYYY | Dedicated Senior Medical CenterAshley Uney, NP | **Referral Order for endocrinology consultation for toxic multinodular goiter and hyperthyroidism:** | 3048 |
| 09/16/YYYY | Ashley Uney, NP | **Follow-up visit for low back pain:****Chief complaint:** Patient is seen for evaluation and management of chronic medical problems**Assessment:****Acute exacerbation of chronic low back pain**8 year history of LBP, per patient, diagnosed with bulging discs. She has tried PT, chiropractor, and ESI did 3 (last time years ago), with temporary pain relieve. Methocarbamol, tizanidine, Tylenol, etc. do not work. Lidoderm patches were not authorized. She also takes ibuprofen 800 g prn. Continues to have LBP radiating to her right hip and thigh. Reports on and off paresthesia to lower leg and toes, but no weakness, saddle anesthesia, bladder or bowel incontinence, bladder retention, etc. Getting acupuncture which seems to help. Already 2 sessions. Given Toradol 60 mg x 1 POC due to severe pain. Continue acupuncture and start baclofen 10 mg nightly. Alternate Ibuprofen with Tylenol. Icing alternated with heat. HEP. Pending records. No concerns today. **History of arthroscopic knee surgery****Last year:** Would like to go back to ortho, need to stabilize thyroid before patient can consider surgery.  | 2923-2926, 2837 |
| 09/24/YYYY | ChenMed | **Telephone encounter for thyroid medication:** | 2928 |
| 10/04/YYYY | Bradenton SouthAshley Uney, NP | **Follow-up visit for hyperthyroidism and endocrinology consultation:** | 2929-2931 |
|  |  | ***Slip and fall - 10/04/YYYY*** |  |
| 11/15/YYYY | Chambers Medical GroupStephen Ducker, M.D. | **Office visit for left wrist, left knee, left ankle and low back status post slip and fall:****History:** The following is the patient’s account for the accident. This patient is a victim of a slip and fall accident. She was walking down the stairs when the handrail came out of the wall causing her to fall. The patient denies loss of consciousness however she did sustain injuries to the left wrist, knee and ankle. EMS arrived on scene and examined her and transported her to Manatee Memorial Hospital, the records for which we do not have yet.*\*Reviewer's Comment: The above mentioned EMS and Manatee Memorial Hospital were unavailable for review.***Past surgical history:** Left knee arthroscopic surgery**Employment history:** Unemployed**Physical examination:****Biomechanical examination:** Patient has no tenderness over the scalp or cervical spine. She has no tenderness over the trapezius muscles good range of motion at the bilateral glenohumeral joints no tenderness over the thoracic spine. She does have tenderness over the left wrist pain upon flexion and extension. She also has tenderness at the lateral portion of the left knee and the lateral malleolus of the left ankle. She had tenderness over the lumbar spine and the corresponding Para spinous muscles. Negative Spurling test and negative straight leg test bilaterally 5/5 strength in the extremities x 4.**Diagnosis:*** Status post slip and fall accident
* Left wrist sprain/strain
* Left knee sprain/strain
* Left ankle sprain/strain
* Lumbar sprain/strain

**Assessment:**It is my opinion, within a reasonable degree of medical probability, that the patient is suffering from a medical condition as listed in my diagnosis above as a direct result of a motor vehicle accident that occurred on 10/04/YYYY, manifesting itself by acute symptoms, including lumbar spine, left wrist, left knee and left ankle painThe patient has an emergency medical condition as defined by the Florida Statutes, which is related to the accident. The absence of medical attention could result in serious dysfunction of the affected body parts.**Plan:*** The patient will begin conservative therapeutic condition modalities with hot packs, EMS, ultrasound and chiropractic care.
* The patient will begin a strengthening and stretching program with joint mobilization and stabilization exercises. The exercises are to be performed there sets of 10, at three times a week.
* Ibuprofen 800mg tablets dispense #30 to be taken 3 times daily as needed.
* Flexeril 10mg tabs, dispense #30 1 nightly as needed.
* Medrol Dosepak to be used as directed on packet
* MRI of the lumbar spine, left wrist, left shoulder and left knee
* The patient will be seen in follow-up in two weeks.
 | 162-166, 123-124 |
| 11/21/YYYY | Bowes Imaging CenterBruce Rodan, M.D. | **MRI of lumbar spine:****History:** Low back pain status post MVA, 10/04/YYYY**Impression:*** At L3-L4 level, there is mild disk space narrowing with partial dehydration of the disk. Posterior bulging of the disk is seen with bilateral foraminal encroachment
* At L4-L5 level, there is mild disk space narrowing with partial dehydration of the disk. A 5 mm disk herniation is seen encroaching on the anterior subarachnoid space and both neuro foramina. There is mild spinal stenosis.
 | 26-27 |
| 11/21/YYYY | Bowes Imaging CenterBruce Rodan, M.D. | **MRI of left wrist:****History:** Pain status post MVA, 10/04/YYYY**Impression:*** No traumatic bony lesions are seen
* Joint effusions indicating irritation or inflammation
* Subcutaneous edema/hemorrhage dorsal aspect of the hand
 | 28-29 |
| 12/16/YYYY | Bowes Imaging CenterBruce Rodan, M.D. | **MRI of left knee:****History:** Pain and swelling status post slip and fall 10/04/YYYY**Comparison:** 08/23/YYYY**Impression:*** Acute bone bruises in distal femur and proximal, tibia laterally.
* Rupture of anterior cruciate ligament.
* Tear posterior horn medial meniscus.
* Moderately-large joint effusion.
 | 157-158 |
| 12/16/YYYY | Bowes Imaging CenterBruce Rodan, M.D. | **MRI of left ankle:****History:** Pain and swelling status post slip and fall, 10/04/YYYY**Impression:*** Degenerative cystic changes in the navicular medial cuneiform articulation.
* No fracture
* Plantar calcaneal spur with thinning of the plantar fascia.
* Moderate sized joint effusion indicating irritation or inflammation.
* Medial ankle sprain.
 | 159-160 |
| 01/19/YYYY | Chambers Medical GroupI. Brock, D.C. | **Referral Order:**Patient is referred for “Orthopedic Consultation” for left knee and ankle. | 161 |
| 01/27/YYYY | Connolly OrthopedicsDavid Hervig, PA-C | **Office visit for left knee and ankle pain:****History of present illness:** Patient is complaining of left ankle and left knee pain. The patient stated that she had a slip and fall on 10/04/YYYY. She states that she injured her left knee and left ankle at that time.“*The patient has had knee pain in the past. MRI of left knee was done 08/23/YYYY which showed rupture of the anterior cruciate ligament and tear in the posterior medial meniscus. MRI that was done after the accident showed some bone bruises of the distal femur and proximal tibia laterally.*” The knee pain is localized medially and posteriorly. The pain is getting worse. It is now constant and much worse with weight bearing activity. It is also painful with any twisting motions. There is intermittent swelling and occasional clicking and popping. **Examination:****Left knee:** Range of motion 5-120, positive medial joint line tenderness to palpation. Positive lateral joint line tenderness to palpation. Mild edema and effusion. **Left ankle:** Positive edema and minor antalgic gait.*MRI of left ankle and knee reviewed***Assessment:*** Derangement of posterior horn of medial meniscus due to old tear or injury, left knee
* Other spontaneous disruption of anterior cruciate ligament of left knee
* Chronic instability of knee, unspecified knee
* Sprain of deltoid ligament of left ankle

**Treatment:*** **Other spontaneous disruption of anterior cruciate ligament of left knee**

**Notes:** We discussed the patient’s history, physical exam findings and radiological studies at today’s office visit. The patient has persistent pain in the left knee causing her discomfort that has been unresponsive to conservative treatment to include activity modifications, anti-inflammatories, exercises and rest. I discussed with the patient the different conservative treatment options that are available, and it was decided to proceed with steroid injection today.**Left knee injection:** Under sterile alcohol prep technique, the left knee was injected from an anterolateral approach with a mixture of 80mg of Depo-Medrol mixed with 3 cc of 1%Xylocaine. The patient tolerated the procedure well. Patient was instructed to return to the office when necessary for continued knee pain.**Follow-up:** as needed | 147-149 |
| 04/25/YYYY | ChenMedDavid Saks, M.D. | **X-ray of chest to rule out active process:** | 3130 |
| 04/25/YYYY | Dedicated Senior Medical CenterMargarita Caminero, M.D. | **Echocardiogram Screening:** | 3142-3143, 3066 |
| 05/18/YYYY | Bradenton SouthSonia Saeidi, M.D. | **Office visit for abdominal pain:****Assessment:****Opioid dependence:** Monitor DAU and LFT, no HSM/jaundice, no withdrawal, complaints of rehab program. Pending appointment with Pain management.**Carpal tunnel syndrome, left:** Phalen test positive, conservative management. wrist splint**Additional notes:*** CT of abdomen and pelvis
* Wrist splint for left wrist possible carpal tunnel.
 | 2932-2934, 64 |
| 06/23/YYYY | Bowes Imaging CenterDouglas Eiland, M.D. | **CT of abdomen and pelvis for left lower quadrant pain times two months:** | 2769-2770 |
| 07/01/YYYY | ChenMedJessica Spencer RN, MSN | **Telephone encounter for white discharge and vaginal itching:** | 2847 |
| 07/10/YYYY | Bradenton SouthJay Lao, NP | **Follow-up visit for low back pain:****History of present illness:** Smelling of marijuana. Bulge disc lumbar per MRI > 8 years. Fell from stairs last October and ruptured ACL L knee. Followed by Pain Management. Will review imaging from Bowes prior to Ortho referral.**Social History:** Never smoker / Recode: 4No illegal drugs, no recreational drugs, no alcohol. She is living in her car with her son. Works as CAN**Past medical history:** Hypertension, Opioid dependency, Morbid obesity, Chronic low back pain and left knee arthroscopy.**Pain Assessment:****Pain level =** 8 The patient has intense pain. Physical activity is severely impacted. It is difficult to just hold a conversation.**Q&A Are you rating your pain right now or rating the most severe pain since your last visit?** Right now | **Where is the pain?** Low back**Review of systems:** **Musculoskeletal:** Back and left knee**Functional assessment:****ADLs:**Amount of Help RequiredNone: Bathing, Dressing, Toileting, Transfers, Continence, Feeding**IADLs:**No Help Needed with: Telephone use, Shopping, Food preparation, Housekeeping, Laundry, Traveling to places beyond walking distance, Managing meds, Managing finances**Physical examination:****Constitutional:** Smelling of marijuana, sluggish**MSK/Extremities:** Gait and station normal, No assistive device used today**Mental Status:** Impaired alertness, No anxiety: sluggish**Assessment and Plan:****Polyneuropathy associated with underlying disease****Morbid obesity****Toxic multinodular goiter****Hyperthyroidism****Opioid dependence:** Monitor DAU and LFT, no HSM/jaundice, no withdrawal, complaints of rehab program.**Acute exacerbation of chronic low back pain:** 8 year history of LBP, per patient, diagnosed with bulging discs. She has tried PT, chiropractor, and ESI did 3 (last time years ago), with temporary pain relief. Methocarbamol, tizanidine, Tylenol, etc. do not work. Lidoderm patches were not authorized. She also takes ibuprofen 800 g prn. Continues to have LBP radiating to her right hip and thigh. Reports on and off paresthesia to lower leg and toes, but no weakness, saddle anesthesia, bladder or bowel incontinence, bladder retention, etc. Getting acupuncture which seems to help. Already 2 sessions. Given Toradol 60 mg x 1 POC due to severe pain. Continue acupuncture and start baclofen 10 mg nightly. Alternate Ibuprofen with Tylenol. Icing alternated with heat. HEP. Followed by Pain Management.**Moderate substance use disorder:** Smelling of marijuana today, impaired alertness/sluggish verbal response.**Additional notes:**Repeat TSH todayDiscussed vaginitis and potential mode of transmission.Advised hygiene.Will review imaging from Bowes prior to Ortho referral. | 2936-2940 |
| 08/21/YYYY | Dedicated Senior Medical CenterJay Lao, NP | **Referral Order of endocrinology consultation for toxic multinodular goiter:** | 3021-3022 |
| 08/22/YYYY | Bradenton SouthJay Lao, NP | **Follow-up visit for left knee pain:****History of present illness:** Discussed left knee MRI taken 12/YYYY indicating rupture of cruciate ligament after fall in October. Status post arthroscopy and wants to follow-up with Dr. Connelly.**Pain Assessment:****Pain level =** 4 The patient has moderate pain. It can be ignored when engaged in an activity, but the awareness of pain cannot be ignored during quiet times.**Q&A Are you rating your pain right now or rating the most severe pain since your last visit?** Right now | **Where is the pain?** Low back, left knee**Review of systems:** **Musculoskeletal:** Back and left knee**Physical examination:****Constitutional:** Smelling of marijuana, sluggish**Musculoskeletal/Extremities:** FROM all joints**Assessment and plan:****Anterior cruciate ligament disruption:** Fall last October per patient, 12/16/YYYY MRI of left knee, refer to ortho prefers Dr. Conolley**Screening for osteoporosis:** refer for DEXA scan**History of arthroscopy of left knee:** With new onset of pain**Other specified problem related to primary support group****Lack of adequate food and safe drinking water****Economic hardship****Enlarge thyroid****Sinus tachycardia****Metrorrhagia****Morbid obesity****Additional notes:** Discussed left knee MRI taken 12/YYYY, indicating rupture of cruciate ligament after fall in October. Wants to follow-up with Dr. Connelly. | 114-118, 121-122 |
| 09/03/YYYY | Manatee Memorial HospitalEileen Blackburn, PA | **Emergency visit for low back pain:****History of present illness:** The patient presents with back pain. The onset was 2 days ago. The course/duration of symptoms is fluctuating in intensity and. This is a 44 year old female with a history of chronic back pain and sciatica. She is currently in Pain Management. The patient states her back pain stems back about 2 years and since then has had issues associated with an MVA and a fall down stairs last year. She was seen here last year after the MVA and a CT of the LS spine did not reveal any acute changes, however, the patient states that she has been told that she has some bulging disks. She recently was placed on Dilaudid by her pain management. Type of injury: no recent trauma. Location: lumbar. The character of symptoms is sharp. The degree at onset was minimal. The degree at present is moderate. There are exacerbating factors including movement and bending over. The relieving factor is rest. Risk factors consist of none. Prior episodes: occasional. Therapy today: none. Associated symptoms: denies bowel dysfunction, denies bladder dysfunction, denies altered sensation, denies focal weakness, denies saddle numbness, denies abdominal pain and denies fever.**Physical examination:****Back:** Sacral – No tenderness over the SI joints but there is tenderness to the right and left of midline from the mid lumbar region extending to the gluteal regions bilaterally. No point tenderness over the spine. Testing – straight leg raising, sitting/distracted negative**Pharmacy:*** methylPREDNISolone IV (Solu-Medrol) (Order): 125 mg, IV Push, Once
* lidocaine 4% topical film (Order): 1 Patches, TransDermal, Once
* Robaxin (Order): 1,000 mg, IV Push, Once.

**Reexamination/ Reevaluation****Assessment:** Patient states that she has had improvement in her level of pain after the medication administered here. She will be continued on methocarbamol orally as well as a short course of oral steroids over the next week. She is to contact her primary care provider and/or her pain management doctor for close follow-up for further evaluation and any medication needed beyond this. The patient expresses understanding of these instructions.**Impression and plan:*** Back pain
* Acute on chronic back pain

**Plan****Condition:** Stable**.** **Prescriptions:** Work (Prescribe): 1 Each, Misc, Once, No work for two days., 1 Each, 0 Refill(s)Lidoderm 5% topical film (Prescribe): 1 Patches, Topical, Daily, for 10 Days, 10 Patches, 0 Refill(s)methocarbamol 750 mg oral tablet (Prescribe): 750 mg, 1 Tabs, Oral, TID, for 5 Days, 15 Tabs, 0 Refill(s)predniSONE 20 mg oral tablet (Prescribe): See Instructions, 3 Tabs Oral on days 1-3 then 2 tabs on days 4 and 5 then 1 tab on days 6 and 7, 15 Tabs, 0 Refill(s). **Patient was given the following educational materials:** BACK PAIN (Acute or Chronic), Methocarbamol Oral Tablet, Lidocaine Medicated Patch, Prednisone Oral Tablet, Prednisone Oral Tablet, Lidocaine Medicated Patch, and Methocarbamol Oral Tablet, BACK PAIN (Acute or Chronic). **Follow up with:** Follow up with primary care provider Within 1-2 days Contact your pain management clinic. Return immediately if symptoms worsen. | 2792-2796 |
| 09/06/YYYY | Bowes Imaging CenterPeter Lao, M.D. | **Referral order:*** This is to notify you that patient was not seen for their appointment for an DEXA scan.
* We have been unable to contact the patient to schedule the requested exam
* Left message for patient to call back and schedule
 | 40 |
| 11/07/YYYY | Bradenton SouthHeather Cappello, M.D. | **Follow-up visit for right knee pain:****History of present illness:** She endorses right knee pain**Pain Assessment:****Pain level =** 2 The patient has minor pains which are annoying. **Q&A Are you rating your pain right now or rating the most severe pain since your last visit?** Right now | **Where is the pain?** Left knee | **Does it travel?** No | **What does it feel like?** Sharp | **What brings it on?** Movement**Review of systems:** **Musculoskeletal:** Left knee pain**Assessment and plan:****History of arthroscopic knee surgery:** The patient has been following with orthopedics and informed her that she is able to get joint injections here.**Acute exacerbation of chronic low back pain:** 8 year history of LBP, per patient, diagnosed with bulging discs. She has tried PT, chiropractor, and ESI did 3 (last time years ago), with temporary pain relief. Methocarbamol, Tizanidine, Tylenol, etc. do not work. Lidoderm patches were not authorized. She also takes ibuprofen 800 g prn. Continues to have LBP radiating to her right hip and thigh. Reports on and off paresthesia to lower leg and toes, but no weakness, saddle anesthesia, bladder or bowel incontinence, bladder retention, etc. Getting acupuncture which seems to help. Already 2 sessions. Given Toradol 60 mg x 1 POC due to severe pain. Continue acupuncture and start baclofen 10 mg nightly. Alternate Ibuprofen with Tylenol. Icing alternated with heat. HEP. Followed by Pain Management.**Additional notes:** The patient was given the cell phone number today to call if she is unwell. | 2946-2950, 3052-3053 |
| 11/21/YYYY | Bradenton SouthHeather Cappello, M.D. | **Follow-up visit for severe back pain:****History of present illness:** The patient had an accident at the last year. The patient is a CNA and she had a fall and has had severe back pain since then. She is currently doing CNA work. The patient recently had her case worker do an appeal for disability. She reports that it is becoming harder for her to work as her role is physical labor. She saw her pain management doctor and he recommended back surgery which the patient is not in favor of.**Assessment and plan:****Acute exacerbation of chronic low back pain:** 8 year history of LBP, per patient, diagnosed with bulging discs. She has tried PT, chiropractor, and ESI did 3 (last time years ago), with temporary pain relief. Methocarbamol, tizanidine, Tylenol, etc. do not work. Lidoderm patches were not authorized. She also takes ibuprofen 800 g prn. Continues to have LBP radiating to her right hip and thigh. Reports on and off paresthesia to lower leg and toes, but no weakness, saddle anesthesia, bladder or bowel incontinence, bladder retention, etc. Getting acupuncture which seems to help. Already 2 sessions. Given Toradol 60 mg x 1 POC due to severe pain. Continue acupuncture and start baclofen 10 mg nightly. Alternate Ibuprofen with Tylenol. Icing alternated with heat. HEP. Followed by Pain Management.**Updated information:** The patient saw her pain management doctor two weeks ago. He recommended back surgery which the patient is not in favor of. PT ordered and Voltaren gel given today. The patient is presently in the middle of an appeals process for disability. | 2951-2954, 3064-3065, 3126-3129, 2838 |
| 12/04/YYYY | Bradenton SouthHeather Cappello, M.D. | **Follow-up visit for knee pain:****History of present illness:** The patient is seen today for follow up of knee pain and thyroid. She endorses ongoing left knee pain from where she had her surgery.**Assessment and plan:****History of arthroscopic knee surgery:** The patient has been following with orthopedics and informed her that she is able to get joint injections here. Patient continues to endorse knee pain on left side Coastal orthopedics referral due to severe pain. | 2955-2958 |
| 12/18/YYYY | Bradenton SouthHeather Cappello, M.D. | **Follow-up visit for evaluation of urinary frequency:** | 2959-2961, 3054-3055 |
| 12/28/YYYY | Bradenton SouthHeather Cappello, M.D. | **Follow up visit for feeling shaky and toxic multinodular goiter:** | 2962-2965 |
| 12/29/YYYY | Bowes Imaging CenterDouglas Eiland, M.D. | **Thyroid ultrasound for multinodular goiter:** | 3070-3071 |