Medical Records Summary

Client Name: ABC
Date of Loss: 06/25/16
Date of Birth: 09/18/1948

Tab No.	Bates #	Provider	Date	Treatment & Symptoms
	ABC-Pain Management-0014	Imaging Institute Ordered By: Jay Ellis, MD	08/06/12	**RADIOLOGY REPORT** **MRI report of cervical spine** **IMPRESSION:** • **Minimal C5-C6 and C6-C7 degenerative disc disease with minimal spinal canal narrowing.**
	ABC-Pain Management-0016	XYZ Hospital Ordered By: Dr. Sharma, MD	02/26/13	**RADIOLOGY REPORT** **MRI Angio of head/neck** **IMPRESSION:** • **Mild bilateral carotid bulb atherosclerosis, right worse than left.**
	ABC-Pain Management-0015	Pain Management, PLLC	02/28/13	**RADIOLOGY REPORT** **CT report of cervical spine** **IMPRESSION:** • **Mild degenerative facet disease on both sides. Minimal anterior spondylolisthesis of C7 on T1.**
	ABC-Pain Management - 0012	Pain Management, PLLC Dr. Sharma, MD	06/13/16	**HOPI/CHIEF COMPLAINTS** Returns to the office with a new problem. In the past month she felt pain in her back which radiates into her right lower extremity. She saw Dr. Jenne who ordered an MRI. The MRI shows lumbar spondylosis that is causing compression of the right S1 nerve. Her pain correlates, beginning in her right buttock and radiating down the posterior aspect of her right lower extremity. She gets numbness and tingling in this distribution but denies any weakness or bowel or bladder problems. **PHYSICAL EXAMINATION** She has slight decreased sensation in her posterior calf and her plantar surface of her right foot. Right ankle reflex is absent, and the other reflexes are one plus.

				DIAGNOSIS • **Lumbosacral radiculitis due to lumbar spondylosis.** **PROCEDURE** **Administered transforaminal epidural steroid injection at right L5-S1.**
	ABC-Imaging Institute-0038	Imaging Institute Ordered By: Dr. Ching, MD	06/23/16	**RADIOLOGY REPORT** **Transabdominal and transvaginal pelvic ultrasound** **IMPRESSION:** • **Nonvisualization of left ovary.** • **4.2 x 4.8 cm right adnexal/ovarian mass.**
	ABC-PQRS EMS-0002-0006	PQRS EMS EMT: Vilareal Randy	06/25/16	**OBSERVATION/ASSESSMENT** 67-year old female backseat passenger of vehicle that was struck by another vehicle. There was moderate damage to her car. She was complaining of lower neck pain from whiplash. A KED and cervical collar was applied before extricating from her truck. Transferred to ambulance via stretcher and transported to City Hospital Emergency room.
	ABC-City Hospital-0006-0008, 0013-0016	City Hospital Emergency Department Patrick, MD	06/25/16	**HOPI/CHIEF COMPLAINTS** **67-year old female presents after being involved in a motor vehicle accident.** Sustained injuries to head/neck and torso. Complaining of pain in neck and back, aching and sharp pain, moderate intensity and constant. **PHYSICAL EXAMINATION** Neck: positive midline cervical tenderness to palpation. Thoracic and lumbar spine midline tenderness. Positive right ankle tenderness. **RADIOLOGY REPORT** **X-ray report of ankle** **IMPRESSION:** No acute abnormality. **CT report of brain** **IMPRESSION:** No evidence of acute intracranial abnormality.

				CT report of cervical spine **IMPRESSION:** Negative. Incidental note of asymmetry of the endolaryngeal structures with medial positioning of right true vocal cord. Dense atherosclerotic calcification left carotid bifurcation. **X-ray report of chest** **IMPRESSION:** No acute abnormality. **CT report of thoracic spine** **IMPRESSION:** No specific evidence of acute thoracic or lumbar spine traumatic abnormality. Chronic degenerative and postoperative changes. Incidental note of some emphysematous changes in lung apices with suspected scarring. **CT report of lumbar spine** **IMPRESSION:** No specific evidence of acute thoracic or lumbar spine traumatic abnormality. Chronic degenerative and postoperative changes. Incidental note of some emphysematous changes in lung apices with suspected scarring. **DIAGNOSIS** • **Acute cervical strain.** • **Acute thoracic strain.** • **Right ankle sprain.** • **Motor vehicle collision.** **TREATMENT/PLAN** Discharged home in stable condition. Prescribed Tylenol #3.
	ABC-Ching, DO - 0138	Healthcare Institute Dr. Ching, DO	06/27/16	**DIAGNOSIS** • Right adnexal mass **TREATMENT/PLAN** • Referred to gynecology.

	ABC – Pain Management-0011	Pain Management, PLLC Jay Ellis, MD	06/27/16	**HOPI/CHIEF COMPLAINTS** Returns to the office with a new problem. She was involved in a **motor vehicle accident** this past weekend where her vehicle was struck from the rear. It was with sufficient force to deform the cargo bed of her pickup truck. **She noticed immediate onset of neck pain with radiation into her right upper extremity**. She was taken to the hospital by ambulance had numbness in her right upper extremity. Imaging studies were negative for spinal cord injury as well as nerve root compression. She continues to have significant pain in her right shoulder and suprascapular region as well as numbness in her right hand. **PHYSICAL EXAMINATION** Moderate distress. She is tearful during the interview. Gait is slow but not antalgic. Cervical range-of-motion provoke tenderness, especially when the extension. She has an exquisitely tender trigger point in the right suprascapular muscle. Shoulder range of motion is limited, and she is severe tenderness over the subacromial region. Decreased sensation in the thumb index and ring finger of her right hand. Grip strength is diminished. **DIAGNOSIS** • **Right shoulder pain.** • **Myofascial pain.** • **Cervical radiculopathy.** **PROCEDURE** **Administered ultrasound guided trigger point injection.**
	ABC-Spinal Clinic-0025-0027	Spinal Clinic Joel, MD	07/01/16	**HOPI/CHIEF COMPLAINTS** Referred by Dr. Jenne for osteopenia noted on imaging and for multiple risk factors for osteoporosis. Today she rates her back and right leg pain at 8/10. She has been on Norco for more than 3 months. She has lost 1 inch in height since her 20s. **PAST SURGICAL HISTORY** Coronary bypass surgery, lumbar surgery, cholecystectomy, thyroidectomy, and double bypass. **MEDICATIONS** Ranitidine, Singulair, Norco, Simvastatin, Aspirin,

				Pantoprazole, Spiriva, Singulair, and ProAir. **DIAGNOSIS** • **Post-menopausal osteoporosis (M81.0).** • **Smokes tobacco daily (Z72.0).** • **Gastroesophageal reflux disease (K21.9).** **TREATMENT/PLAN** Recommended Forteo.
	ABC–Pain Management-0009-0010	Pain Management, PLLC Ellis, MD	07/11/16	**HOPI/CHIEF COMPLAINTS** Here to discuss her neck and arm pain. Trigger point injection helped her suprascapular pain, no pain in lower thoracic region and right forearm. Her wrist and right hand are especially painful that has difficulty using right upper extremity because of discomfort. **DIAGNOSIS** • **Persistent cervical radiculitis.** • **Myofascial pain/myalgia.** • **Degenerative joint disease right hand.** **PROCEDURE** **Administered ultrasound guided trigger point injection.**
	ABC–Pain Management-0008-0009	Pain Management, PLLC Ellis, MD	08/04/16	**HOPI/CHIEF COMPLAINTS** Returns to the office to discuss her neck, shoulder and radicular arm pain. She is not getting any better. The trigger point injections we did provide temporary relief, up to a week. She wanted to get a repeat because her pain is severe, but I was out of town. Her neck and radicular arm pain remain severely symptomatic. She reports numbness in the long, ring, and small finger of her right hand. She states that her hand feels weak and she has difficulty grasping objects. She is quite disturbed over her current symptoms and feels significantly disabled since her motor vehicle accident **DIAGNOSIS** • **Cervical radiculitis.** • **Myofascial pain/myalgia.** **PROCEDURE** **Administered ultrasound guided trigger point injection.** **TREATMENT/PLAN**

				Recommended MRI of cervical spine.
	ABC-Ching, DO -0133-0136	Healthcare Institute Carolina, PA	08/09/16	**DIAGNOSIS** • Preoperative evaluation for bilateral oophorectomy. • Adnexal mass. • Chronic obstructive pulmonary disease, moderate. **TREATMENT/PLAN** • Cleared for surgery. Restarted Spiriva.
	ABC-Imaging Institute -0025-0026	Imaging Institute Ordered By: Ching, MD	08/11/16	**RADIOLOGY REPORT** **MRI report of cervical spine** **IMPRESSION:** • **Mild multilevel degenerative disc and joint disease. Stable septated cystic structures within the distal aspect of neural foramina at C7-T1.** **X-ray report of chest** **IMPRESSION:** • Again, identified is hyperinflation suggestive of chronic obstructive pulmonary disease with scattered fibrosis and apical pleural thickening. • Evidence of prior CABG.
	ABC-Family Healthcare-0011-0012	Family Healthcare	06/22/17	**HOPI/CHIEF COMPLAINTS** Reports right ankle pain since 06/25/16 with 3/10 pain. States she was in a car accident on 06/25/16 and was taken to the hospital. They took an x-ray, that was not presented today and said there was no fracture. A couple of months later she was driving a duly truck and when she pushed on the break, she felt a sharp pain. She was sent to Dr. Misra by her attorney. Dr. Misra sent her for an MRI, that was presented today, put her into a boot for 6 weeks and told her she needed surgery, but wouldn't do it. She then went to Dr. Brown who put her in a cast for 2 weeks and said she needed to be in an ankle/foot orthotic (AFO) and has been in it since the middle of March 2017. She is here for a second opinion because she has gotten different instructions with the AFO and would like someone else to take over care. She feels she is not getting any better. Here today for 2nd opinion regarding her right

				foot and ankle region. She states that approximately a year ago she was involved in a motor vehicle accident and was ultimately referred to Dr. Sanjay Misra. MRI was obtained, surgery was recommended, but not followed up on. She was then seen by Dr. Marvin Brown who ultimately placed her in an AFO and told her to remain in it. She is here because she is uncomfortable in the AFO and is not sure that she needs to continue to where. She says that surgery was never offered, primarily because of her smoking history. She reports that her right ankle has always bothered her in the front. She believes that she is being treated for this injury and has been told to wear the AFO for a minimum of one year. **PHYSICAL EXAMINATION** Maximum tenderness over the anterior margin of the ankle mortise, more towards the medial side. Pain is reproduced with impaction of the talus against the anterior tibia. **X-RAYS, MRI, SCANS** X-ray of the foot obtained today show a small rarefaction in the anterior distal tibia and possibly some anterior joint space narrowing. There is a very subtle ossification in the anterior soft tissues. Reviewed MRI from October reports split peroneus brevis tear an injury to the anterior tendons. **DIAGNOSIS** **Probable impaction injury to the anterior tibia with early arthritic changes.** **TREATMENT/PLAN** I do not think that AFO is providing any benefit, currently. Recommended discontinuing AFO. Consider a repeat MRI.
	ABC-Imaging Institute -0014-0015	Imaging Institute Ordered By: Ellis, MD	04/09/18	**RADIOLOGY REPORT** **MRI Report of lumbar spine** **IMPRESSION:** • **L2-L4 laminectomies.** • **Large right paracentral disc extrusion at L4-L5 compresses the right L5 nerve root in the lateral recess.**

	ABC–Pain Management-0025-0027	Pain Management, PLLC Ellis, MD	04/12/18	**HOPI/CHIEF COMPLAINTS** Here to discuss MRI. She does have significant disc extrusion at L4-L5 that compresses the right L5 nerve root in lateral recess. **PHYSICAL EXAMINATION** Moderate distress from back and leg pain. Lumbar spine motion is severely restricted. Forward flexion provokes radicular leg pain. Diminished ankle reflex in the right lower extremity. Decreased sensation in right hand. **DIAGNOSIS** **Intervertebral disc disorders with radiculopathy, lumbar region (M51.16)** **PROCEDURE** **Performed transforaminal epidural steroid injection at right L4-L5.** **TREATMENT/PLAN** If there is no lasting benefit of injection, then surgical consultation is warranted.
	ABC-Spinal Clinic-0060-0064	Spinal Clinic Joel, MD	04/26/18	**HOPI/CHIEF COMPLAINTS** Low back pain. Had epidural steroid injections which did not help her pain. Reports 6 weeks ago, there was acute onset of right lower extremity pain, numbness, tingling radiating into buttock, posterior/lateral calf and dorsal aspect of foot which started after she was bending and working in garden. Symptoms are moderate to severe. Had some ozone therapy last week which she feels was beneficial. Hydrocodone is also helpful. **SOCIAL HISTORY** Married, has 2 children, current every-day smoker. Nondrinker. Retired. **PHYSICAL EXAMINATION** Mild antalgic gait and appears slightly uncomfortable upon first arising from a seated position due to radiating right lower extremity discomfort. Range of motion is appropriate with mild aggravation of axial

				back pain with extension. Positive right straight leg raise reproducing buttock and lateral leg pain at 90 degrees in seated position. Dysesthesias noted over dorsal aspect of right foot. **X-RAYS, MRI, SCANS** Reviewed MRI of lumbar spine from 04/09/18. **DIAGNOSIS** • **Lumbar radiculopathy (M54.16).** • **Displacement of lumbar intervertebral disc without myelopathy (M51.26).** **TREATMENT/PLAN** Treatment options discussed including revision right L4-L5 decompression and discectomy. She wants to observe for now and will follow up in 6 weeks.
	ABC-Surgical Hospital -0114-0115, 0118, 0142-0143	Surgical Hospital Joel, MD OPERATIVE REPORT	06/06/18	**PREOP AND POSTOP DIAGNOSIS** • **Right L4-L5 intervertebral disc herniation.** • **Right L5 radiculopathy.** • **Prior L1 to L5 decompressive laminectomy bilaterally.** **PROCEDURE** • **Right L4-L5 decompression, laminectomy, discectomy, and repair of Dural tear.** **Intraoperative Neurophysiology Monitoring** **IMPRESSION:** No expectation of post-operative deficits except for those which may have been pre-existing based on available neu monitoring data.