

Medical Chronology/Summary

Confidential and privileged information

Usage guideline/Instructions

***Verbatim summary:** All the medical details have been included “word by word” or “as it is” from the provided medical records to avoid alteration of the meaning and to maintain the validity of the medical records. The sentence available in the medical record will be taken as it is without any changes to the tense.

***Case synopsis/Flow of events:** For ease of reference and to know the glimpse of the case, we have provided a brief summary including the significant case details.

***Injury report:** Injury report outlining the significant medical events/injuries is provided which will give a general picture of the case.

***Comments:** We have included comments for any noteworthy communications, contradictory information, discrepancies, misinterpretation, missing records, clarifications, etc. for your notification and understanding. The comments will appear in red italics as follows:

“*Comments”.

Indecipherable notes/date:** Illegible and missing dates are presented as “00/00/0000” (mm/dd/yyyy format). Illegible handwritten notes are left as a blank space “_____” with a note as ***“Illegible Notes” in heading reference.

***Patient’s History:** Pre-existing history of the patient has been included in the history section.

***Snapshot inclusion:** If the provider name is not decipherable, then the snapshot of the signature is included. Snapshots of significant examinations and pictorial representation have been included for reference.

***De-Duplication:** Duplicate records and repetitive details have been excluded.

General Instructions:

- *The medical summary focuses on **Motor Vehicle Accident** on 06/25/YYYY, the injuries and clinical condition of **Patient Name** as a result of accident, treatments rendered for the complaints and progress of the condition.*
- *Initial and final therapy evaluation has been summarized in detail. Interim visits have been presented cumulatively to avoid repetition and for ease of reference.*
- *Unrelated visits for prior medical conditions have been captured briefly.*

Injury Report:

DESCRIPTION	DETAILS
Prior injury details	<i>Unavailable</i>
Date of injury	06/25/YYYY
Description of injury	Motor vehicle crash on 06/25/YYYY. He was the restrained driver of a vehicle that was rear-ended at a dead stop. He states that the vehicle is most likely totaled after the incident occurred. Seat belt restraints on, total loss/damage to the car, negative loss of consciousness, denies airbag deployment.
Injuries as a result of accident	<ul style="list-style-type: none"> • Acute back pain, unspecified back location. • Unspecified back pain laterality. • Sprain of joints and ligaments of other parts of neck, initial encounter - S13.8XXA (Primary). • Sprain of ligaments of lumbar spine, initial encounter - S33.5XXA. • Pain in right shoulder - M25.511. • Acute pain due to trauma - G89.11. • Decreased activities of daily living (ADL) - R68.89. • M54.16: Radiculopathy, lumbar region. • M53.9: Dorsopathy, unspecified. • S13.4XXA: Sprain of ligaments of cervical spine, initial encounter. • S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter. • S43.401A: Unspecified sprain of right shoulder joint, initial encounter. • S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial. • S29.012A: Strain of muscle and tendon of back wall of thorax, initial. • S39.012A: Strain of muscle, fascia and tendon of lower back, initial. • S46.911A: Strain unspecified muscle/fascial/tendon at shoulder/up arm, right arm, initial. • M54.2: Cervicalgia. • M54.5: Low back pain. • M62.830: Muscle spasm of back. • M62.838: Other muscle spasm. • M25.511: Pain in right shoulder. • G47.9: Sleep disorder, unspecified. • M99.01: Segmental and somatic dysfunction of cervical region. • M99.02: Segmental and somatic dysfunction of thoracic region. • M99.03: Segmental and somatic dysfunction of lumbar region. • M51.26: Other intervertebral disc displacement, lumbar region. • M53.3: Sacro coccygeal disorder, not elsewhere classified. • M48.36: Traumatic spondylopathy, lumbar region.

Patient Name

DOB: 12/13/YYYY

DOI: 06/25/YYYY

	<ul style="list-style-type: none"> M51.27: Other intervertebral disc displacement, lumbosacral region.
Treatments rendered	<p>Pain medications given.</p> <p>Therapies: Chiropractic therapy: 07/14/YYYY-08/11/YYYY.</p> <p>Procedures: 08/26/YYYY: Right acromioclavicular joint injection given at right shoulder.</p>
Condition of the patient as per the last available record	<p>10/01/YYYY: He reports significant (>9%) improvement in right shoulder pain after right shoulder acromioclavicular and intra articular injection. He reports that cervical, lumbar and right shoulder pain are mild and improved. Recommend continued chiro/PT and/or home exercise plan (HEP) to maintain function and pain control.</p>

Patient History

Past Medical History: Asthma, depression, obesity.

Surgical History: Hysterectomy, low transverse cesarean sectionx3, appendectomy.

Family History: Significant for Alzheimer’s and hypertension.

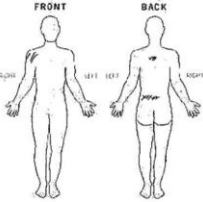
Social History: Denies smoking, alcohol, and drug use.

Allergy: Citalopram Hydrobromide.

Detailed Summary

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
<u>DOI: 06/25/YYYY, MVA</u>			
06/28/YYYY	Facility/Provider Name	<p>@20:15 hours - Emergency department report:</p> <p>Chief complaint: Motor vehicle crash (rear ended on Friday), neck Pain, and back Pain.</p> <p>HPI @20:15 hours Patient is a 28-year-old male who presents to the Emergency Department complaints of back pain status post MVC that occurred 5 days ago. He was the restrained driver of a vehicle that was rear ended at a dead stop. He states that vehicle is most likely totaled after the incident occurred. He also complaints of left side neck pain. He rates pain as 6/10 and expresses no other concerns at this time.</p> <p>Review of systems: Musculoskeletal: Back pain and neck pain.</p>	27-32

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<p>Physical examination: Musculoskeletal: General: Tenderness (L4, L5) present. Cervical back: Neck supple. Tenderness (left lateral neck) present.</p> <p>Differential diagnosis: Fracture, contusion, sprain, strain.</p> <p>Rechecks/ED Course/Consults: @22:24 hours Note: CT C-spine has a right sided abnormality, but his pain is on the left side of neck. So, nothing further indicated.</p> <p>@22:47 hours Recheck. Patient is ready for discharge. Discussed all findings, diagnosis, and plan for discharge home. Follow up instructions provided.</p> <p>Final diagnosis:</p> <ul style="list-style-type: none"> • Neck pain. • Acute back pain, unspecified back location. Unspecified back pain laterality. <p>ED disposition: Discharge home. Condition: Good.</p>	
06/28/YYYY	Facility/Provider Name	<p>@20:45 hours-X-Ray of the lumbar spine:</p> <p>History: Motor vehicle crash, injury, low back pain.</p> <p>Impression: No evidence of lumbar spine fracture or subluxation.</p>	33-34
06/28/YYYY	Facility/Provider Name	<p>@21:15 hours-CT of the cervical spine:</p> <p>History: Neck pain, initial exam.</p> <p>Impression: Lucency of the right C3 lateral mass concerning for fracture, less likely a vascular channel. The lucency extends into the right C3 transverse foramen. Vascular injury cannot have excluded. Consider CTA of the neck further evaluation.</p>	34-35
07/12/YYYY	Facility/Provider Name	<p>Patient information:</p> <ul style="list-style-type: none"> • Patient's injury happened on: 06/25/YYYY. • Patient's injury was because of car accident, I was driver. Where: Sacramento, CA. • Which side of your car had the accident: Back. • How much damage did your car get? Total loss. • Did the airbags come out? No. • Did you go to the ER? Yes, Harris. <p><i>*Comments: Patient went to ER at XXXX hospital on 06/25/YYYY; but the corresponding records are unavailable for review.</i></p>	38-41

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<ul style="list-style-type: none"> • My pain started right after the injury. • Highest pain level: 8/10. • Some parts of my body can't move as easily as before because of the pain? Yes, upper/lower back, right shoulder. • My feels like its sharp, dull. • My pain comes all the time. • Sometimes it's difficult to do my job because of pain? Yes, meter reader. • Things are makes too difficult: Bending over and lifting lids. • What do you expect to gain from today's visit? See what can help with pain. • Pain level: Low back-8/10. Middle back-5/10. Arms-8/10. • How long have you had the pain? 3 weeks. • Does it wake you at night? Yes. <div style="text-align: center;">  </div> <ul style="list-style-type: none"> • What kind of activity affects your pain? Bending over. <p>Past surgical history: Have had surgery for diverticulitis. Medication: Tylenol 1 day to 2 times.</p>	
07/12/YYYY	Facility/Provider Name	<p>Office visit:</p> <p>Reason for appointment: Low back pain, neck pain, right shoulder pain.</p> <p>HPI: He presents with complaints of pain and diminished function of the neck, low back, and right shoulder. Patient reports pain started following a motor vehicle crash on or around 06/25/YYYY.</p> <p>Accident Details: Rear end collision, Hospital ER evaluation performed Location: XXXX hospital in FTW, driver, seat belt restraints on, total loss, negative LOC, denies air bag deployment.</p> <p>Patient describes the pain primarily as aching, tight, dull, and sharp (in the neck). Patient also reports the following associated symptom of decreased quality of life due to pain. His right shoulder pain feels intrinsic and interferes with his ability to sleep on his side due to pain. He denies weakness in the shoulder but the pain does restrict range of motion. Pain increases with the following activities: Lifting, work duties, and turning head left/right. His lumbar pain interferes with work capabilities and will worsen throughout the day with stiffness. Pain complaints are relieved by OTC medication.</p>	2-5

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<p>Pain levels:</p> <ul style="list-style-type: none"> • Cervical Pain-moderate to severe. • Lumbar pain - severe. • Right shoulder pain-moderate to severe. <p>Physical examination: Radicular pain pattern: Neck to right shoulder. Cervical: Diffuse tenderness to palpation throughout the cervical spine. Cervical active range of motion limited due to pain. (Right>left). C4/5 and C5/6. Facet pain with deep palpation. Increased with extension and rotation of the spine. (+) Facet loading test.</p> <p>Lumbar: Diffuse tenderness to palpation throughout the lumbar spine. Lumbar active range of motion limited due to pain. Kemps Test positive on Right for lumbar facet pain. Kemps Test positive on Left for lumbar facet pain. Bilateral L4/5 and L5/S1 Facet pain with deep palpation. Increased with extension and rotation of the spine. (+) Facet Loading Test.</p> <p>Right Shoulder: Anterolateral shoulder tender to palpation with active ROM decreased in forward flexion and abduction due to pain. + Neer's impingement sign. + Hawkins' sign. There is no evidence of right shoulder joint instability on provocative testing. There is evidence of direct acromioclavicular joint tenderness.</p> <p>Assessments:</p> <ul style="list-style-type: none"> • Sprain of joints and ligaments of other parts of neck, initial encounter - S13.8XXA (Primary). • Sprain of ligaments of lumbar spine, initial encounter - S33.5XXA. • Pain in right shoulder - M25.511. • Acute pain due to trauma - G89.11. • Decreased activities of daily living (ADL) - R68.89. • Person injured in unspecified motor-vehicle accident, traffic, initial encounter - V89.2XXA. <p>Plan: Will refer the patient for trial of conservative therapy. Goals are to restore normal function, relieve pain and symptoms, and reduce medication dependency.</p> <p>Therapy: Refer to Chiro/PT for evaluation and treatment.</p> <p>Treatment: Naproxen 500 mg, Methocarbamol 750 mg, Voltaren gel 1 %.</p> <p>Follow-up: 2 weeks for re-evaluation.</p>	
07/14/YYYY	Facility/Provider Name	<p>Chiropractic initial visit:</p> <p>He had sustained injuries as a result of a motor vehicle accident which occurred on 06/25/YYYY. He was the driver when the accident happened. Following the impact, he began to experience pain in his neck, mid-back,</p>	90-93, 89

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<p>low back, right shoulder. He transported himself to XXXX for a post checkup and was prescribed medication for pain on 06/28/YYYY.</p> <p>Diagnostic testing performed included X-Rays, CT. He reports that since the accident he has been experiencing pain, Sleep problems, stress. The patient was referred to our office by Dr. XXXX, M.D for evaluation and treatment.</p> <p>Chief complaint: Cervical Spine: Patient complains of frequent pain and stiffness in his neck. He reports neck movements and bending is provocative.</p> <p>Thoracic Spine: Patient complains of frequent pain and stiffness in his thoracic region. He reports bending, lifting is provocative.</p> <p>Lumbar Spine: Patient complains of frequent pain and stiffness in his low back. The pain radiates to his both buttocks. He reports standing, bending, lifting is provocative.</p> <p>Difficulty Sleeping: Patient has had a difficult time sleeping at night due to pain and discomfort.</p> <p>Shoulder: Patient complains of frequent pain and stiffness in his right shoulder. He reports lifting and reaching is provocative.</p> <p>Inspection/palpation: Inspection reveals that patient is alert, cooperative, well oriented. He is visibly in pain. Digital palpation reveals tenderness; tightness, in the right and left cervical spine and paraspinal muscles, tightness, in the right and left thoracic spine and paraspinal muscles, tightness, in the right and left lumbar spine and paraspinal muscles, tightness, in the right and left rhomboid muscles, tightness, trigger points, in the right and left trapezius muscles Digital palpation also reveals tenderness; tightness, in the right shoulder.</p> <p>ROM testing: Active Shoulder ROMs: Right Flexion (180): Mildly restricted with pain. Right Extension (50): Moderately restricted with pain right Abduction (180): Moderately restricted with pain right Add (50): Mildly restricted with pain.</p> <p>Active Lumbar ROMs: Flexion (85): Moderately restricted with pain Left Lateral Flexion (30): Mildly restricted with pain right Lateral flexion (30): Mildly restricted with pain Extension (25): Moderately restricted with pain.</p> <p>Lumbar: Supine SLR, Bechterew's positive. Shoulder: Dugas, Apley's scratch test positive.</p> <p>Initial diagnosis:</p>	

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<ul style="list-style-type: none"> • M54.16: Radiculopathy, lumbar region. • M53.9: Dorsopathy, unspecified. • S13.4XXA: Sprain of ligaments of cervical spine, initial encounter. • S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter. • S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter. • S43.401A: Unspecified sprain of right shoulder joint, initial encounter. • S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial. • S29.012A: Strain of muscle and tendon of back wall of thorax, initial. • M62.838: Other muscle spasm. • M25.511: Pain in right shoulder. • G47.9: Sleep disorder, unspecified. • M99.01: Segmental and somatic dysfunction of cervical region. • M99.02: Segmental and somatic dysfunction of thoracic region. • M99.03: Segmental and somatic dysfunction of lumbar region. <p>Treatment plan: I will start the patient's treatment with the goal of alleviating and resolving all symptoms arisen from the alleviating and resolving all symptoms arisen from the motor vehicle accident on 06/25/YYYY. These treatments will consist of passive and active therapeutic modalities. Therapeutic modalities will be used to relieve pain, decrease muscle tightness, reduce swelling, break up adhesions, and increase the rate of recovery.</p> <p>Proper therapeutic modalities will include any combination of electric muscle stimulation, interferential therapy, moist heat, cryotherapy, myofascial therapy, massage, ultrasound, intersegmental traction, therapeutic activities and/or therapeutic procedures. Corrective stretches and changes in activities of daily living and ergonomics will be shown to the patient to expedite their healing process and recovery.</p> <p>Note that a combination of the above modalities will be utilized based on the patient's condition. I advised the patient against any type of strenuous activities for the time being. The patient's prognosis is fair.</p> <p>Other Orders/Referrals:</p> <ul style="list-style-type: none"> • Treatment will be 3 times a week. Stretches will begin on the 4th visit, pending patient's progress. A re-examination will be performed in 8-12 visits. An MRI may be warranted should the patients signs and symptoms persists. • The patient will follow up with the specialist for further recommendations and treatment. • In my opinion, the patient's signs and symptoms are a direct result of injuries sustained from the motor vehicle collision which occurred on 06/25/YYYY. 	
07/26/YYYY	Facility/Provider Name	<p>Follow-up visit:</p> <p>Reason for appointment: Low Back Pain, neck pain, right shoulder pain.</p>	6-8


DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<p>HPI: Patient is following up from conservative care for re-evaluation. Patient reports persistent pain in the right shoulder and low back. Pain complaints are accompanied by symptoms of muscle tightness/tenderness, stabbing pain. Pain complaints continue to be aggravated by lifting, prolonged standing, and bending. Patient reports improved pain in the neck.</p> <p>Related information: Therapy: 3 times per week.</p> <p>Pain levels: Cervical Pain - Mild. Lumbar Pain - Moderate to Severe. Right Shoulder Pain - Severe.</p> <p>Physical examination: Radicular Pain Pattern: Neck to right shoulder. Cervical: Cervical ROM is improving, mild residual Para spinal tenderness. (Right>Left). C4/5 and C5/6. Facet pain with deep palpation. Increased with extension and rotation of the spine. (+) Facet Loading Test. Lumbar: Diffuse tenderness to palpation throughout the lumbar spine. Lumbar active range of motion limited due to pain. Kemps Test positive on Right for lumbar facet pain. Kemps Test positive on Left for lumbar facet pain. Bilateral L4/5 and L5/S1 Facet pain with deep palpation. Increased with extension and rotation of the spine. (+) Facet Loading Test. Right Shoulder: Anterolateral shoulder tender to palpation with active ROM decreased in forward flexion and abduction due to pain. + Neer's impingement sign. + Hawkins' sign. There is evidence of direct acromioclavicular joint tenderness.</p> <p>Assessment:</p> <ul style="list-style-type: none"> • Sprain of joints and ligaments of other parts of neck, initial encounter - S13.8XXA (Primary). • Sprain of ligaments of lumbar spine, initial encounter - S33.5XXA. • Pain in right shoulder - M25.511. • Acute pain due to trauma - G89.11. • Decreased activities of daily living (ADL) - R68.89. • Person injured in unspecified motor-vehicle accident, traffic, initial encounter - V89.2XXA. <p>Plan: Will order imaging to further evaluate symptoms and suspected injuries. Due to the severity of the injuries and clinical presentation, this imaging is medically necessary and indicated. Will continue conservative management until images/reports are available for in-depth review of symptoms and injuries in order to plan for treatment if necessary.</p> <ul style="list-style-type: none"> • Order Lumbar and Right Shoulder MRIs without contrast. • Medication: Recommend continued use of analgesics. • Therapy: Recommend continued Chiro/PT and/or home exercise plan (HEP). <p>Follow-up: 2 weeks follow-up for re-evaluation and image review.</p>	

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
07/30/YYYY	Facility/Provider Name	<p>@12:48 hours-MRI of the lumbar spine:</p> <p>Reason for exam: Lower back pain.</p> <p>Impression:</p> <ul style="list-style-type: none"> At L5-S1, there is an annular tear and 4 mm focal midline disc herniation as discussed above. Given the adjacent T2 hyperintensity, this likely is acute or sub-acute. There is loss of lordotic curvature consistent with muscle spasm. There is no visible fracture or listhesis. 	36
07/30/YYYY	Facility/Provider Name	<p>@13:12 hours-MRI of the right shoulder:</p> <p>Reason for exam: Right shoulder pain.</p> <p>Impression:</p> <ul style="list-style-type: none"> Sub articular bone marrow edema at the acromioclavicular joint and distal erosion of the clavicle suspicious for post-traumatic osteolysis. Clinical correlation regarding pain is recommended. Rotator cuff tendinosis without tear. No evidence of labral tear. 	37
08/04/YYYY	Facility/Provider Name	<p>Chiropractic re-evaluation visit:</p> <p>Subjective: The patient is symptomatic in the following areas: neck, upper/mid back, right shoulder, low back. Patient states that his pain is frequent. Patient has experienced sleep disorder due to pain from the incident. The patient states that lifting, repetitive movement, lying down exacerbates his pain. Patient remarks that the pain is alleviated by massage, Physical modality therapy, rest. His injury affects the performance of his activities of daily living, specifically house chores.</p> <p>Objective:</p> <p>Inspection/palpation: Digital palpation reveals tenderness; tightness, in the right and left cervical spine and paraspinal muscles, tightness, in the right and left thoracic spine and paraspinal muscles, tightness, in the right and left lumbar spine and paraspinal muscles, tightness, in the right and left rhomboid muscles, tightness, trigger points, in the right and left trapezius muscles Digital palpation also reveals tenderness; tightness, in the right shoulder.</p> <p>ROM Testing:</p> <p>Active Shoulder ROMs: Right Flex (180): Mildly restricted with pain Right Extension (50): Moderately restricted with pain Right Abduction (180): Moderately restricted with pain.</p> <p>Active Lumbar ROMs:</p>	77-79

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<p>Flex (85): Mildly restricted with pain Left Lateral Flex (30): Mildly restricted with pain, right Lateral Flex (30): Mildly restricted with pain, Extension (25): Mildly restricted with pain.</p> <p>Lumbar: Kern's, Milgrams, Dugas, Apley's test positive.</p> <p>Assessment: The patient overall progression of improvement: slower than expected. The goal of treatment is to increase the patient's range of motion, reduce the patient's pain, decrease severity and frequency of spasms, increase the patient's strength, increase the endurance and function of the affected area.</p> <p>Plan:</p> <ul style="list-style-type: none"> • Patient received adjustments on the following areas: thoracic and lumbar spine. This patient will continue with the recommended treatment plan 3 times a week with modified stretches and exercises. A re-examination will be performed in approximately 4 weeks. • A re-examination was performed today. The patient has a follow up with the specialist next week to review MRI of lumbar spine and right shoulder, pending reports for review. 	
08/09/YYYY	Facility/Provider Name	<p>Follow up visit:</p> <p>Reason for appointment:</p> <ul style="list-style-type: none"> • Neck pain. • Low back pain. • Right shoulder pain. <p>HPI: He is following up for imaging review and re-evaluation. He reports persistent pain in the low back and right shoulder. Pain complaints are accompanied by symptoms of sharp/shooting pain radiating to the right shoulder. Pain complaints continue to be aggravated by lying down, and reaching for objects. He reports improved pain in the neck.</p> <p>Pain levels:</p> <ul style="list-style-type: none"> • Cervical pain: Mild. • Lumbar spine: Moderate. • Right shoulder pain: Severe. <p>Physical examination: Radicular: Pain pattern: Neck to right shoulder. Low back right buttock. Lumbar: Lumbar ROM is improving, with residual paraspinal tenderness. Kemps Test positive on right for lumbar facet pain. Kemps test positive on left for lumbar facet pain. Bilateral L4/5 and L5/S1 facet pain with deep palpation. Increased with extension and rotation of the spine. Positive facet loading test. Straight leg raise test positive on right.</p>	9-12

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<p>Right shoulder: Antero lateral shoulder tender to palpation with active ROM decreased in forward flexion and abduction due to pain. Positive Neer’s impingement sign. Positive Hawkins sign. There is evidence of direct acromioclavicular joint tenderness.</p> <p>Assessment:</p> <ul style="list-style-type: none"> • M25.511 (Primary): Pain in right shoulder. • M54.16: Radiculopathy, lumbar region. • M51.26: Other intervertebral disc displacement, lumbar region. • S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter. • M53.3: Sacro coccygeal disorder, not elsewhere classified. • M48.36: Traumatic spondylopathy, lumbar region. • M54.2: Cervicalgia. <p>Patient continues to suffer daily pain from multiple pain generators. Recommend continued conservative care for all areas of pain in addition to treatment plan detailed below.</p> <p>Plan:</p> <ul style="list-style-type: none"> • Right shoulder pain is a direct result of trauma resulting in inflammation/internal derangement as demonstrated on imaging obtained after the accident. Will plan for right shoulder injection to cool down inflammation and allow healing. Goals are to restore normal function, relieve pain and symptoms, reduce medication dependency. Risks, benefits, and alternatives to procedure were discussed, and all patient questions were answered. • Order Right Shoulder, AC, Joint injection. • Recommendation for treatment if symptoms persist or condition worsens: Lumbar ESI @ Right L5-S1 Foramen. <p>Medication: Recommend continued use of analgesics.</p> <p>Therapy: Recommend continued Chiro/PT and/or home exercise plan (HEP).</p> <p>Preventive medicine</p> <ul style="list-style-type: none"> • Diagnosis counseling: Etiology of current pain was discussed with him. Treatment plan and alternative options were thoroughly reviewed. • Chiro/PT and home exercise counseling: The importance of doctor-directed pain management therapy program including education, manual therapies, passive modalities, activity modification, exercise, and home exercise plan (HEP) training was discussed with him. <p>Follow up: 2 weeks after procedure for re-evaluation.</p>	
07/15/YYYY-08/11/YYYY	Facility/Provider Name	Summary of interim chiropractic visits:	74-76, 80-88

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<p>Total number of visits: 14.</p> <p>Date of visits: 07/15/YYYY, 07/17/YYYY, 07/21/YYYY, 07/22/YYYY, 07/24/YYYY, 07/26/YYYY, 07/27/YYYY, 07/28/YYYY, 08/02/YYYY, 08/05/YYYY, 08/10/YYYY, 08/11/YYYY</p> <p>Areas treated: Neck., thoracic, Low back</p> <p>Techniques used: Electromagnetic stimulation, Massage.</p> <p>07/15/YYYY: He complains of frequent pain and stiffness in neck, thoracic and low back pain. The pain radiates to right, left shoulder and right and left buttocks. Pain is intermittent.</p> <p>07/17/YYYY: He complains of frequent pain and stiffness in neck, thoracic and low back pain. The pain radiates to right, shoulder and right and left buttocks. Pain is intermittent.</p> <p>07/21/YYYY: He complains of frequent pain and stiffness in neck, thoracic and low back pain. The pain radiates to right, left shoulder and right and left buttocks. Pain is intermittent.</p> <p>07/22/YYYY: He complains of frequent pain and stiffness in neck, thoracic low back pain and right shoulder. The pain radiates to right, shoulder and right buttocks. Pain is intermittent.</p> <p>07/24/YYYY: He complains of frequent pain and stiffness in neck, thoracic low back pain and right shoulder. The pain radiates to right, shoulder and right buttocks. Pain is intermittent.</p> <p>07/26/YYYY: He complains of frequent pain and stiffness in neck, thoracic low back pain and right shoulder. Pain is intermittent.</p> <p>07/27/YYYY: He complains of frequent pain and stiffness in neck, thoracic low back pain. Pain is frequent.</p> <p>07/28/YYYY: He complains of frequent pain and stiffness in neck, thoracic low back pain and right shoulder. The pain radiates to right, shoulder and right arm. Pain is frequent.</p> <p>08/02/YYYY: He complains of frequent pain and stiffness in neck, thoracic low back pain and right shoulder. The pain radiates to right, shoulder. Pain is frequent.</p> <p>08/05/YYYY: He complains of frequent pain and stiffness in neck, thoracic low back pain and right shoulder. Pain is frequent.</p>	

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<p>08/10/YYYY: He complains of frequent pain and stiffness in neck, thoracic low back pain and right shoulder. The pain radiates to right, shoulder and right buttocks. Pain is frequent.</p> <p>08/11/YYYY: He complains of frequent pain and stiffness in neck, thoracic low back pain and right shoulder. The pain radiates to right, shoulder. Pain is frequent.</p>	
08/26/YYYY	Facility/Provider Name	<p>Operative report:</p> <p>Pre and post-operative diagnosis: M25.511: Shoulder pain right.</p> <p>Details of procedure: Procedure: Right acromioclavicular joint injection under fluoroscopic guidance.</p> <p>Procedure: Approximately 0.5 cc of omnipaque -240 was injected into the joint space confirming intra articular location. A mixture of 80 mg of depo-Medrol and 1 cc of 0.25% bupivacaine was injected into the acromioclavicular joint. The needle was removed and there were no immediate complications. Fluoroscopic images were obtained. He tolerated the procedure without complication.</p> <p>Anesthesia: Local</p> <p>Estimated blood loss: None</p> 	13-15, 19-20
09/30/YYYY	Facility/Provider Name	<p>Final Chiropractic visit:</p> <p>He was initially seen in my office on 07/14/YYYY concerning a motor vehicle accident induced injury. The patient was last seen in our office on 08/11/YYYY. Mr. XXXX saw Dr. XXXX, M.D for medical consultation on 07/12/YYYY. He advised the patient to continue with passive and active modalities to reduce pain, increase mobility, and increase strength. He also prescribed medication for pain.</p> <p>The patient was referred back to pain management Dr. XXXX, M.D for further evaluation on 07/26/YYYY and he recommended MRI of lumbar spine and right shoulder, medications, therapy and follow up. During the patient course of treatment, patient was referred for an MRI of his lumbar spine and right shoulder which was done' on 07/30/YYYY. The result revealed 4 mm disc herniation and an annular tear at L5-S1 in the lumbar</p>	72-74

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	PDF REF
		<p>spine and subarticular bone marrow edema at the acromioclavicular joint and distal erosion of the clavicle of the right shoulder.</p> <p>Subsequently, the patient was referred back to the pain management Dr. XXXX, M.D for a follow up on 08/09/YYYY, and the specialist recommended right shoulder AC joint injection, lumbar ESI if pain persists or worsens, medications, therapy and follow up. The patient was referred back to pain management Dr. XXXX, M.D on 08/26/YYYY and the right acromioclavicular joint injection procedure was performed.</p> <p>The patient has made improvement with a course of conservative care. Patient's ranges of motion have improved. Digital palpation revealed muscle tightness in the cervical, thoracic and lumbar paraspinal musculature. He was given home exercises to continue on his own accord and we will see him on an as-needed basis.</p> <p>The patient has a possibility of having occasional exacerbation of his condition in the future. Due to the nature of this injury, increased scar tissue, loss of ligamentous elasticity and abnormal biomechanics of the spine, the patient is more likely to suffer from acute exacerbation in chronic conditions. The patient is more susceptible to injury, aggravation and limited function of the compensable areas.</p> <p>Furthermore, there is a possibility that the patient could develop degeneration associated with injuries sustained due to this motor vehicle accident. There is a reasonable degree of medical probability that the patient will require future care at some point in his life to include, but not limited to, further rehabilitation, chiropractic care, and pain management. I expect that his future medical expenses from this accident could be as follows: Therapy rehabilitation will be around \$2,000-\$3,000.</p> <p>All treatment and bills rendered from this facility was medically necessary and reasonable. All medical reports, diagnostic reports, and physician's notes for this patient have been provided to you if service was rendered at the above facilities.</p> <p>Final diagnosis:</p> <ul style="list-style-type: none"> • M51.27: Other intervertebral disc displacement, lumbosacral region. • M54.16: Radiculopathy, lumbar region. • M53.9: Dorsopathy, unspecified. • S13.4XXA: Sprain of ligaments of cervical spine, initial encounter. • S23.3XXA: Sprain of ligaments of thoracic spine, initial encounter. • S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter. • S43.401A: Unspecified sprain of right shoulder joint, initial encounter. • S16.1XXA: Strain of muscle, fascia and tendon at neck level, initial. • S29.012A: Strain of muscle and tendon of back wall of thorax, initial. • S39.012A: Strain of muscle, fascia and tendon of lower back, initial. 	

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		<ul style="list-style-type: none"> • S46.911A: Strain unspecified muscle/fascial/tendon at shoulder/up arm, right arm, initial. • M54.2: Cervicalgia. • M54.5: Low back pain. • M62.830: Muscle spasm of back. • M62.838: Other muscle spasm. • M25.511: Pain in right shoulder. • G47.9: Sleep disorder, unspecified. • M99.01: Segmental and somatic dysfunction of cervical region. • M99.02: Segmental and somatic dysfunction of thoracic region. • M99.03: Segmental and somatic dysfunction of lumbar region. 	
10/01/YYYY	Facility/Provider Name	<p>Follow up visit:</p> <p>Reason for appointment:</p> <ul style="list-style-type: none"> • Neck pain. • Low back pain. • Right shoulder pain. <p>HPI: Procedure follow up: He presents for post-procedure evaluation following right shoulder acromioclavicular and intra articular injection. He reports significant (>9%) improvement in right shoulder pain and function following procedure. Associated symptoms improved following procedure: less pain with right shoulder range of motion. The following activities were less painful after treatment: lifting. Area treated remains improved. He reports that all areas of pain are mild and improved.</p> <p>Pain level: Cervical pain: Mild. Lumbar pain: Mild. Right shoulder pain: Mild.</p> <p>Physical examination: Radicular: Pain pattern: Neck to right shoulder. Low back right buttock. Lumbar: Lumbar ROM is improving, with residual paraspinal tenderness. Bilateral L4/5 and L5/S1 facet pain with deep palpation. Increased with extension and rotation of the spine. Positive facet loading test. Right shoulder: Antero lateral shoulder tender to palpation with active ROM decreased in forward flexion and abduction due to pain-improved. There is evidence of direct acromioclavicular joint tenderness-improved.</p> <p>Assessments</p> <ul style="list-style-type: none"> • M25.511 (Primary): Pain in right shoulder. • M54.16: Radiculopathy, lumbar region. • M51.26: Other intervertebral disc displacement, lumbar region. • S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter. 	21-24

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		<ul style="list-style-type: none">• M48.36 Traumatic spondylopathy, lumbar region• M54.2 Cervicalgia.• M53.3 Sacrococcygeal disorders, not elsewhere classified. <p>Will defer any further interventions at this time as cervical and lumbar spine and right shoulder pain has significantly improved following 1 round of Right shoulder injection, medications and Chiro/PT. Prognosis, treatment options, and future expectations were reviewed with the patient in detail. Recommend continued chiro/PT and/or home exercise plan (HEP) to maintain function and pain control. Given incurred injuries, the patient may require treatments including therapy, medications and interventional procedures, as pain can return without cause.</p> <p>Plan:</p> <ul style="list-style-type: none">• Recommendation for treatment if conditions or symptoms worsen: Right shoulder IA injection.• Recommendation for treatment if symptoms persist or condition worsens: Lumbar ESI @ right L5-S1 foramen.• Medication: Recommend continued use of analgesics.• Therapy: Recommend continued chiro/PT and/or home exercise plan (HEP). <p>Preventive medicine</p> <ul style="list-style-type: none">• Diagnosis counseling.• Chiro/PT and home exercise counseling.	

Chronology Sample - Medical ESI Request