Patient Name: XXXX

MEDICAL RECORD SUMMARY

SUMMARY DATE:	XX/XX/XXXX	Occupation:	Self employed
NAME:	XXXX	CLAIM#	XXXX
DOB:	XX/XX/XXXX	Gender	Male

PROVIDERS
• XXXX Medical Center of XXXX: XXXX, DO/XXXX, M.D. • XXXX Diagnostic Medical Imaging Centers: XXXX, M.D. / XXXX, M.D./XXXX, M.D. • XXXX OFAI: XXXX, M.D. • XXXX of Excellence: XXXX, M.D. • XXXX Physical Therapy: XXXX, PT/XXXX, PT • XXXX Spine Clinic: XXXX, M.D./XXXX, M.D./XXXX, M.D. • XXXX Radiology • XXXX Inn Medical Center: XXXX, XXXX, M.D.

File#/Page#	PROVIDERS/BATES	DATE	COMPLAINT/DIAGNOSIS	CPT CODES
		Date of injury: XX/XX/XX11		
XXXX PDF (146-149)	XXXX Medical Center of XXXX XXXX, DO Quick Care Visit	XX/XX/11	*Illegible Notes* **Mode of arrival: Ambulance.** Chief Complaint: **Left ankle and right hip injury secondary to slip and fall on wet floor.** PMH/PSH: Seizure disorder, Bursitis of shoulder. Pain Assessment: 10/10 in ankle and hip. Duration 1-2 hours. Physical Exam: **Right hip pain. Thigh/hip: Tenderness, swelling, limited hip Range of Motion (ROM), pain on leg movement right. Gait: Limited by pain.** Diagnosis: **Contusion of left ankle and right hip. Prescribed Naprosyn and Norco.**	
XXXX PDF (153)	XXXX Medical Center of XXXX XXXX, M.D. X-Ray Right Hip	XX/XX/XX	History: Fall. Pain. Impression: **Mild osteoarthrosis. No acute fracture or dislocation.**	
XXXX PDF (154)	XXXX Medical Center of XXXX	XX/XX/XX	History: Fall with lateral left ankle pain.	

AEZEN SOLUTIONS

Patient Name: XXXX

File#/Page#	PROVIDERS/BATES	DATE	COMPLAINT/DIAGNOSIS	CPT CODES
	XXXX, M.D. X-Ray Left Ankle		Impression: • **Soft tissue swelling which may reflect soft tissue or ligamentous injury.** • **No evidence of acute fracture or dislocation.**	
XXXX PDF (144-145)	XXXX Inn Medical Center XXXX, D.O. History and Physical	XX/XX/XX	History: **This is a XX year old male who was shopping in a local grocery when he was going to the third aisle, turned the corner and slipped and fell to the ground. He notes that the floor was wet from an ice machine and there was no floor mats or caution cones set out.** He denies any loss of consciousness. He was not transported via EMS. He did present to a local Quick Care where X- rays of the right hip and left ankle were taken. **Due to the persistence injury symptomatology, the patient now presents to office with complaints of pain to his low back and right hip and left ankle.** Previous accidents or injuries: **MVA over 25 years ago. Denies any work related injuries.** **Reviewers Comment: Details regarding previous MVA which occurred over 25 years ago is unavailable for review.* Physical Exam: **Musculoskeletal Exam: There is pain to palpation all along the lumbar spine and into the right hip as well as pain in the left ankle. There is guarding, there is rebound and there is tenderness and tension in these areas. Flexion at the waist is to 45 degree with pain.** Provisional Diagnoses: • **Slip and fall on XX/XX/XX with lumbosacral strain/sprain** • **Right hip strain/sprain** • **Left ankle pain** Treatment: **Physician wants patient to begin pain management for ultrasound for deep tissue and muscle warming to decrease muscle tightness and spasms; electrical stimulation to increase blood flow and increase muscle strength; cold packs for vasoconstriction of blood vessels and decrease inflammation; and/or hot packs for muscle relaxation and better circulation; and massage to**	99204

AEZEN SOLUTIONS

Patient Name: XXXX

File#/Page#	PROVIDERS/BATES	DATE	COMPLAINT/DIAGNOSIS	CPT CODES
			relieve muscle tightness and stress. The patient should be instructed in modalities they can use at home, such as rest, ice, compression, and elevation (RICE). Plan: Will request reports from Quick Care. The patient is provided Norco and Naproxen. **He will be placed into a program of pain management and will re-evaluate him in one week with further recommendations to follow.** Dorso-lumbar spine: **Forward flexion 45 degree, extension 30 degree, right lateral flexion 30 degree, left lateral flexion 30 degree, right rotation 30 degree, left rotation 30 degree.**	
XXXX PDF (58)	XXXX Inn Medical Center *Provider name is illegible* Progress Notes	XX/XX/XX	*Illegible Notes* **Complaints of pain in right hip, left ankle and lower back.**	
XXXX PDF (57)	XXXX Inn Medical Center XXXX, M.D. X-Ray Cervical Spine	XX/XX/XX	Impression: **Diffuse idiopathic skeletal hyperostosis.**	72050
XXXX PDF (55-56)	XXXX Inn Medical Center XXXX, M.D. X-Ray Lumbar Spine	XX/XX/XX	Impression: No significant abnormality of the lumbar spine.	72100
XXXX PDF (54)	XXXX Inn Medical Center XXXX, DO Physical Therapy Initial Visit	XX/XX/XX	Patient treated on cervical spine, lumbar spine, left ankle, bilateral shoulder. **Reviewers Comment: Physical Therapy details are taken from flow-sheet. Original Physical Therapy visits are unavailable for review.*	
XXXX PDF (53)	XXXX Inn Medical Center XXXX, DO	XX/XX/XX	The patient is here to follow-up on his accident. **He has absolutely severe pain in the left ankle. It is just severely swollen. The X-ray done at XXXX did not show anything. He can't put any weight on it at all. His low back is causing him severe pain. Physician**	99213

AEZEN SOLUTIONS

Patient Name: XXXX

File#/Page#	PROVIDERS/BATES	DATE	COMPLAINT/DIAGNOSIS	CPT CODES
	Progress Notes		**does not have his X-rays back. Physician going to get an MRI of the left ankle. He has difficulty with plantar flexion, dorsiflexion, inversion and eversion. Physician has renewed his Naprosyn and Norco and Physician want him to continue therapy and Physician will see him in one week.**	
XXXX PDF (39-52)	XXXX Inn Medical Center XXXX, DO Progress Notes	XX/XX/XX	Subjective: The patient is here to follow-up on his accident. **His left ankle is just causing him severe pain. His neck is causing him severe pain, followed by the right hip and the low back. Have left ankle pain, sharp shooting pain. Right hip pain, lower back pain on and off.** Objective: There is guarding, rebound, tenderness and tension all in those areas. He is scheduled to have an MRI of the left ankle on XXXX. Assessment: **Personal injury slip and fall on XX/XX/XX with cervical neck strain/sprain, left ankle pain, severe low back pain and severe right hip pain.** Plan: **Continue therapy as is. MRI on XX/XX/XX for the ankle. Physician will renew his medicines and then further recommendations will be followed.**	99213
XXXX PDF (60-65)	XXXX Diagnostic Medical Imaging Centers XXXX, M.D. MRI left ankle	XX/XX/XX	Clinical History: Ankle pain since **XX/XX/XX**. Status post fall. No associated surgery. Impression: • Chronic anterior talofibular ligament high-grade partial tear versus complete tear. Calcaneofibular ligament moderate-grade sprain/partial tear. • Mild bone marrow edema of the Stieda process, raising the possibility of mild posterior ankle impingement. • Minor distal Achilles tendinosis.	73721
XXXX PDF (140-143)	XXXX Inn Medical Center XXXX, DO Progress Notes	XX/XX/XX	The patient is here to follow-up on his accident. **Physician has gone over the MRI of his left ankle. Physician set him up with Dr. XXXX, orthopedic surgeon for an evaluation. He is having severe neck pain. He can only rotate his neck to about 20 degree at the absolute most to the left. His whole back is causing him a great amount of pain. Physician going to get an MRI of the neck. Physician set him up with Dr. XXXX for his ankle. Physician have renewed his medications and will see him in one week.**	99213

AEZEN SOLUTIONS

Patient Name: XXXX

File#/Page#	PROVIDERS/BATES	DATE	COMPLAINT/DIAGNOSIS	CPT CODES
XXXX PDF (139)	XXXX OFAI XXXX, M.D. Office Visit	XX/XX/XX	Chief Complaint: Ankle sprain, left pes planovalgus. HPI: This is an initial visit for this very pleasant XX year old man who is referred for evaluation of an injury that he sustained to his left ankle. **At the time he was at a local grocery store when he had a slip type injury. He is unsure whether or not this was an inversion or eversion type injury, but since that time he has noted pain in his ankle and hind foot, as well as a clicking type sensation and feelings of instability. He has recently had an MRI examination and it is based on those findings that he is referred here for evaluation of this.** PMH: Anemia, asthma, chronic back pain, seizure disorder, hypertension. Physical Exam: Physical examination on standing reveals him to have a planovalgus hind foot posture. He does have tenderness to palpation along the course of the posterior tibial tendon. He has tenderness to palpation more so over the anterolateral ankle gutter, including the ATFL and CFL. There is some pain along the course of the peroneal tendons, but more so at the insertion of the Achilles mechanism and in the posterolateral aspect of the ankle itself. He has pains with extremes of plantar flexion of the ankle and this is in the posterolateral aspect of it. He has a 2+ anterior drawer examination as well. Radiographs/testing: Radiographs examination consisting of the MRI study which he brings with him in the office today does show evidence of fluid signal increase within the os trigonum and the surrounding tissue. There is also some degree of fluid signal increase within the Achilles mechanism. There is evidence of injury to the ATFL, otherwise his radiographs are unremarkable. Ankle injection: Left ankle OS Trigonum. Assessment and plan: • **Sprain of ankle. Walking boot** • **Tibialis tendinitis** • **Os trigonum impingement. Anomalies of foot, not elsewhere classified**. Impression:	CPT: 20605; 99203, 25, 30702

AEZEN SOLUTIONS

File#/Page#	PROVIDERS/BATES	DATE	COMPLAINT/DIAGNOSIS	CPT CODES
			• **Acute ankle sprain with resultant instability** • **Symptomatic os trigonum** • **Posterior tibial tendon insufficiency with tendinitis** Plan: **At the moment physician thinks much of this could be remedied by the use of an addition of a CAM walker boot.** Have supplied that for him in the office today. He may weight bear as tolerated within the boot, but definitely want him to sleep in it as well; to see if can get his anterolateral ankle ligament scar in an anatomic alignment. **Have also recommended an injection into the posterolateral ankle overlying the os trigonum and surrounding tissues which have provided under aseptic technique in office today with 1 cc of Celestine and 1 cc each of Lidocaine and Marcaine, both without Epinephrine for a total of 6 mg of steroid component.** Will see how he does with this over the course of the next three to four weeks and will see him back at that time for repeat clinical examination. Will not require radiographs on that visit.	
XXXX PDF (36-38)	XXXX Inn Medical Center XXXX, DO Progress Notes	XX/XX/XX	Subjective: Patient is here to follow-up on his accident. He went and saw Dr. **XXXX** for his ankle. He put him in a walking boot and he gave him a Cortisone injection and he is going to check him again in three weeks. His right hip is causing him pain and the low back is causing him a great amount of pain and his neck is causing him a great amount of pain. He says the neck pain is 7/10 and the low back is 4/10 pretty much daily. Objective: There is guarding, rebound, tenderness and tension in the neck and in the low back and across his shoulders. He is wearing his boot today. Assessment: **Personal injury slip and fall with severe ankle pain, chronic low back pain, right hip pain and cervical neck pain and bilateral shoulder pain.** Plan: Physician will renew his medications today. He will continue therapy and physician will see him again in a week. He may need an MRI on his neck.	99213
XXXX PDF (136-138)	XXXX Inn Medical Center XXXX, DO	XX/XX/XX	**The patient is here to follow-up on his accident. He is complaining bitterly of severe neck and left shoulder pain. He can rotate or flex his neck. The left shoulder he only brings it up to 100 degree. He**	99213

AEZEN SOLUTIONS

File#/Page#	PROVIDERS/BATES	DATE	COMPLAINT/DIAGNOSIS	CPT CODES
	Progress Notes		**has severe pain in there. Physician going to get an MRI of the neck and left shoulder. Physician have renewed his Norco and Naprosyn. Physician will see him in one week.** Left shoulder pain 8-9 all time. Low back pain at 5 all the time.	
XXXX PDF (187)	XXXX Inn Medical Center XXXX, DO Progress Notes	XX/XX/XX	Subjective: The patient is here to follow-up on his accident. He is complaining of severe neck pain and in his left shoulder. He is seeing Dr. XXXX on XX/XX/XX and he will make a decision on whether or not he wants to continue the boot or possibly operate. Objective: There is guarding, rebound, tenderness and tension. He is wearing his big ankle boot on the left side. Assessment: **MVA on XX/XX/XX with neck and left shoulder pain.** **Plan: Physician going to get an MRI of the neck, he is just in a lot of pain. Physician has renewed his medicines and will see him in one week.**	99213
XXXX PDF (30-35)	XXXX Inn Medical Center XXXX, DO Progress Notes	XX/XX/XX	Subjective: The patient is here to follow-up on his accident. He is having severe neck pain and severe left shoulder pain. His MRI in on the XX/XX/XX so physician awaits that report. Physician has renewed his medicines today. Neck pain, severe low back pain. Requesting a full prescription of Norco for left shoulder pain. Objective: He just has severe pain in the neck and left shoulder predominately. The low back is a little better. Assessment: **Personal injury slip and fall XX/XX/XX with severe cervical neck strain/sprain, severe left shoulder strain/sprain, fractured left ankle.** **Plan: MRI will be done on the neck and left shoulder on XX/XX/XX. Physician has renewed his medicines. Continue therapy and Physician will see him in one week.**	99213
XXXX PDF (83, 186)	XXXX Inn Medical Center	XX/XX/XX	Subjective: The patient is here to follow-up on his accident. He had to reschedule his MRI for his neck and left shoulder. He is having a lot of pain. He sees	99213, 05832, 08115

AEZEN SOLUTIONS

File#/Page#	PROVIDERS/BATES	DATE	COMPLAINT/DIAGNOSIS	CPT CODES
	XXXX, DO Progress Notes		the orthopedic physician in 10 days for his left foot. Objective: He has reduced range of motion. He can only rotate to about 45 to the left; he can rotate to about 80 degree to the right. He has severe pain all along the neck and left shoulder. Assessment: **Personal injury slip and fall with severe cervical neck strain/sprain, severe left shoulder strain/sprain, severe lumbosacral strain/sprain, fractured left ankle.** Plan: MRI of the neck and left shoulder. He will follow-up with the orthopedist. Physician have renewed his medications and physician will see him in one week. Left ankle in walking boot per orthopedic.	
XXXX PDF (135)	XXXX Inn Medical Center XXXX, DO Progress Notes	XX/XX/XX	Subjective: The patient is here to follow-up on his accident. His blood pressure is high. Physician have advised him to go to his family physician. He is complaining of severe pain in his neck and over on his left shoulder. Objective: His MRI is scheduled for his neck and left shoulder on XX/XX/XX. He sees Dr. XXXX the orthopedic foot surgeon on XX/XX/XX and he will schedule him for an MRI on that. He is trying to avoid surgery from his accident. Assessment: **Personal injury slip and fall XX/XX/XX with severe cervical neck strain/sprain, severe-left shoulder strain/sprain, chronic anterior talo/fibular ligament high grade tear.** Plan: Physician has renewed his medicines and will see him in one week.	99213
XXXX PDF (25-29)	XXXX Diagnostic Medical Imaging Centers XXXX, M.D. MRI Left Shoulder Without Contrast	XX/XX/XX	Clinical History: Left shoulder pain. Impression: **Supraspinatus tendinosis with minimal bursal surface fraying. Intrasubstance signal superior labrum consistent with degeneration/tear.**	73221
XXXX PDF (132-134)	XXXX Diagnostic Medical Imaging	XX/XX/XX	Clinical History: Left neck pain. Left shoulder pain. Decreased ROM for 3 months.	72141

AEZEN SOLUTIONS

Patient Name: XXXX

File#/Page#	PROVIDERS/BATES	DATE	COMPLAINT/DIAGNOSIS	CPT CODES
	Centers XXXX, M.D. MRI Cervical Spine Without Contrast		Impression: • Basilar invagination • Multilevel degenerative disc disease and small disc herniation's • Cervical spondylosis	
XXXX PDF (185)	XXXX Inn Medical Center XXXX, DO Progress Notes	XX/XX/XX	The patient is here to follow-up on his accident. He is complaining of severe neck pain, left shoulder pain, left ankle pain and low back pain. He had his MRI of his neck and physician have gone over it with him. The MRI of the left shoulder was done on XX/XX/XX and physician do not have that report. He is trying to follow up with Dr. XXXX for his left ankle to make a decision on what needs to be done. Physician going to renew his Norco and Soma. In a day or so will go over the MRI of the left shoulder and he needs to follow up with Dr. XXXX.	05832, 08115, 99213
XXXX PDF (130)	XXXX Inn Medical Center XXXX, DO Progress Notes	XX/XX/XX	Complains of neck left side and low back pain. 7-8/10. Follow-up with Dr. XXXX on XX/XX/XX.	99213, 05832, 08115
XXXX PDF (22-24)	XXXX Inn Medical Center XXXX, DO Progress Notes	XX/XX/XX	**The patient is here to follow-up on his accident. He sees Dr. XXXX for his left foot and ankle on XX/XX/XX. He will make a decision on what to do. His neck is causing him a great amount of pain and his left shoulder is causing him pain also. He is really stiff today. He just appears to be having a bad day today. Physician want him to continue aggressive physical therapy three times a week, follow with Dr. XXXX, he may have to operate his foot and ankle. Physician will see him in one week. Physician have renewed his Norco.** **Low back pain is improving. Left shoulder mild pain.**	99213, 05832
XXXX PDF (129)	XXXX OFAI XXXX, M.D. Office Visit	XX/XX/XX	Chief complaint: Follow-up tibialis tendinitis, sprain of ankle, OS trigonum impingement. **Presents today for repeat examination of his left ankle. Since his last visit he notes he is really no better. Had last seen him back in August when had performed the injection over the OS trigonum and also put him in the CAM walker boot. He continues to use the boot. He still has pain and swelling and feelings of instability. The injection did not really**	CPT: 99213

AEZEN SOLUTIONS

File#/Page#	PROVIDERS/BATES	DATE	COMPLAINT/DIAGNOSIS	CPT CODES
			seem to help him very much to speak of. Physical Examination: Clinically see the bulk of his pain is still over the ATFL. He still has a markedly positive anterior drawer examination in the left extremity and pain along the course of the posterior tibial tendon with this underlying flat foot deformity. Assessment and plan: • **Tibialis tendinitis. Posterior tibial exercises. Tendon injury (Tendinopathy).** • **OS trigonum impingement. Anomalies of foot, not elsewhere classified.** • **Sprain of ankle. Lace up ankle brace. Physical therapy referral given. Evaluate and treat: Home program visits per week 2-3. Number of week: 4-6. Modalities: Ultrasound/Electrical stimulation**. Plan: **At the moment physician think it is reasonable to scale him down from the CAM walker boot into a lace up ASO brace.** Have also recommended a course of physical therapy. This would be for a standard lateral ankle stabilization protocol. If he were to fall that then surgery could be an option for him, but physician think figuring out exactly what to do and which these problems to address would be challenging. Certainly his ankle symptoms would probably be first and foremost, but whether or not would include the addition of an os trigonum or a subsequent flat foot reconstruction would need to be discussed. Will see him back in the office in four to six weeks' time to evaluate his progress with therapy.	
XXXX PDF (20-21)	XXXX Inn Medical Center XXXX, DO Progress Notes	XX/XX/XX	The patient is here to follow-up on his accident. He saw Dr. XXXX and he is going to refer him to XXXX for ongoing therapy for his left ankle. **He is going to put a special boot on him. He still may have to have surgery. His neck is causing him severe pain pretty much 24/7 now. It just will not go away.** Physician going to have him go see Dr. XXXX neurosurgeon for his neck. Physician has renewed his Norco and Naprosyn and will see him after he sees Dr. XXXX. Saw Dr. XXXX on XX/XX/XX.	99213, 08115, 05832
XXXX PDF (126-128)	XXXX Inn Medical Center	XX/XX/XX	Subjective: The patient is here to follow-up on his accident. He is complaining of severe neck pain and left foot pain. He sees Dr. XXXX for his neck on the	08115, 05832, 99213

AEZEN SOLUTIONS

Patient Name: XXXX

File#/Page#	PROVIDERS/BATES	DATE	COMPLAINT/DIAGNOSIS	CPT CODES
	XXXX, DO Progress Notes		XX/XX/XX. He is still wearing his boot. Objective: There is guarding, rebound, tenderness and tension in the neck and over on the left shoulder. Assessment: **Personal injury slip and fall XX/XX/XX with cervical neck strain/sprain, lumbosacral strain/sprain, left shoulder pain, injury to the left foot.** Plan: **Continue therapy as is and medications as is and physician will see him in a week. Has appointment on XX/XX/XX with Dr. XXXX.**	
XXXX PDF (84, 123-125)	XXXX of Excellence XXXX, M.D. Note	XX/XX/XX	Patient of Dr. XXXX. The patient presents with a sprain of the left ankle which makes ambulation very painful and unstable. Prescribes a lace up ankle brace. The patient was fit with a small. The patient shows donning and _____ given skin precaution and informed that he should wear the brace whenever weight bearing. Had him in a cam boot and had him wear it at night. After donning, the patient ambulated and stated the brace stabilized his ankle and decreased his pain.	
XXXX PDF (184)	XXXX Inn Medical Center XXXX, DO Progress Notes	XX/XX/XX	Subjective: **The patient is here to follow-up on his accident. He has severe neck pain. He sees the pain control specialist on XX/XX/XX for an evaluation for epidurals. He has lot pain over in the left shoulder. He has a labrum tear also.** Objective: There is guarding, rebound, tenderness and tension in the neck. The left ankle and left foot is better. Assessment: **Personal injury slip and fall with fracture ankle, severe cervical neck strain/sprain, left shoulder rotator cuff tendinosis.** **Plan: We will see him after he sees the orthopedic physician and then further recommendations will be given to follow.**	99213, 08115, 05832
XXXX PDF (19)	XXXX Physical Therapy XXXX, PT Patient Medical History	XX/XX/XX	Currently taking prescriptions. Phenobarbitol, Narco, Carbamazepine, Naproxen, Lisinopril Symptoms: Asthma, bronchitis, or emphysema; high blood pressure, epilepsy/seizure, anemia, vision or hearing difficulties, ankle injury. Pain Assessment: Current pain 5/10, worst 10/10, best	

AEZEN SOLUTIONS

Patient Name: XXXX

<table>
<tr><th>File#/Page#</th><th>PROVIDERS/BATES</th><th>DATE</th><th>COMPLAINT/DIAGNOSIS</th><th>CPT CODES</th></tr>
<tr><td></td><td></td><td></td><td>5/10. Shooting pain with cracking. Pain is constant. Relived by medications and staying off of foot. Pain worse by walking in general, constant.</td><td></td></tr>
<tr><td>XXXX PDF (183)</td><td>XXXX Physical Therapy

XXXX, PT

Physical Therapy Initial Visit</td><td>XX/XX/XX</td><td>Diagnosis:
• Left foot/ankle
• Pain in joint, ankle and foot

HPI: Reports to PT with MD referral for left lateral ankle sprain suffered on XX/XX/XX. Patient is self-employed and reports primary complaint is walking. MOI was a slip and fall at the grocery store. Was in walking boot until approx. 1 week ago, now has soft brace to wear at all times. Also complains of crepitus when Weight Bearing without brace.

Treatment guidelines: Duration 2-3 times per week 4-6 weeks .

ADL/Functional status: Premorbid status: Basic care: Independent without difficulty. Current status: Basic care: Modified independence: Mild symptoms. ADL/Functional status: ADL's activities: Walking to 11-20 minutes.

Chief Complaint: Pain: Current severity: 5/10. Instability/giving way: Moderate degree. Client knowledge/awareness of: Home exercise program: Lacks appropriate program. Functional capability: Rise up on involved toes: Limited. Walk ½ mile, no limp/rest: Limited. Attorney involvement: Yes. Mechanism of injury: Traumatic, slipped.

Objective Examination:

<table><tr><td>Flexibility</td><td>Left</td><td>Right</td></tr><tr><td>Hamstrings</td><td>Mild restriction</td><td>Mild restriction</td></tr><tr><td>Gastrocnemius</td><td>Moderate restriction</td><td>-</td></tr><tr><td>Soleus</td><td>Moderate restriction</td><td>Moderate restriction</td></tr></table>
Gait/locomotion: Abnormal gait pattern: Antalgic: Moderate.

Joint integrity/mobility: Talocrural joint: Left: Anterior glide hypo mobile. Posterior glide fibula of tibia hypo mobile/painful.</td><td>Physical Therapy Evaluation: 97001

Therapeutic Procedure: 97110

Hot or Cold packs: 97010

Electrical Stimulation unattended: 97014

Ultrasound: 97035

Manual therapy techniques: 97140</td></tr>
</table>

AEZEN SOLUTIONS

Patient Name: XXXX

File#/Page#	PROVIDERS/BATES	DATE	COMPLAINT/DIAGNOSIS	CPT CODES

Muscle testing: Lower extremity MMT: Left: Hip abduction +4/5, hip flexion 5/5, knee extension 5/5, knee flexion 5/5, ankle dorsiflexion -4/5, ankle platarflexion 4/5, ankle eversion -4/5, and ankle inversion 4/5.

Observations: External devices: Lace up brace.

Palpation: TTP CFL and distal peroneal tendons.

ROM: Foot/ankle: Pre treatment

	Left AROM	Left PROM
Dorsiflexion	-2	5
Plantar flexion	41	50
Eversion	16	20
Inversion	40	45

Treatments:
- **Exercise activities: Flexibility**
- **Exercise activities: Tubing/bands**
- **Exercise activities: Aerobic conditioning**
- **Exercise activities: ROM**
- **Exercise activities: Isotonics**
- **Manual intervention: Soft tissue**
- **Modalities**

Assessment: In therapist professional opinion, this client requires skilled physical therapy in conjunction with a home exercise program to address the problems and achieve the goals. Overall rehabilitation potential is good.

Impairment identified: ADL's, ambulation, balance, flexibility, gait/locomotion, joint integrity/mobility, pain, ROM, soft tissue mobility, weakness.

Problem:
- **Pain current severity 5/10.**
- **Client knowledge/awareness of home exercise program: Lacks appropriate program**
- **ADL/Functional status: ADL activities**
- **ROM foot/ankle pre treatment**

Plan: Amount, frequency and duration: It is recommended that the client attend rehabilitative therapy for 3 visits a week with an expected duration

AEZEN SOLUTIONS

Patient Name: XXXX

File#/Page#	PROVIDERS/BATES	DATE	COMPLAINT/DIAGNOSIS	CPT CODES
			of 6 weeks. Interventions during the course of treatment will be directed toward addressing the problems and achieving the goals previously outlined. Therapeutic Contents: Home exercise program, manual therapy techniques, modalities as needed, neuromuscular re-education, therapeutic activities, therapeutic exercise.	
XXXX PDF (182)	XXXX Spine Clinic *Provider name illegible* Questionnaire	XX/XX/XX	Had slip and fall on XX/XX/XX. Pain in back of neck. Treated for present problems with Dr. XXXX. Prescribed Anti-inflammatory/Anti-depressant and physical therapy. Sit/stand comfortably: Not too long. How far able to walk: Limited. Works that describe pain: Unbearable, continuous. Severity of pain: 10/10. At worst 10/10. Least 5/10. Problems: Menstrual problems, sexual problems, bladder problems, seizures/epilepsy, stroke left side affected, confusion only after seizures, asthma, shortness of breath.	
XXXX PDF (17-18, 85-88)	XXXX Inn Medical Center XXXX, DO Progress Notes	XX/XX/XX	Subjective: The patient is here for follow-up on his accident. He sees the neck specialist in a day or so. Complains of neck to bilateral shoulders, low back pain. Objective: He says his shoulders are better today and his ankle is a little better with the new brace. He is not having as much pain in the lumbar spine. Assessment: **Personal injury slip and fall on XX/XX/XX with severe cervical neck strain/sprain, bilateral shoulder strain/sprain with supraspinatus tendinosis of the left shoulder, fractured left ankle, low back pain.** Plan: Continue therapy and medicines as is and will see him in one week. Sees Dr for left ankle and was sent for PT on ankle by Dr. XXXX.	05832, 08115, 99213
XXXX PDF (101, 112-122, 131, 174, 181)	XXXX Spine Clinic XXXX, M.D. Office Visit	XX/XX/XX	Chief Complaint: **Lower back pain, neck pain, upper extremity numbness.** HPI: The patient is a XX year-old individual complaining of **history of neck pain, interscapular pain, upper extremity paresthesias, also lower back pain and discomfort. Symptom which he describes**	Office Consultation : 99244 Ther/Proph/ Diag Inj Sc/IM:

AEZEN SOLUTIONS

Patient Name: XXXX

File#/Page#	PROVIDERS/BATES	DATE	COMPLAINT/DIAGNOSIS	CPT CODES
			as being up to an intensity of 10/10 but at least 5/10. He describes symptoms more significant in his neck, aching, sharp, shooting, and stabbing pain at times. He relates his current symptoms to an injury that he incurred on XX/XX/XX of this year when he was walking in a store and inadvertently fell on a wet surface. He states that he fell onto his left side. He reported relatively acute onset of emergence of neck pain, lower back pain, left hemi pelvis pain. He was seen at an Urgent Care over the course of the next day and **has been treated since that time through medical management and some physical and manual modalities of care and treatment.** He denies a previous history of similar such symptoms. He reports some improvement but ongoing, persistent symptoms, particularly as relates to his neck, interscapular area and upper extremities and in the lower back, gluteal area. Physical Exam: Examination of patient reveals tenderness to palpation of the interscapular, periscapular area. Weakness to grip strength is noted in the upper extremities. Axial compression noticeable for interscapular, sub occipital pain. Reflexes are brisk at 3+ knee jerk bilaterally. The patient sits with a somewhat forward flexed posture, using his upper extremities to support his torso. Radiographs and testing: X-rays of the cervical and lumbar spine reveal cervical spondylosis in the cervical spine, and lumbar spine and pelvis X-rays are focally unremarkable. Recommendations: MRI scan cervical spine and lumbar spine at this time to better understand the patient's symptoms. **The patient was provided Toradol 60 mg intramuscularly in the office today on a therapeutic basis.** Continues with medical supportive measures as initiated by Dr. XXXX, and he will be monitored and re-evaluated after further imaging. Impression: • **Strain/sprain cervical spine with neck, interscapular pain, upper extremity paresthesia, and rule out underlying cervical discogenic pathology.**	96372 Inj Ketorolac Tromethamine: J1885 X-Ray exam on neck spine: 72040 X-ray exam of lower spine: 72100 X-Ray exam of pelvis: 72170

AEZEN SOLUTIONS

Patient Name: XXXX

File#/Page#	PROVIDERS/BATES	DATE	COMPLAINT/DIAGNOSIS	CPT CODES
			• **Strain/sprain lumbar spine with mechanical lower back symptoms** • **Left ankle strain/sprain, treated by application of a cast boot, now with a lace ankle brace**	
XXXX PDF (180)	XXXX Radiology *Provider name illegible* MRI Cervical Spine Without Contrast	XX/XX/XX	Clinical History: Pain, radiculopathy Impression: • Grade I anterolisthesis of C3 on C4. • C2-3: 8 mm central canal stenosis due to 3.2 mm broad based posterocentral protrusion and posterior element hypertrophy. Moderate right and mild to moderate left neural foraminal stenosis due to uncinate hypertrophy and facet arthrosis. • C3-4: 8 mm central canal stenosis due to anterolisthesis and 3 mm posterocentral protrusion. There is indentation on ventral surface of cord. • C5-6: 9: .5 mm central canal stenosis due to 3 mm posterior annular bulge. Mild bilateral neural foraminal stenosis due to uncinate hypertrophy and facet arthrosis. • Basilar invagination with relative attenuation of the subarachnoid spaces at the foramen magnum. This likely represents a chronic process, but may be associated with neurological symptoms related to brain stem crowding. • Bilateral thyroid lesions. Consider dedicated imaging.	72141
XXXX PDF (176-178)	XXXX Inn Medical Center XXXX, DO Progress Notes	XX/XX/XX	The patient is here to follow-up on his accident. **His left shoulder and left neck are causing him a great amount of pain. Dr. XXXX the spine surgeon saw him on XX/XX/XX and ordered a new MRI. He will re-evaluate him in 2-3 weeks.** He is complaining of bitter pain. Physician has renewed his Norco and Naprosyn. Physician will see him in one week and want him to continue therapy three times a week.	99213
XXXX PDF (109-111, 179)	XXXX Inn Medical Center XXXX, DO Progress Notes	XX/XX/XX	**The patient is here to follow-up on his accident. He says that his ankle is a lot better since he got the new brace. He still has severe pain in his neck and in his lumbar spine. He says the neck is 8/10 and the low back is 6-7 /10. His shoulder is a little better which is good also. He is scheduled to see Dr. XXXX soon for a re-evaluation for his neck. Physician told him to tell him about his severe pain in the lumbar spine so that he can get an MRI of the lumbar spine. Physician have renewed his pain meds. Physician will see him after he sees Dr.**	99213

AEZEN SOLUTIONS

Patient Name: XXXX

File#/Page#	PROVIDERS/BATES	DATE	COMPLAINT/DIAGNOSIS	CPT CODES
			XXXX.	
XXXX PDF (175)	XXXX Inn Medical Center XXXX, DO Progress Notes	XX/XX/XX	The patient is here to follow-up on his accident. He is seeing Dr. XXXX at the beginning of the month for his neck and his low back. Physician feels he needs an MRI of the lumbar spine. His ankle is a little better. He has to stay with Dr. XXXX for his ankle. He does not need medicines; he has one more weeks' worth. Physician believes he is getting a little better. He may be reaching MMI from my standpoint. May need to transfer his care to the orthopedic spinal physician. His therapy is helping him. Physician will see him again in one week.	99213
XXXX PDF (10-16)	XXXX Inn Medical Center XXXX, DO Progress Notes	XX/XX/XX	Subjective: **The patient is here to follow-up on his accident. He is complaining severely of neck and low back pain. He is seeing Dr. XXXX on XX/XX/XX, 8 days from now. So physician going to set him up for an MRI of the lumbar spine. His ankle is better, he is able to function and work.** Objective: There is guarding, rebound, tenderness and tension in the neck and in the lumbar spine. Assessment: Personal injury slip of XX/XX/XX with severe cervical neck strain/sprain, severe lumbosacral strain/ sprain and broken left ankle. Plan: He sees Dr. XXXX next week. Physician have renewed his Naprosyn and Norco. Physician have given him a new form to go get his MRI of the lumbar spine and then further recommendations will be to follow.	99213
XXXX PDF (105-108)	XXXX Physical Therapy XXXX, PT Physical Therapy Interim Visit	XX/XX/XX - XX/XX/XX	Total number of visit: 10 Dates: • XX/XX/XX • XX/XX/XX • XX/XX/XX • XX/XX/XX • XX/XX/XX • XX/XX/XX • XX/XX/XX • XX/XX/XX • XX/XX/XX **Reviewers Comment: All the interim physical therapy visits are combined in a single row.*	

AEZEN SOLUTIONS

Patient Name: XXXX

<table>
<tr><th>File#/Page#</th><th>PROVIDERS/BATES</th><th>DATE</th><th>COMPLAINT/DIAGNOSIS</th><th>CPT CODES</th></tr>
<tr>
<td>XXXX PDF (77, 173)</td>
<td>XXXX Physical Therapy

XXXX, PT

Physical Therapy Final Visit</td>
<td>XX/XX/XX</td>
<td>Diagnosis:
• Left foot/ankle
• Pain in joint, ankle and foot

History of injury: Reports to PT with MD referral for left lateral ankle sprain suffered on XX/XX/XX. He is a student and reports primary complaint is walking. MOI was a slip and fall at the grocery store. He was in walking boot until approximately 1 week ago, now has soft brace to wear at all times. Patient also complains of crepitus when weight bearing without brace.

Subjective Examination:

ADL/ Functional Status: ADL's Activities: Walking to 31-40 minutes.

Chief Complaint: Pain: Current severity 2/10. No new complaints.

Functional Capability: Raise up on involved toes: Mildly limited. Walk ½ mil, no limp/rest: Mildly limited.

Objective Examination: Gait/locomotion: Abnormal gait pattern: Antalgic: Slight. Joint integrity/mobility: Talocrural joint: Left: Anterior glide hypo mobile. Posterior glide fibula or tibia hypo mobile.

Muscle testing: Lower extremity MMT: Left: Hip abduction +4/5, hip flexion 5/5, knee extension 5/5, knee flexion 5/5, ankle dorsiflexion 4/5, ankle platarflexion 4/5, ankle eversion 4/5, and ankle inversion 4/5.

Palpation: Tender to palpate (TTP) CFL and distal peroneal tendons.

ROM: Foot/ankle: Pre treatment
<table>
<tr><th></th><th>Left AROM</th><th>Left PROM</th></tr>
<tr><td>Dorsiflexion</td><td>10</td><td>20</td></tr>
<tr><td>Plantar flexion</td><td>50</td><td>60</td></tr>
<tr><td>Eversion</td><td>13</td><td>25</td></tr>
<tr><td>Inversion</td><td>45</td><td>60</td></tr>
</table>

Treatments:
• Exercise activities: Flexibility</td>
<td>Therapeutic Procedure: 97110

Physical Therapy Re-evaluation 97002

Manual therapy techniques: 97140

Hot or Cold packs: 97010

Electrical Stimulation unattended: 97014

Ultrasound: 97035</td>
</tr>
</table>

AEZEN SOLUTIONS

Patient Name: XXXX

File#/Page#	PROVIDERS/BATES	DATE	COMPLAINT/DIAGNOSIS	CPT CODES
			• Exercise activities: Tubing/bands • Exercise activities: Aerobic conditioning • Exercise activities: ROM • Exercise activities: Isotonics • Manual intervention: Soft tissue • Modalities The client tolerated today's treatment/therapeutic activity without complaints of pain or difficulty. Discharge secondary to completion of current program. Problem and goal • Decreasing pain to 1/10 • Walking to 51-60 minutes • ROM improvement of left AROM: Foot/ankle: Dorsiflexion 10, plantar flexion 50, eversion 15, inversion 45. Plan: **At this point, patient has progressed well with therapy and wants to be discharged to home exercise program. Patient was advised to contact PT or MD with any further symptoms exacerbations. Due to the nature of the injury sustained, it would not be uncommon to sustain lingering symptoms or an exacerbation. Patient was provided with HEP and he acknowledges understanding of it.**	
XXXX PDF (59, 102-104)	XXXX Inn Medical Center XXXX, DO Progress Notes	XX/XX/XX	Subjective: The patient is here to follow-up on his accident. He sees Dr. XXXX on XX/XX/XX for his orthopedic on the foot. He sees Dr. XXXX on XX/XX/XX. He is getting his MRI on his lumbar spine on XX/XX/XX. He has severe pain in the neck and severe pain in the lumbar spine. The shoulder is okay. Objective: There is guarding, rebound, tenderness and tension in those areas. Assessment: **Personal injury slip and fall with severe cervical neck strain/sprain, severe lumbosacral strain/sprain, left ankle fracture, multi-level disc disease with small disc herniation.** **Plan: Again Dr. XXXX on XX/XX/XX, Dr. XXXX spinal surgeon on XX/XX/XX and MRI of the**	99213

AEZEN SOLUTIONS

File#/Page#	PROVIDERS/BATES	DATE	COMPLAINT/DIAGNOSIS	CPT CODES
			lumbar spine on XX/XX/XX. Physician has renewed his Norco and Naprosyn.	
XXXX PDF (3-9)	XXXX Inn Medical Center XXXX, DO Physical Therapy Interim Visit	XX/XX/XX - XX/XX/XX	Total number of visit: 42 Date of Visits: XX/XX/XX to XX/XX/XX **Reviewers Comment: Interim physical therapy visits are combined in a single row.*	97010, 97032, 97035, 97124, 95851
XXXX PDF (171-172)	XXXX Spine Clinic XXXX, M.D. Office Visit	XX/XX/XX	HPI: **The patient presents today stating that he had one day of complete relief of symptoms following a caudal epidural steroid injection and, thereafter, the patient's lower extremity radiculitis reemerged. He is complaining of lower back pain, to a lesser extent than lower extremity pain. The patient complains of neck pain, interscapular pain. He states that he cannot look up without having significant precipitation of the pain to the upper extremities. The patient has significant numbness, tingling of the digits of the hands, left greater than right, quite dynamic, in nature.** Clinically, the patient has a positive Tinel test bilaterally. Myospasms upon the paracervical, interscapular region are appreciated. Motor strength in the upper extremities is 5/5 throughout all myotomes with weakness of the bicep bilaterally. Spurling test reproduces upper extremity pain. Straight leg raise reproduces lower back pain. Impression: • **Status post L4 to S1 fusion with residual symptoms of lower back pain and lower extremity pain possibly for a patient who may have remnants of radiculitis from irritation upon the L4-5, L5-S1 level.** • **Cervical pain, upper extremity pain with concomitant neurologic deficits of unknown etiology.** • **Greater occipital neuritis.** • **Possible diagnosis of carpal tunnel syndrome.** Recommendations: Due to the nature of the patient's symptoms of upper extremity pain, positionally duplicated, and neurologic deficits as described above, the patient is a candidate for an MRI of the cervical spine. EMGs of the upper and lower extremities will be requested to rule out symptoms that mimic cervical	

AEZEN SOLUTIONS

Patient Name: XXXX

File#/Page#	PROVIDERS/BATES	DATE	COMPLAINT/DIAGNOSIS	CPT CODES
			and lumbar radiculopathy, possible carpal tunnel syndrome. The patient will be evaluated following completion of his MRIs of the cervical spine, EMGs of the upper and lower extremities. **Reviewers Comment: EMG of upper and lower extremities is unavailable for review.* His medication regimens will be refilled without any changes, including Zanaflex and Primalev. Physician will provide the patient with 50 mg of Lyrica, qhs basis. Some samples will be given. If patient has no ill side effects from this medication regimen, he may fill his prescription and continue on a daily basis at nighttime, one tablet qhs. **The patient will continue physical modalities of treatment as it pertains to the lumbar spine as states that though minimal relief is appreciated, it is still some relief for her.** **Reviewers Comment: In assessment stated as L4-S1 fusion but the corresponding operative report is unavailable for review.*	
XXXX PDF (89-100)	XXXX Spine Clinic XXXX, M.D. Office Visit	XX/XX/XX	HPI: He has persistent neck pain, interscapular pain, sub occipital headaches, lower back pain, gluteal pain, paralumbar spasm. Physical Exam: He has some subtle weakness to grip strength in his upper extremities. He has no specific identifiable new focal myotomal or dermatomal deficits. He sits with asymmetry to his posture, using his upper extremities to support his torso. Radiographs and testing: MRI scan of the cervical spine reveals some significant stenosis around the C5-6, C6-7 areas, also proximally at C2-3, C3-4. There is noticeable reversal of cervical lordosis. Impression: • **History of strain/sprain cervical spine with neck, interscapular pain, sub occipital headaches, periscapular pain with identified cervical discogenic pathology C5-6, C6-7, to some degree C2-3 and C3-4.** • **Strain/sprain lumbar spine with persistent mechanical back pain, gluteal pain.** • **Left ankle strain/sprain treated by application of a cast boot and ankle brace, clinically improving.**	Office Visit: 99213 X-Ray of lower Spine: 72100

AEZEN SOLUTIONS

File#/Page#	PROVIDERS/BATES	DATE	COMPLAINT/DIAGNOSIS	CPT CODES
			Recommendations: **Patient is continuing with medical supportive measures. He is to initiate some physical and manual modalities of care and treatment. He will require MR imaging of the lumbar spine to better understand his condition. He will be re-evaluated in two to four weeks.**	
XXXX PDF (150-152)	XXXX Spine Clinic XXXX, M.D. MRI of Lumbar Spine without Contrast	XX/XX/XX	Clinical History: Low back pain/radiculopathy. Interpretation: • **Evidence for lumbar strain.** • **Posterior facet joint hypertrophy with mild posterior facet joint synovitis L3-L4 through L5-S1 levels bilaterally.** • **Bilateral posterolateral disc protrusion L4-L5.** • **There is no significant central spinal canal stenosis or significant neural foraminal encroachment in the lumbar spine**	MRI Lumbar spine: 72148
XXXX PDF (79-82)	XXXX Inn Medical Center XXXX, DO Progress Notes	XX/XX/XX	The patient is here to follow-up on his accident. He is having a lot of pain in his neck and in the low back. He saw Dr. XXXX. We have done an MRI of his neck, physician do not have that report or consultation. Also ordered an MRI of the lumbar spine, have not seen that. Have not seen the consult from Dr. XXXX on what his plans are for the patient. He is having difficulty coming to therapy because he has to go to work in the day time. His ankle is a little better. Have renewed all of his medications today, Norco and Naprosyn. He has to do to try to the best that he can but he can't miss his appointments with Dr. XXXX. Will see him again when he can come.	99213
XXXX PDF (1-2, 78)	XXXX Inn Medical Center *Physician name is illegible* Progress Notes	XX/XX/XX	*Illegible Notes* He complains of pain in cervical spine and lumbar spine. Prescribe refill Norco 10/325 and Naproxen 500.	
XXXX PDF (76)	XXXX Inn Medical Center XXXX, DO Physical Therapy Final Visit	XX/XX/XX	Therapy progress note: Treated in neck to both shoulders and lower back with ice and electrical stem for 15 minutes. Patient Complaints: Pain in cervical spine to bilateral trapezius and lumbar spine—LB/ma. The following modalities were performed: Cold packs: Cervical spine, lumbar spine, shoulder bilateral.	

AEZEN SOLUTIONS

Patient Name: XXXX

File#/Page#	PROVIDERS/BATES	DATE	COMPLAINT/DIAGNOSIS	CPT CODES
XXXX PDF (67-69)	XXXX Inn Medical Center XXXX, DO Discharge Summary	XX/XX/XX	History Summary: Patient has completed medical treatment as a consequence of injuries sustained in a motor vehicle accident on XX/XX/XX. Following is a brief summary of care from the date of injury to discharge. This is a pleasant XX year old male who slipped and fell in a grocery store and he came here and was treated. We sent him to Dr. XXXX for a high grade talofibular tear of the left ankle. He put him on a walking boot for many months. We got an MRI of the left shoulder which showed a supraspinatus tendinosis. The neck pain was so severe so we sent him to Dr. XXXX for an evaluation of his neck and low back. He was scheduled to go back and see him. The patient has been progressing slowly through the course of his treatment at this point in time. He came today and has requested to be discharged. He has been discovered to have an invasive lung cancer in right lung. This absolutely supercedes all other medical care at this point in time. He will be released from my care for his personal injury slip and fall. It must be emphasized that he has persistent pain in his neck and in his left shoulder and he has persistent pain in his low back and these issues are absolutely going to have to be reevaluated when he is stabilized from his lung cancer and this may take some time. Physician discharging him from care to the care of the oncological surgeons and specialist. Final Diagnosis: • **Personal injury slip and fall with severe cervical neck strain/sprain** • **Severe lumbosacral strain/sprain both ongoing** • **Supraspinatus tendinosis of the left shoulder** • **High grade talofibular tear of the left ankle** • **Has released from medical care secondary to other medical issues that must be addressed at this time first** **The patient appears to have reached maximum point of medical improvement in regards to their present injury. The patient's convalescence has been as expected and treatment was reasonable and customary. We are discharging the patient, however the long term prognosis must be guarded since severe soft tissue or bony injuries can result in recurrent symptoms as well as severe**	99214, 97010, 97032

AEZEN SOLUTIONS

File#/Page#	PROVIDERS/BATES	DATE	COMPLAINT/DIAGNOSIS	CPT CODES
			exacerbations of pain, as in this case the cervical, thoracic and lumbar spine, left shoulder and left ankle. This may, of course, require re-treatment or additional treatment and that could include therapy, injections, or even the consideration of surgery. It should also be understood that recurrence of any of the patient's previous symptoms could occur without any undue or unreasonable activity.	
XXXX PDF (66, 70-75, 155-170,)	*Multiple Providers*	XX/XX/XX - XX/XX/XX	Related Records: Orders, authorization, legal records. **Reviewers Comment: Records containing other than subjective injury details are combined in a single row.*	

Important Information
• On **XX/XX/XX** patient came to office visit for left ankle and right hip injury secondary to slip and fall on wet floor in grocery store. Diagnosed as contusion of left ankle and right hip. Prescribed Naprosyn and Norco. • As of **XX/XX/XX** visit he was diagnosed as acute ankle sprain with resultant instability, symptomatic os trigonum, and posterior tibial insufficiency with tendinitis. Given steroid injection in ankle. • Started Physical Therapy with XXXX Physical Therapy from **XX/XX/XX** for left foot/ankle pain. Discharged on **XX/XX/XX**. • Went to office visit on **XX/XX/XX** and diagnosed as status post L4 to S1 fusion with residual symptoms of lower back pain and lower extremity pain possibly for a patient who may have remnants of radiculitis from irritation upon the L4-5 and L5 to S1 level, cervical pain, upper extremity pain with concomitant neurologic deficits of unknown etiology, greater occipital neuritis.

Missing records
• In **XX/XX/XX** assessment stated as L4-S1 fusion but the corresponding operative report is unavailable for review.

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