

**Radiology Remarks:** Community Medical Imaging

Report:

C3-4 paramedian injection with right foraminal stenosis

C4-5 bulge with right and left-sided protrusions narrowing cervical canal

C5-6 bulge with B/L foraminal stenosis

C6-7 herniation with right foraminal stenosis

**Order No: EXT0041355 Dated: 08-17-2022**

Test	Result
X-Ray	
XR CSP - AP/Lat	MG: S/P ACDF C5-6 with hardware intact. C6-7 LOH

**Radiology Remarks:** LHR

Report:

C5-C6 SP ACDF: no lucency around the screws.

C6-C7 disc space narrowing with minimal anterior spondylosis.

**Order No: EXT0043029 Dated: 10-25-2022 Rad: Duane Office**

Test	Result
X-Ray	
XR LSP - AP/Lat + Flex/Ex	MG: No fractures or dislocations

**Radiology Remarks:** Duane on Ambra

**Order No: EXT0046869 Dated: 03-14-2023 Rad: Duane Office**

Test	Result
X-Ray	
XR CSP - AP/Lat + Flex/Ex	S/P ACDF C5-6 with hardware intact. C6-7 LOH/ASD

**Radiology Remarks:** Duane on Ambra

**Order No: EXT0004635 Dated: 12-29-2021**

Test	Result	Unit	Range
HL7ADHOC			
EMG - UE	<i>right median nerve entrapment at the wrist and right ulnar entrapment at the elbow</i>		

**Assessment and Plan:**

**ICD: Lumbar disc herniation with radiculopathy (M51.16)**

**Assessment:** Lumbar disc herniation with radiculopathy

MRI 3/14/2022: L4-5 herniation with right-sided annular tear

**Plan:** - Surgical Indications:

Lumbar Discectomy. Annuloplasty was discussed as possible add-on as indicated.

Levels: RT L4-5

**Medical Necessity:**

The patient has significant disk herniation-stenosis with correlated neurological complaints, symptoms and clinical findings

We discussed the risks and benefits of surgery at length today, the goals for treatment, peri-operative care, short-term and long-term prognosis. After lengthy discussion, the patient expressed understanding of the following issues: Though the primary goal of decompression is relief of neurologic symptoms, there are no guarantees of symptom relief, and no guarantees of improved neurologic function; Some patients have new or worsening neurologic symptoms after surgery that can be permanent at times; There is a high likelihood that axial symptoms will continue or worsen after the procedure; Reoccurrence of herniation or stenosis may require repeat decompression or fusion; Intra-operative findings or events sometimes prompt a change in plans with inclusion or exclusion of levels, a modification of the procedure, including possibly fusion with instrumentation, at the same or different operative levels; When discography is performed, it can accelerate degeneration and has no guarantee of accurately defining symptomatic levels; With or without surgery, the patient has abnormalities in the spine that may require future surgery or treatment at the index levels or adjacent levels; The concept of fusion versus non-fusion and the indications for use of instrumentation and possible future associated interventions; And wound or medical complications intrinsic to all types of surgery. The patient expressed understanding of these risks and wants to proceed with the procedure, understanding that the plan may change peri-operatively or interoperatively as needed.

Requirements for Surgery: Medical Testing satisfactory to the Pre-operative Assessment Team

Diagnostic testing:

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**- CAUSATION:**

As the patient was asymptomatic in the lumbar spine prior to their injury, it is my professional opinion, within a reasonable degree of medical certainty, that the injuries above, recommended treatments above, and resultant disability are directly causally related to the above stated accident.

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- The patient has 100% total temporary disability at this time. Disability status will be re-assessed at future visits.

**ICD: Lumbar facet joint syndrome (M47.816)**

**Assessment:** .

- Lumbar facet joint syndrome

**Plan:** - See plan above.

**ICD: Herniation of cervical intervertebral disc with radiculopathy (M50.10)**

**Assessment:** .

- S/P ACDF C5-6 07-27-2022 related to traumatic cervical disc herniation with myelopathy and radiculopathy

**Plan:** - Analgesic medications have been discussed at length including risks and benefits of over-the-counter anti-inflammatory and Tylenol use.

- Lifting is restricted to < 20lbs.

- Physical Therapy was continued today for the neck along with a thorough discussion regarding our home physical therapy program.

The patient was extensively counseled on home therapy that should commence immediately to the affected areas. We discussed the use of temperature modalities including Heat before stretching, mobilization, massage and home exercises. Ice will be used to cool down after the exercise program along with other times throughout the day to

decrease local inflammation and sooth pain. Ice should always be wrapped in a towel to protect the skin and never exceed 20 minutes in length. A structured Home Exercise Program (HEP) was sent to the patient today. We described the stretching and graduated local muscular activation and strengthening program in detail, and recommended it for twice daily use every day of the week including days when the patient may attend an outside therapy program.

- The patient will return to our office for a regular follow-up consultation.

They have been directed to call our office should any complications arise before their next appointment.

**ICD: Myelopathy of cervical spinal cord with cervical radiculopathy (G95.9)**

**Assessment:** .

- Myelopathic and radiculopathy findings

**Plan:** - See plan above.

**ICD: Derangement of right knee (M23.91)**

**Assessment:** .

- Right knee derangement

S/P arthroscopy

**Plan:** - F/U with specialist.

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**New Orders & Referrals:**

**Lab(s) & EMG(s): HL7ADHOC:** Basic Metabolic Panel, CBC with Differential/Platelet, EKG (electrocardiogram) with at least 12 leads, GFR:African American, GFR:Non African American, Hemoglobin A1c, Prothrombin Time (PT) / INR, PTT Activated, Urinalysis, Complete

**Education Material Given: URLs:** \*Home Exercises (HEPs) - Neck and Back, \*Ambra Upload Instructions, \*AAOS - Basic Back Info, \*AAOS - Basic Herniated Disk Info, \*AAOS - Low Back Pain, \*Injection Treatment Log, \*\*CSRS - What is Cervical Radiculopathy?, \*\*CSRS - What is Cervical Myelopathy?, \*\*CSRS - Neck Pain

**CPT Codes:**

Office O/p Est Hi 40-54 Min (99215)

X-ray Exam Of Neck Spine (72040)

Language Translation Services (T1013)

**Follow Up: 2 weeks postop.**

RZ

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**Please let this report represent a letter of medical necessity for our treatment plan**

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Michael Gerling, M.D.

*This has been electronically signed by Michael Gerling, M.D. on 03-14-2023.*

*This has been electronically signed by on 03-14-2023.*



## Coney Island Ave.

2279 Coney Island Avenue, 2nd Floor, Brooklyn NY 11223

Tel: 212 882-1110, Fax: 212 882-1120

### Progress Report

Patient First Name:	Patient Last Name:	Date of Birth:	Sex:
Juan	GANDO AMAT	01-26-1954	Male
Attending Provider:	Referring Provider:	Visit Date:	Chart No.:
Michael Gerling, M.D.	Direct Professional	05-12-2022	SCL13601
Appointment Location:	Appointment Location Address:		
Coney Island Ave.	2279 Coney Island Avenue, 2nd Floor, Brooklyn NY 11223		

### Mechanism of Injury/Nature of Illness:

MVA NJ DOA 11-23-2020

Patient was the passenger in the back. Rear ended impact by tractor trailer. Denies LOC.

Sustained injuries to neck, back, right leg, left sided of the body, left clavicle fracture, left-sided rib cage fracture with left sided pneumothorax, hepatic and splenic trauma.

Neck pain radiating to B/L UE

Back pain radiating to B/L LE

### Main findings:

Cervical disc herniation with myelopathy and radiculopathy

MRI 3/14/2022: C5-6 herniation and loss of height causing cord impingement and B/L foraminal stenosis.

- Myelopathic and radiculopathy findings.

- Lumbar disc herniation with radiculopathy

MRI 3/14/2022: L4-5 herniation with right-sided annular tear.

- Right knee derangement

S/P arthroscopy.

### Surgical History (If applicable):

Arthroscopy of Right Knee : 02-16-2022

Cholecystectomy : 1990

### History of Present Illness:

#### Initial Patient Visit - New

**Mr. Juan GANDO AMAT** is a 68 year year old male who presents today with neck, low back, left shoulder, left elbow, left wrist, left hand, right knee, right ankle, left hip, left knee, left ankle and left foot complaints, with the pain in the neck being the most severe. The symptoms began after the patient sustained an accident. The symptoms have been present for 6 months The symptoms have been present for 1 years and are becoming progressively worse.

Since the onset, he has not been able to work. At the time of the accident, he was working as a manual laborer Mr.

GANDO AMAT requires assistance with activities of daily living including chores and lifting and similar tasks for which he now relies on his family for help. The symptoms have impaired his ability to sleep normally.

**Neck Specific Findings:**

The patient's neck pain is rated 8/10.

The patient has radiating pain to the right shoulder, right arm, left shoulder and left arm.

The patient's radicular pain is rated 8/10.

The patient reports numbness/paraesthesias in the right arm, right elbow, right forearm, right wrist, right hand, right fingers, left arm, left elbow, left forearm, left wrist, left hand and left fingers.

The patient is experiencing occipital headaches. Including instances of tripping/stumbling.

**Back Specific Findings:**

The patient's back pain is rated 8/10.

The patient has radiating pain to the left glute, left lateral thigh, left posterior thigh, anterior left thigh, left shin, left calf, dorsal aspect of the left foot and ventral aspect of the left foot.

The patient's radicular pain is rated 8/10.

The patient also reports numbness/paraesthesias in the left glute, left lateral thigh, left posterior thigh, anterior left thigh, left shin, left calf, dorsal aspect of the left foot and ventral aspect of the left foot.

The patient cannot walk more than 1-2 block(s) without pain.

The patient cannot stand more than 5 minute(s) without pain.

Laying down helps to relieve the patient's pain.

Lifting and bending exacerbates the patient's pain.

**Conservative management:**

The patient requires the use of a cane.

**Physical therapy:**

Physical therapy has been attempted for the neck and

Physical therapy has been attempted for the back.

Neck-specific physical therapy sessions frequency: 2 day(s) per week. For 1 year(s).

Back-specific physical therapy sessions frequency: 2 day(s) per week. For 1 years(s).

**Medications include:**

Ibuprofen.

**Accident details:**

The patient was involved in a motor vehicle accident while in a car/driving. After the accident, they went to the emergency room by ambulance for care

**Prior Neck and Back History:**

The patient was asymptomatic in the neck prior to the accident

The patient was asymptomatic in the back prior to the accident

**Motor Vehicle Accident Details:**

The patient was in a car at the time of the accident and was a passenger in the back left of the vehicle, when they were struck by a tractor trailer.

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**Outside Medical Care & Conservative Management History as of 05-12-2022:**

PT > 1 year completed. Ongoing 2x/week

NSAIDs

Recommended injections but not attempted.

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### Past Medical History

No Known Past Medical History

### Current Medication

ibuprofen

### Allergy

No Known Drug Allergies.

### Review of Systems:

**Constitutional Symptoms:** Negative except for details in HPI .

**Ears/Nose/Mouth/Throat:** Negative for ears/nose/mouth/throat complaints other than those listed under past medical history, history of present illness and/or assessments.

**Respiratory:** Negative for respiratory complaints other than those listed under past medical history.

**Cardiovascular:** Negative for cardiovascular complaints other than those listed under past medical history.

**Gastrointestinal:** Negative for gastrointestinal complaints other than those listed under past medical history.

**Genitourinary:** Negative for genitourinary complaints other than those listed under past medical history.

**Musculoskeletal:** Negative except for details in HPI

**Neurological:** Negative except for details in HPI

**Psychiatric:** Negative for psychiatric complaints other than those listed under past medical history, history of present illness and/or assessments.

**Endocrine:** Negative for endocrinology complaints other than those listed under past medical history.

**Hematologic/Lymphatic:** Negative for hematologic/lymphatic complaints other than those listed under past medical history.

**Skin:** Negative for dermatological complaints other than those listed under past medical history, history of present illness and/or assessments.

### Social History:

#### Family:

**Use of Drugs / Alcohol / Tobacco:** Patient states that he drinks alcohol rarely. Smoking Status (MU) former smoker Quit 2017. He has never used any illicit drugs.

**Work History:** He is on disability. The patient states that they are right hand dominant.

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### Vitals:

**Weight:** 180 lbs. **Height:** 63 inches. **BMI:** 31.89.

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### Physical Examination:

**General:** Patient is alert and oriented. They present sagittally balanced.  
He is in no acute distress.

**Cervical Spine Exam:** *The cervical spine has limited range of motion due to pain with tenderness to palpation and spasm noted midline.*

*Spurling's sign: Positive on the left.*

*Lhermitte's: Positive*

*- ROM Flexion: 30 degrees (Normal: 60 degrees) with firm endpoint palpable.*

*- ROM Extension: 35 degrees (Normal: 75 degrees) with firm endpoint palpable.*

*- ROM Left lateral rotation: 50 degrees (Normal: 80 degrees) with firm endpoint palpable.*

*- ROM Right lateral rotation: 65 degrees (Normal: 80 degrees) with firm endpoint palpable.*

All range of motion is tested with a Goniometer and the normal limits for range of motion use established AMA guidelines.

**Examination of the Thoracolumbar Spine:** *The thoracolumbar spine has limited range of motion due to pain*

*with tenderness to palpation and spasm noted midline lumbar spine.*

*- ROM Forward Flexion: 40 degrees (Normal: 110 degrees) with firm endpoint palpable.*

*- ROM Extension: 10 degrees (Normal: 25 degrees) with firm endpoint palpable.*

All range of motion is tested with a Goniometer and the normal limits for range of motion use established AMA guidelines.

**Gait/Balance:** The patient displays a grossly stable gait. The patient is able to heel and toe walk.

**Romberg: Positive.**

**Musculoskeletal exam:** Both upper extremities were examined. There was no gross mal-alignment or deformity.

*There is pain with left shoulder abduction There is impingement of the left shoulder. There is atrophy of the hands bilaterally Tinel's positive at the right elbow and Tinel's positive at the right wrist Phalen's positive at the right wrist*

*Both lower extremities were examined. Right knee reduced ROM*

**SI Joint Provocative Tests:**

*- FABER: Positive on the left*

*- Compression: Positive on the left*

**Neurology - Deep Tendon Reflexes:**

**Upper Extremities:**

*- Right biceps: 1+. Left biceps: 0.*

*- Right triceps: 1+. Left triceps: 0.*

*- Right brachioradialis 3+. Left brachioradialis: 3+.*

**Lower Extremities:**

*- Right patella: 1+. Left patella: 1+.*

*- Right Achilles: 1+. Left Achilles: absent.*

**Motor:**

Upper Extremities:

*- Right deltoids: 5/5 Left deltoids: 5/5*

*- Right biceps: 5/5 Left biceps: 5/5*

*- Right wrist extension: 5/5 Left wrist extension: 5/5*

*- Right triceps: 5/5 Left triceps: 5/5*

*- Right grip: 5/5 Left grip: 5/5*

*- Right IO: 4/5 Left IO: 4/5*

Lower Extremities:

*- Right EHL: 5/5 Left EHL: 5/5*

*- Right Tibialis Anterior: 5/5 Left Tibialis Anterior: 5/5*

*- Right Plantar Flexion: 5/5 Left Plantar Flexion: 5/5*

*- Right Quadriceps: 5/5 Left Quadriceps: 5/5*

*- Right Hamstrings: 5/5 Left Hamstrings: 5/5*

*- Right Iliopsoas: 5/5 Left Iliopsoas: 5/5*

**Sensation:**

Upper Extremities: Grossly intact to light touch in the C5-T1 dermatomes.

**Lower Extremities: Numbness diffuse left LE**

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**Diagnostic Studies Reviewed:**

**Order No: EXT0038542 Dated: 03-14-2022**

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Test	Result
Magnetic Resonance Imaging	
MRI LSP w/o Contrast	MG: L4-5 herniation with right-sided annular tear

**Radiology Remarks:** Community Medical Imaging

## Report:

L2-3 bulge with left paramedian annular tear

L3-4 bulge protruding to B/L foramina

L4-5 bulge with right posterolateral annular tear

L5-S1 diffuse bulge

**Order No: EXT0038543 Dated: 03-14-2022**

Test	Result
Magnetic Resonance Imaging	
MRI CSP w/o Contrast	MG: C5-6 herniation and loss of height causing cord impingement and B/L foraminal stenosis

**Radiology Remarks:** Community Medical Imaging

## Report:

C3-4 paramedian injection with right foraminal stenosis

C4-5 bulge with right and left-sided protrusions narrowing cervical canal

C5-6 bulge with B/L foraminal stenosis

C6-7 herniation with right foraminal stenosis

**Order No: EXT0004635 Dated: 12-29-2021**

Test	Result	Unit	Range
HL7ADHOC			
EMG - UE	<i>right median nerve entrapment at the wrist and right ulnar entrapment at the elbow</i>		

**Assessment and Plan:****ICD: Cervical disc herniation (M50.20)****Assessment:** Cervical disc herniation with myelopathy and radiculopathy

MRI 3/14/2022: C5-6 herniation and loss of height causing cord impingement and B/L foraminal stenosis

**Plan:** - Medical Advice:

Activity modification; Avoid prolonged bending, standing, or lifting.

Eat a low fat, high fiber diet, including fruits and vegetables.

Observation. Should patient develop any new bowel or bladder incontinence, progressive numbness or weakness, unrelenting pain into a extremity, they should call the office or on call provider, or present to the nearest emergency room for reevaluation

- The patient was counseled on the potential for worsening of their myelopathy.

<https://www.Orthoinfo.Org/en/diseases--conditions/cervical-spondylotic-myelopathy-spinal-cord-compression/>

- Analgesic medications have been discussed at length including risks and benefits of over-the-counter anti-inflammatory and Tylenol use.

- The patient will continue to see pain management for regular follow-up appointments.

- Physical Therapy was continued today for the neck along with a thorough discussion regarding our home physical therapy program.

The patient was extensively counseled on home therapy that should commence immediately to the affected areas.

We discussed the use of temperature modalities including Heat before stretching, mobilization, massage and home exercises. Ice will be used to cool down after the exercise program along with other times throughout the day to decrease local inflammation and sooth pain. Ice should always be wrapped in a towel to protect the skin and never exceed 20 minutes in length. A structured Home Exercise Program (HEP) was sent to the patient today. We described the stretching and graduated local muscular activation and strengthening program in detail, and recommended it for twice daily use every day of the week including days when the patient may attend an outside therapy program.

- Surgical Indications:

Anterior Cervical Disectomy and Fusion, with instrumentation and Allograft from cadaver bone.  
Levels: C5-6

Medical Necessity:

Surgical treatment is indicated for patients diagnosed with cervical myelopathy. Physical Therapy, medications and pain management injections have not shown significant impact on outcomes and surgery demonstrates clear improvements over conservative treatment in randomized controlled trials.

Possible corpectomy required due to stenosis behind the vertebral body.

4. Rhee JM, Shamji MF, Erwin WM, et al. Nonoperative management of cervical myelopathy: a systematic review. Spine (Phila Pa 1976). 2013;38:S55-67. Systematic review of evidence regarding nonoperative treatment of cervical myelopathy. They concluded nonoperative treatment is not routinely recommended given the paucity of evidence.

5. Ghobrial GM, Harrop JS. Surgery vs conservative care for cervical spondylotic myelopathy: nonoperative operative management. Neurosurgery. 2015;62(Suppl 1):62-5. Doi: 10.1227/NEU.0000000000000816.

We discussed the risks and benefits of surgery at length today, the goals for treatment, peri-operative care, short-term and long-term prognosis. After lengthy discussion, the patient expressed understanding of the following issues: Though the primary goal of decompression is relief of neurologic symptoms, there are no guarantees of symptom relief, and no guarantees of improved neurologic function; Some patients have new or worsening neurologic symptoms after surgery that can be permanent at times; There is a high likelihood that axial symptoms will continue or worsen after the procedure; Reoccurrence of herniation or stenosis may require repeat decompression or fusion; Intra-operative findings or events sometimes prompt a change in plans with inclusion or exclusion of levels, a modification of the procedure, including possibly fusion with instrumentation, at the same or different operative levels; When discography is performed, it can accelerate degeneration and has no guarantee of accurately defining symptomatic levels; With or without surgery, the patient has abnormalities in the spine that may require future surgery or treatment at the index levels or adjacent levels; The concept of fusion versus non-fusion and the indications for use of instrumentation and possible future associated interventions; And wound or medical complications intrinsic to all types of surgery. The patient expressed understanding of these risks and wants to proceed with the procedure, understanding that the plan may change peri-operatively or interoperatively as needed.

Requirements for Surgery: Medical Testing satisfactory to the Pre-operative Assessment Team

Diagnostic testing: Cervical spine X-rays.

- The patient will return to our office following the procedure for an initial post-operative consultation.

Should any complications arise, they have been instructed to call our office to reschedule for an appointment as soon as possible.

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- CAUSATION:

As the patient was asymptomatic in the cervical spine prior to their injury, it is my professional opinion, within a reasonable degree of medical certainty, that the injuries above, recommended treatments above, and resultant

disability are directly causally related to the above stated accident.

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- The patient has 100% total temporary disability at this time. Disability status will be re-assessed at future visits.

**ICD: Myelopathy of cervical spinal cord with cervical radiculopathy (G95.9)**

**Assessment:** .

- Myelopathic and radiculopathy findings

**Plan:** - See plan above.

**ICD: Lumbar disc herniation with radiculopathy (M51.16)**

**Assessment:** .

- Lumbar disc herniation with radiculopathy

MRI 3/14/2022: L4-5 herniation with right-sided annular tear

**Plan:** - Medical Advice:

Activity modification; Avoid prolonged bending, standing, or lifting.

Eat a low fat, high fiber diet, including fruits and vegetables.

Observation. Should patient develop any new bowel or bladder incontinence, progressive numbness or weakness, unrelenting pain into an extremity, they should call the office or on call provider, or present to the nearest emergency room for reevaluation

- Analgesic medications have been discussed at length including risks and benefits of over-the-counter anti-inflammatory and Tylenol use.

- The patient will continue to see pain management for regular follow-up appointments.

- Physical Therapy was continued today for the back along with a thorough discussion regarding our home physical therapy program.

The patient was extensively counseled on home therapy that should commence immediately to the affected areas. We discussed the use of temperature modalities including Heat before stretching, mobilization, massage and home exercises. Ice will be used to cool down after the exercise program along with other times throughout the day to decrease local inflammation and soothe pain. Ice should always be wrapped in a towel to protect the skin and never exceed 20 minutes in length. A structured Home Exercise Program (HEP) was sent to the patient today. We described the stretching and graduated local muscular activation and strengthening program in detail, and recommended it for twice daily use every day of the week including days when the patient may attend an outside therapy program.

- The patient will return to our office for a regular follow-up consultation.

They have been directed to call our office should any complications arise before their next appointment.

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- CAUSATION:

As the patient was asymptomatic in the lumbar spine prior to their injury, it is my professional opinion, within a reasonable degree of medical certainty, that the injuries above, recommended treatments above, and resultant disability are directly causally related to the above stated accident.

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- The patient has 100% total temporary disability at this time. Disability status will be re-assessed at future visits.

**ICD: Derangement of right knee (M23.91)**

**Assessment:** .

- Right knee derangement  
S/P arthroscopy

**Plan:** - F/U with specialist.

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**New Orders & Referrals:**

**Diagnostic Imaging:** **X-Ray:** Chest (PA and LAT), XR CSP - AP/Lat + Flex/Ex

**Lab(s) & EMG(s):** **HL7ADHOC:** Basic Metabolic Panel, CBC with Differential/Platelet, EKG (electrocardiogram) with at least 12 leads, GFR:African American, GFR:Non African American, Hemoglobin A1c, Prothrombin Time (PT) / INR, PTT Activated, Urinalysis, Complete

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**Education Material Given:** **URLs:** \*Home Exercises (HEPs) - Neck and Back, \*Ambra Upload Instructions, \*AAOS - Basic Back Info, \*AAOS - Basic Herniated Disk Info, \*AAOS - Low Back Pain

**CPT Codes:** Office Consultation (99245)

**Follow Up:** 2 weeks post ACDF or 3 months with advanced provider if any delay with the proposed surgery.  
RZ

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**Please let this report represent a letter of medical necessity for our treatment plan**

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Michael Gerling, M.D.

*This has been electronically signed by Michael Gerling, M.D. on 05-12-2022.*

*This has been electronically signed by on 05-12-2022.*



## Coney Island Ave.

2279 Coney Island Avenue, 2nd Floor, Brooklyn NY 11223

Tel: 212 882-1110, Fax: 212 882-1120

### Progress Report

Patient First Name:	Patient Last Name:	Date of Birth:	Sex:
Juan	GANDO AMAT	01-26-1954	Male
Attending Provider:	Referring Provider:	Visit Date:	Chart No.:
Prosper Jerome, NP-C	Direct Professional	08-11-2022	SCL13601
Appointment Location:	Appointment Location Address:		
Coney Island Ave.	2279 Coney Island Avenue, 2nd Floor, Brooklyn NY 11223		

### Mechanism of Injury/Nature of Illness:

MVA NJ DOA 11-23-2020

Patient was the passenger in the back. Rear ended impact by tractor trailer. Denies LOC.

Sustained injuries to neck, back, right leg, left sided of the body, left clavicle fracture, left-sided rib cage fracture with left sided pneumothorax, hepatic and splenic trauma.

Neck pain radiating to B/L UE

Back pain radiating to B/L LE

### Main findings:

S/P ACDF C5-6 07-27-2022.

- Myelopathic and radiculopathy findings.
- Lumbar disc herniation with radiculopathy

MRI 3/14/2022: L4-5 herniation with right-sided annular tear.

- Right knee derangement

S/P arthroscopy.

### Surgical History (If applicable):

ACDF C5-6: 07-27-2022 by Dr. Gerling at Hudson

Arthroscopy of Right Knee : 02-16-2022

Cholecystectomy : 1990

### History of Present Illness:

#### Initial Patient Visit - New

**Mr. Juan GANDO AMAT** is a 68 year year old male who presents today with neck, low back, left shoulder, left elbow, left wrist, left hand, right knee, right ankle, left hip, left knee, left ankle and left foot complaints, with the pain in the neck being the most severe. The symptoms began after the patient sustained an accident. The symptoms have been present for 6 months The symptoms have been present for 1 years and are becoming progressively worse.

Since the onset, he has not been able to work. At the time of the accident, he was working as a manual laborer Mr.

GANDO AMAT requires assistance with activities of daily living including chores and lifting and similar tasks for which he now relies on his family for help. The symptoms have impaired his ability to sleep normally.

**Neck Specific Findings:**

The patient's neck pain is rated 8/10.

The patient has radiating pain to the right shoulder, right arm, left shoulder and left arm.

The patient's radicular pain is rated 8/10.

The patient reports numbness/paraesthesias in the right arm, right elbow, right forearm, right wrist, right hand, right fingers, left arm, left elbow, left forearm, left wrist, left hand and left fingers.

The patient is experiencing occipital headaches. Including instances of tripping/stumbling.

**Back Specific Findings:**

The patient's back pain is rated 8/10.

The patient has radiating pain to the left glute, left lateral thigh, left posterior thigh, anterior left thigh, left shin, left calf, dorsal aspect of the left foot and ventral aspect of the left foot.

The patient's radicular pain is rated 8/10.

The patient also reports numbness/paraesthesias in the left glute, left lateral thigh, left posterior thigh, anterior left thigh, left shin, left calf, dorsal aspect of the left foot and ventral aspect of the left foot.

The patient cannot walk more than 1-2 block(s) without pain.

The patient cannot stand more than 5 minute(s) without pain.

Laying down helps to relieve the patient's pain.

Lifting and bending exacerbates the patient's pain.

**Conservative management:**

The patient requires the use of a cane.

**Physical therapy:**

Physical therapy has been attempted for the neck and

Physical therapy has been attempted for the back.

Neck-specific physical therapy sessions frequency: 2 day(s) per week. For 1 year(s).

Back-specific physical therapy sessions frequency: 2 day(s) per week. For 1 years(s).

**Medications include:**

Ibuprofen.

**Accident details:**

The patient was involved in a motor vehicle accident while in a car/driving. After the accident, they went to the emergency room by ambulance for care

**Prior Neck and Back History:**

The patient was asymptomatic in the neck prior to the accident

The patient was asymptomatic in the back prior to the accident

**Motor Vehicle Accident Details:**

The patient was in a car at the time of the accident and was a passenger in the back left of the vehicle, when they were struck by a tractor trailer.

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**Outside Medical Care & Conservative Management History as of 08-11-2022:**

PT > 1 year completed.

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### Past Medical History

No Known Past Medical History

### Current Medication

No Known Medication

### Allergy

No Known Drug Allergies.

### Review of Systems:

**Constitutional Symptoms:** Negative except for details in HPI . **Ears/Nose/Mouth/Throat:** Negative for ears/nose/mouth/throat complaints other than those listed under past medical history, history of present illness and/or assessments. **Respiratory:** Negative for respiratory complaints other than those listed under past medical history. **Cardiovascular:** Negative for cardiovascular complaints other than those listed under past medical history. **Gastrointestinal:** Negative for gastrointestinal complaints other than those listed under past medical history. **Genitourinary:** Negative for genitourinary complaints other than those listed under past medical history. **Musculoskeletal:** Negative except for details in HPI **Neurological:** Negative except for details in HPI **Psychiatric:** Negative for psychiatric complaints other than those listed under past medical history, history of present illness and/or assessments. **Endocrine:** Negative for endocrinology complaints other than those listed under past medical history. **Hematologic/Lymphatic:** Negative for hematologic/lymphatic complaints other than those listed under past medical history. **Skin:** Negative for dermatological complaints other than those listed under past medical history, history of present illness and/or assessments.

### Social History:

#### Family:

**Use of Drugs / Alcohol / Tobacco:** Patient states that he drinks alcohol rarely. Smoking Status (MU) former smoker Quit 2017. He has never used any illicit drugs.

**Work History:** He is on disability. The patient states that they are right hand dominant.

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### Vitals:

**Weight:** 180 lbs. **Height:** 63 inches. **BMI:** 31.89.

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### Physical Examination:

**General:** Patient is alert and oriented. They present sagittally balanced.  
He is in no acute distress.

**Cervical Spine Exam:** *The cervical spine has limited range of motion due to pain with tenderness to palpation and spasm noted midline.*

- ROM Flexion: *Restricted (Normal: 60 degrees) with firm endpoint palpable.*
  - ROM Extension: *Restricted (Normal: 75 degrees) with firm endpoint palpable.*
  - ROM Left lateral rotation: *Restricted (Normal: 80 degrees) with firm endpoint palpable.*
  - ROM Right lateral rotation: *Restricted (Normal: 80 degrees) with firm endpoint palpable.*
- The patient is wearing a neck brace in the office today*

**Incision:** Fully healed without complications

**Examination of the Thoracolumbar Spine:** *The thoracolumbar spine has limited range of motion due to pain with tenderness to palpation and spasm noted midline lumbar spine.*

- ROM Forward Flexion: *40 degrees (Normal: 110 degrees) with firm endpoint palpable.*

**- ROM Extension: 10 degrees (Normal: 25 degrees) with firm endpoint palpable.**

All range of motion is tested with a Goniometer and the normal limits for range of motion use established AMA guidelines.

**Gait/Balance:** The patient displays a grossly stable gait. The patient is able to heel and toe walk.

**Romberg: Positive.**

**Musculoskeletal exam:** Both upper extremities were examined. There was no gross mal-alignment or deformity.

**There is pain with left shoulder abduction There is impingement of the left shoulder. There is atrophy of the hands bilaterally Tinel's positive at the right elbow and Tinel's positive at the right wrist Phalen's positive at the right wrist**

**Both lower extremities were examined. Right knee reduced ROM**

**SI Joint Provocative Tests:**

**- FABER: Positive on the left**

**- Compression: Positive on the left**

**Neurology - Deep Tendon Reflexes:**

**Upper Extremities:**

**- Right biceps: 1+. Left biceps: 0.**

**- Right triceps: 1+. Left triceps: 0.**

**- Right brachioradialis 3+. Left brachioradialis: 3+.**

**Lower Extremities:**

**- Right patella: 1+. Left patella: 1+.**

**- Right Achilles: 1+. Left Achilles: absent.**

**Motor:**

**Upper Extremities:**

**- Right deltoids: 5/5 Left deltoids: 5/5**

**- Right biceps: 5/5 Left biceps: 5/5**

**- Right wrist extension: 5/5 Left wrist extension: 5/5**

**- Right triceps: 5/5 Left triceps: 5/5**

**- Right grip: 5/5 Left grip: 5/5**

**- Right IO: 4/5 Left IO: 4/5**

**Lower Extremities:**

**- Right EHL: 5/5 Left EHL: 5/5**

**- Right Tibialis Anterior: 5/5 Left Tibialis Anterior: 5/5**

**- Right Plantar Flexion: 5/5 Left Plantar Flexion: 5/5**

**- Right Quadriceps: 5/5 Left Quadriceps: 5/5**

**- Right Hamstrings: 5/5 Left Hamstrings: 5/5**

**- Right Iliopsoas: 5/5 Left Iliopsoas: 5/5**

**Sensation:**

Upper Extremities: Grossly intact to light touch in the C5-T1 dermatomes.

**Lower Extremities: Numbness diffuse left LE**

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**Diagnostic Studies Reviewed:**

**Order No: EXT0038542 Dated: 03-14-2022**

Test	Result
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Magnetic Resonance Imaging	
MRI LSP w/o Contrast	MG: L4-5 herniation with right-sided annular tear

**Radiology Remarks:** Community Medical Imaging

## Report:

L2-3 bulge with left paramedian annular tear  
 L3-4 bulge protruding to B/L foramina  
 L4-5 bulge with right posterolateral annular tear  
 L5-S1 diffuse bulge

**Order No: EXT0038543 Dated: 03-14-2022**

Test	Result
Magnetic Resonance Imaging	
MRI CSP w/o Contrast	MG: C5-6 herniation and loss of height causing cord impingement and B/L foraminal stenosis

**Radiology Remarks:** Community Medical Imaging

## Report:

C3-4 paramedian injection with right foraminal stenosis  
 C4-5 bulge with right and left-sided protrusions narrowing cervical canal  
 C5-6 bulge with B/L foraminal stenosis  
 C6-7 herniation with right foraminal stenosis

**Order No: EXT0004635 Dated: 12-29-2021**

Test	Result	Unit	Range
HL7ADHOC			
EMG - UE	<i>right median nerve entrapment at the wrist and right ulnar entrapment at the elbow</i>		

**Assessment and Plan:****ICD: Cervical disc herniation (M50.20)****Assessment:** S/P ACDF C5-6 07-27-2022**Plan:** - A cervical spine soft collar was fitted, trialed, and provided to the patient.

- The use of a cane was continued.
- Analgesic medications have been discussed at length including risks and benefits of over-the-counter anti-inflammatory and Tylenol use.
- Lifting is restricted to < 20lbs.
- Physical Therapy was prescribed today for the neck along with a thorough discussion regarding our home physical therapy program.

The patient was extensively counseled on home therapy that should commence immediately to the affected areas. We discussed the use of temperature modalities including Heat before stretching, mobilization, massage and home exercises. Ice will be used to cool down after the exercise program along with other times throughout the day to decrease local inflammation and sooth pain. Ice should always be wrapped in a towel to protect the skin and never exceed 20 minutes in length. A structured Home Exercise Program (HEP) was sent to the patient today. We described the stretching and graduated local muscular activation and strengthening program in detail, and recommended it for twice daily use every day of the week including days when the patient may attend an outside therapy program.

- The patient will return to our office with CDs containing the following diagnostic imaging for review along with the corresponding radiology report (see order for additional details):

Cervical X-rays

**ICD: Myelopathy of cervical spinal cord with cervical radiculopathy (G95.9)**

**Assessment:** .

- Myelopathic and radiculopathy findings

**Plan:** - See plan above.

**ICD: Lumbar disc herniation with radiculopathy (M51.16)**

**Assessment:** .

- Lumbar disc herniation with radiculopathy

MRI 3/14/2022: L4-5 herniation with right-sided annular tear

**Plan:** - Medical Advice:

Activity modification; Avoid prolonged bending, standing, or lifting.

Eat a low fat, high fiber diet, including fruits and vegetables.

Observation. Should patient develop any new bowel or bladder incontinence, progressive numbness or weakness, unrelenting pain into an extremity, they should call the office or on call provider, or present to the nearest emergency room for reevaluation

- Analgesic medications have been discussed at length including risks and benefits of over-the-counter anti-inflammatory and Tylenol use.

- The patient will continue to see pain management for regular follow-up appointments.

- Physical Therapy was continued today for the back along with a thorough discussion regarding our home physical therapy program.

The patient was extensively counseled on home therapy that should commence immediately to the affected areas. We discussed the use of temperature modalities including Heat before stretching, mobilization, massage and home exercises. Ice will be used to cool down after the exercise program along with other times throughout the day to decrease local inflammation and soothe pain. Ice should always be wrapped in a towel to protect the skin and never exceed 20 minutes in length. A structured Home Exercise Program (HEP) was sent to the patient today. We described the stretching and graduated local muscular activation and strengthening program in detail, and recommended it for twice daily use every day of the week including days when the patient may attend an outside therapy program.

- The patient will return to our office for a regular follow-up consultation.

They have been directed to call our office should any complications arise before their next appointment.

.

---

- CAUSATION:

As the patient was asymptomatic in the lumbar spine prior to their injury, it is my professional opinion, within a reasonable degree of medical certainty, that the injuries above, recommended treatments above, and resultant disability are directly causally related to the above stated accident.

.

---

- The patient has 100% total temporary disability at this time. Disability status will be re-assessed at future visits.

**ICD: Derangement of right knee (M23.91)**

**Assessment:** .

- Right knee derangement

S/P arthroscopy

**Plan:** - F/U with specialist.

---

**New Orders & Referrals:**

**Diagnostic Imaging:**

**X-Ray:** XR CSP - AP/Lat

**Consultation(s):**

Physical Therapy - Neck The patient is being referred for physical therapy following surgical procedure.

**Restrictions:**

No lifting over 20lbs. following spine surgery

No manual manipulation of the neck following neck/cervical spine surgery

**DME/Bracing and/or Procedures:**

Order No: INT03095 Dated: 08-11-2022 Procedure: DME New York (In-Office) Soft Collar Performed By:  
Prosper Jerome, NP-C

---

**CPT Codes:**

Postop Follow-up Visit (99024)

**Follow Up: 2 months for subsequent postop with MD**

---

**Please let this report represent a letter of medical necessity for our treatment plan**

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Prosper Jerome, NP-C

*This has been electronically signed by Prosper Jerome, NP-C on 08-11-2022.*

*This has been electronically signed by on 08-11-2022.*

**Manhattan**

110 Duane St., New York NY 10007

Tel: 212 882-1110, Fax: 212 882-1120

**Progress Report**

Patient First Name:	Patient Last Name:	Date of Birth:	Sex:
Juan	GANDO AMAT	01-26-1954	Male
Attending Provider:	Referring Provider:	Visit Date:	Chart No.:
Michael Gerling, M.D.	Direct Professional	10-25-2022	SCL13601
Appointment Location:	Appointment Location Address:		
Manhattan	110 Duane St., New York NY 10007		

**Mechanism of Injury/Nature of Illness:**

MVA NJ DOA 11-23-2020

Patient was the passenger in the back. Rear ended impact by tractor trailer. Denies LOC.

Sustained injuries to neck, back, right leg, left sided of the body, left clavicle fracture, left-sided rib cage fracture with left sided pneumothorax, hepatic and splenic trauma.

Neck pain radiating to B/L UE

Back pain radiating to B/L LE

**Main findings:**

S/P ACDF C5-6 07-27-2022 related to traumatic cervical disc herniation with myelopathy and radiculopathy.

- Myelopathic and radiculopathy findings.
- Lumbar disc herniation with radiculopathy

MRI 3/14/2022: L4-5 herniation with right-sided annular tear.

- Right knee derangement

S/P arthroscopy.

**Surgical History (If applicable):**

ACDF C5-6: 07-27-2022 by Dr. Gerling at Hudson

Arthroscopy of Right Knee : 02-16-2022

Cholecystectomy : 1990

**History of Present Illness:****Follow up consultation**

Date of surgery: 07-27-2022

Juan presents today with neck disorder and with low back disorder. His symptoms remain ongoing with slight improvement since his last examination. He denies any bowel or bladder issues.

Juan is unable to work and requires assistance with activities of daily living including chores and lifting, and similar tasks for which he now relies on "Wife."

**Neck Specific Findings:**

The patient reports axial neck pain. .

**Back Specific Findings:**

The patient's back pain is rated 5/10.

The patient cannot walk more than Unlimited block(s) without pain.

The patient cannot stand more than >60 minute(s) without pain.

Laying down helps to relieve the patient's pain.

Lifting and bending exacerbates the patient's pain.

**Conservative management:**

The patient requires the use of a cane and a neck brace.

**Physical therapy:**

Physical therapy has been attempted for the neck and

Physical therapy has been attempted for the back.

Neck-specific physical therapy sessions frequency: 2 day(s) per week.

Back-specific physical therapy sessions frequency: 2 day(s) per week.

The patient has performed a formal home exercise program

The patient denies a history of injections since the last visit.

**Medications include:**

other medications.

Other medications include:

Celebrex 200 mg PRN mg.

---

**Outside Medical Care & Conservative Management History as of 10-25-2022:**

Preop CM:

HEP/PT > 1 year completed.

NSAIDs several weeks w/o success for pain control

Postop CM:

ACDF: PT 2 months completed; ongoing 2x/week

NSAIDs PRN

---

**Past Medical History**

No Known Past Medical History

**Current Medication**

No Known Medication

**Allergy**

No Known Drug Allergies.

**Review of Systems:**

**Constitutional Symptoms:** Negative except for details in HPI . **Ears/Nose/Mouth/Throat:** Negative for ears/nose/mouth/throat complaints other than those listed under past medical history, history of present illness and/or assessments. **Respiratory:** Negative for respiratory complaints other than those listed under past medical history. **Cardiovascular:** Negative for cardiovascular complaints other than those listed under past medical history.

**Gastrointestinal:** Negative for gastrointestinal complaints other than those listed under past medical history.

**Genitourinary:** Negative for genitourinary complaints other than those listed under past medical history.

**Musculoskeletal:** Negative except for details in HPI **Neurological:** Negative except for details in HPI **Psychiatric:** Negative for psychiatric complaints other than those listed under past medical history, history of present illness and/or assessments. **Endocrine:** Negative for endocrinology complaints other than those listed under past medical history. **Hematologic/Lymphatic:** Negative for hematologic/lymphatic complaints other than those listed under past medical history. **Skin:** Negative for dermatological complaints other than those listed under past medical history, history of present illness and/or assessments.

**Social History:**

**Family:**

**Use of Drugs / Alcohol / Tobacco:** Patient states that he drinks alcohol rarely. Smoking Status (MU) former smoker Quit 2017. He has never used any illicit drugs.

**Work History:** He is on disability. The patient states that they are right hand dominant.

---

**Vitals:**

**Weight:** 180 lbs. **Height:** 63 inches. **BMI:** 31.89.

---

**Physical Examination:**

**General:** Patient is alert and oriented. They present sagittally balanced.  
He is in no acute distress.

**Cervical Spine Exam:** The cervical spine is non-tender .

- ROM Flexion: 40 degrees (Normal: 60 degrees) with firm endpoint palpable.
- ROM Extension: 45 degrees (Normal: 75 degrees) with firm endpoint palpable.
- ROM Left lateral rotation: 50 degrees (Normal: 80 degrees) with firm endpoint palpable.
- ROM Right lateral rotation: 60 degrees (Normal: 80 degrees) with firm endpoint palpable.

All range of motion is tested with a Goniometer and the normal limits for range of motion use established AMA guidelines.

**Incision:** Fully healed without complications

**Examination of the Thoracolumbar Spine:** *The thoracolumbar spine has limited range of motion due to pain with tenderness to palpation and spasm noted midline lumbar spine.*

- ROM Forward Flexion: 60 degrees (Normal: 110 degrees) with firm endpoint palpable.
- ROM Extension: 20 degrees (Normal: 25 degrees) with firm endpoint palpable.

All range of motion is tested with a Goniometer and the normal limits for range of motion use established AMA guidelines.

**Gait/Balance:** The patient displays a grossly stable gait. The patient is able to heel and toe walk.

**Musculoskeletal exam:** Both upper extremities were examined. There was no gross mal-alignment or deformity.

*There is pain with left shoulder abduction There is impingement of the left shoulder. There is atrophy of the hands bilaterally Tinel's positive at the right elbow and Tinel's positive at the right wrist Phalen's positive at the right wrist*

*Both lower extremities were examined. Right knee reduced ROM*

***SI Joint Provocative Tests:***

- FABER: Positive on the left
- Compression: Positive on the left

**Neurology - Deep Tendon Reflexes:**

**Upper Extremities:**

- **Right biceps: 1+. Left biceps: 0.**
- **Right triceps: 1+. Left triceps: 0.**
- **Right brachioradialis 3+. Left brachioradialis: 3+.**

**Lower Extremities:**

- **Right patella: 1+. Left patella: 1+.**
- **Right Achilles: 1+. Left Achilles: absent.**

**Motor:**

**Upper Extremities:**

- Right deltoids: 5/5 Left deltoids: 5/5
- Right biceps: 5/5 Left biceps: 5/5
- Right wrist extension: 5/5 Left wrist extension: 5/5
- Right triceps: 5/5 Left triceps: 5/5
- Right grip: 5/5 Left grip: 5/5
- Right IO: 5/5 Left IO: 5/5

**Lower Extremities:**

- Right EHL: 5/5 Left EHL: 5/5
- Right Tibialis Anterior: 5/5 Left Tibialis Anterior: 5/5
- Right Plantar Flexion: 5/5 Left Plantar Flexion: 5/5
- Right Quadriceps: 5/5 Left Quadriceps: 5/5
- Right Hamstrings: 5/5 Left Hamstrings: 5/5
- Right Iliopsoas: 5/5 Left Iliopsoas: 5/5

**Sensation:**

Upper Extremities: Grossly intact to light touch in the C5-T1 dermatomes.

Lower Extremities: Grossly intact in the L3-S1 dermatomes.

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**Diagnostic Studies Reviewed:**

**Order No: EXT0038542 Dated: 03-14-2022**

Test	Result
Magnetic Resonance Imaging	
MRI LSP w/o Contrast	MG: L4-5 herniation with right-sided annular tear

**Radiology Remarks:** Community Medical Imaging

Report:

L2-3 bulge with left paramedian annular tear

L3-4 bulge protruding to B/L foramina

L4-5 bulge with right posterolateral annular tear

L5-S1 diffuse bulge

**Order No: EXT0038543 Dated: 03-14-2022**

Test	Result
Magnetic Resonance Imaging	
MRI CSP w/o Contrast	MG: C5-6 herniation and loss of height causing cord impingement and B/L foraminal stenosis

**Radiology Remarks:** Community Medical Imaging

Report:

C3-4 paramedian injection with right foraminal stenosis

C4-5 bulge with right and left-sided protrusions narrowing cervical canal

C5-6 bulge with B/L foraminal stenosis

C6-7 herniation with right foraminal stenosis

**Order No: EXT0041355 Dated: 08-17-2022**

Test	Result
X-Ray	
XR CSP - AP/Lat	MG: S/P ACDF C5-6 with hardware intact. C6-7 LOH

**Radiology Remarks: LHR**

Report:

C5-C6 SP ACDF: no lucency around the screws.

C6-C7 disc space narrowing with minimal anterior spondylosis.

**Order No: EXT0043029 Dated: 10-25-2022 Rad: Duane Office**

Test	Result
X-Ray	
XR LSP - AP/Lat + Flex/Ex	MG: No fractures or dislocations

**Radiology Remarks: Duane on Ambra**

**Order No: EXT0004635 Dated: 12-29-2021**

Test	Result	Unit	Range
HL7ADHOC			
EMG - UE	<i>right median nerve entrapment at the wrist and right ulnar entrapment at the elbow</i>		

**Assessment and Plan:**

**ICD: Herniation of cervical intervertebral disc with radiculopathy (M50.10)**

**Assessment:** S/P ACDF C5-6 07-27-2022 related to traumatic cervical disc herniation with myelopathy and radiculopathy

**Plan:** - Analgesic medications have been discussed at length including risks and benefits of over-the-counter anti-inflammatory and Tylenol use.

- Lifting is restricted to < 20lbs.

- Physical Therapy was continued today for the neck along with a thorough discussion regarding our home physical therapy program.

The patient was extensively counseled on home therapy that should commence immediately to the affected areas. We discussed the use of temperature modalities including Heat before stretching, mobilization, massage and home exercises. Ice will be used to cool down after the exercise program along with other times throughout the day to decrease local inflammation and sooth pain. Ice should always be wrapped in a towel to protect the skin and never exceed 20 minutes in length. A structured Home Exercise Program (HEP) was sent to the patient today. We described the stretching and graduated local muscular activation and strengthening program in detail, and recommended it for twice daily use every day of the week including days when the patient may attend an outside therapy program.



- The patient will return to our office for a regular follow-up consultation.

They have been directed to call our office should any complications arise before their next appointment.

**ICD: Myelopathy of cervical spinal cord with cervical radiculopathy (G95.9)**

**Assessment:** .

- Myelopathic and radiculopathy findings

**Plan:** - See plan above.

**ICD: Lumbar disc herniation with radiculopathy (M51.16)**

**Assessment:** .

- Lumbar disc herniation with radiculopathy

MRI 3/14/2022: L4-5 herniation with right-sided annular tear

**Plan:** - Medical Advice:

Activity modification; Avoid prolonged bending, standing, or lifting.

Eat a low fat, high fiber diet, including fruits and vegetables.

Observation. Should patient develop any new bowel or bladder incontinence, progressive numbness or weakness, unrelenting pain into a extremity, they should call the office or on call provider, or present to the nearest emergency room for reevaluation

- Analgesic medications have been discussed at length including risks and benefits of over-the-counter anti-inflammatory and Tylenol use.

- The patient will continue to see pain management for regular follow-up appointments.

- Physical Therapy was continued today for the back along with a thorough discussion regarding our home physical therapy program.

The patient was extensively counseled on home therapy that should commence immediately to the affected areas. We discussed the use of temperature modalities including Heat before stretching, mobilization, massage and home exercises. Ice will be used to cool down after the exercise program along with other times throughout the day to decrease local inflammation and sooth pain. Ice should always be wrapped in a towel to protect the skin and never exceed 20 minutes in length. A structured Home Exercise Program (HEP) was sent to the patient today. We described the stretching and graduated local muscular activation and strengthening program in detail, and recommended it for twice daily use every day of the week including days when the patient may attend an outside therapy program.

- The patient will return to our office for a regular follow-up consultation.

They have been directed to call our office should any complications arise before their next appointment.

.

---

- CAUSATION:

As the patient was asymptomatic in the lumbar spine prior to their injury, it is my professional opinion, within a reasonable degree of medical certainty, that the injuries above, recommended treatments above, and resultant disability are directly causally related to the above stated accident.

.

---

- The patient has 100% total temporary disability at this time. Disability status will be re-assessed at future visits.

**ICD: Derangement of right knee (M23.91)**

**Assessment:** .

- Right knee derangement

S/P arthroscopy

**Plan:** - F/U with specialist.

---

**New Orders & Referrals:**

**Consultation(s):** Physical Therapy - Neck and Back The patient has progressed previously with physical therapy and will most likely benefit from additional sessions

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**Education Material Given: URLs:** \*Home Exercises (HEPs) - Neck and Back, \*Ambra Upload Instructions, \*AAOS - Basic Back Info, \*AAOS - Basic Herniated Disk Info, \*AAOS - Low Back Pain, \*Home Exercises (HEPs) - Post-op Neck

**CPT Codes:**

Office O/p Est Low 20-29 Min (99213)

X-ray Exam Of Lower Spine (72100)

**Follow Up: 2-3 months or PRN.**

RZ

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**Please let this report represent a letter of medical necessity for our treatment plan**

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Michael Gerling, M.D.

*This has been electronically signed by Michael Gerling, M.D. on 10-25-2022.*

*This has been electronically signed by on 10-25-2022.*

## Coney Island Ave.

2279 Coney Island Avenue, 2nd Floor, Brooklyn NY 11223

Tel: 212 882-1110, Fax: 212 882-1120

### LABORATORY RESULT

#### PATIENT DEMOGRAPHICS

**Patient:** GANDO AMAT, Juan

**DOB:** 01-26-1954 **Age:** 68 year **Sex:** Male

**Address:** 109-68 PARK LANE SOUTH Richmond Hill NY  
11418

**Phone:**

#### GUARANTOR & INSURANCE INFORMATION

**Insurance:** Bristol West Claims

**Guarantor:** GANDO AMAT Juan

**Policy#** 70021344611

**Group#**

#### LAB VENDOR DETAILS

**Lab Name:**

**Address:**

**Phone:**      **Fax:**

#### ORDERING DETAILS

**Ordering Physician Name:** Michael Gerling, M.D.

**Order#:** EXT0004635 **Order Date:** 12-29-2021

**Result Date:** 12-29-2021

Sr.No.	Test Name	Result	Unit	Min-Max	Abn-Type
1	EMG - UE	right median nerve entrapment at the wrist and right ulnar entrapment at the elbow			



Michael Gerling, M.D.

This has been electronically signed on 12-29-2021.

Medical Arts Building  
142, Joralemon Street  
8<sup>th</sup> Floor – Suite 8F  
Brooklyn Heights, NY 11201

<b>Patient:</b>	Nesly Lafortune	<b>DOB:</b>	1/20/1961	<b>Physician:</b>	Dominique Cozien MD
<b>Sex:</b>	Male	<b>Height:</b>	' "	<b>Ref Phys:</b>	
<b>ID#:</b>		<b>Weight:</b>	lbs.	<b>Technician:</b>	

**The patient is a 60-year-old man who presented with the chief complaint of neck pain radiating to both shoulder blades and to the right occipital region. The patient reported tingling in the fourth and fifth digits of the right hand. He also complained of occasional pain and weakness in the right upper arm. (Please, see neurological consultation of 12/23/21)**

### Ortho Sensory Summary Table

Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (µV)	Norm O-P Amp	Site1	Site2	Delta-0 (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
<b>Left Median Ortho Sensory (Wrist)</b>											
Digit 2		2.7	<3.5	7.1	>6	Digit 2	Wrist	2.7	13.0	48	>44
<b>Right Median Ortho Sensory (Wrist)</b>											
Digit 2	NR		<3.5		>6	Digit 2	Wrist		0.0		>44
<b>Left Radial Ortho Sensory (Wrist)</b>											
Digit 1		2.5	<3.1	13.9	>4	Digit 1	Wrist	2.5	13.0	52	>40
<b>Right Radial Ortho Sensory (Wrist)</b>											
Digit 1		1.9	<3.1	14.3	>4	Digit 1	Wrist	1.9	12.0	63	>40
<b>Left Ulnar Ortho Sensory (Wrist)</b>											
Digit 5		2.1	<3.6	30.1	>4	Digit 5	Wrist	2.1	12.0	57	>45
<b>Right Ulnar Ortho Sensory (Wrist)</b>											
Digit 5		3.4	<3.6	10.9	>4	Digit 5	Wrist	3.4	13.0	38	>45

Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (mV)	Norm O-P Amp	Site1	Site2	Delta-0 (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
<b>Left Med/Ulnar Comp Motor (2nd Lumbrical)</b>											
Med Wrist		4.2		0.6		Med Wrist	Ulnar Wrist	0.1	0.0		
Ulnar Wrist		4.1		3.1							
<b>Right Med/Ulnar Comp Motor (2nd Lumbrical)</b>											
Med Wrist		4.7		0.5		Med Wrist	Ulnar Wrist	0.1	0.0		
Ulnar Wrist		3.6		1.8							
<b>Left Median Motor (Abd Poll Brev)</b>											
Wrist		3.4	<4.5	7.0	>4.5	Elbow	Wrist	6.4	0.0		>49
Elbow		9.8		6.0							
<b>Right Median Motor (Abd Poll Brev)</b>											
Wrist		3.9	<4.5	5.9	>4.5	Elbow	Wrist	6.7	35.0	52	>49
Elbow		10.6		5.6							
<b>Left Ulnar Seg Motor (Abd Dig Minimi)</b>											

Wrist	2.3	<4	8.5	>5	B Elbow	Wrist	4.4	27.0	61	>47
B Elbow	6.7		7.6		A Elbow	B Elbow	2.1	12.0	57	
A Elbow	8.8		7.6							
<b>Right Ulnar Seg Motor (Abd Dig Minimi)</b>										
Wrist	2.7	<4	7.5	>5	B Elbow	Wrist	4.6	28.0	61	>47
B Elbow	7.3		7.2		A Elbow	B Elbow	1.9	12.0	63	
A Elbow	9.2		6.4							
<b>Left ulnar seg FDI Motor (FDI)</b>										
WRI	3.8		11.3		WRI	BE.EL	4.3	27.0	63	
BE.EL	8.1		8.6		BE.EL	AB.EL	1.9	12.0	63	
AB.EL	10.0		11.4							
<b>Right ulnar seg FDI Motor (FDI)</b>										
WRI	3.8		7.3		WRI	BE.EL	4.3	27.0	63	
BE.EL	8.1		6.7		BE.EL	AB.EL	2.2	12.0	55	
AB.EL	10.3		7.6							

## F Wave Studies

NR	F-Lat (ms)	Lat Norm (ms)	L-R F-Lat (ms)	L-R Lat Norm
<b>Left Median (Mrkrs) (Abd Poll Brev)</b>				
	34.11	<32.25	0.00	<2
<b>Right Median (Mrkrs) (Abd Poll Brev)</b>				
	34.11	<32.25	0.00	<2
<b>Left Ulnar (Mrkrs) (Abd Dig Min)</b>				
	30.67	<32.5	0.55	<2
<b>Right Ulnar (Mrkrs) (Abd Dig Min)</b>				
	31.22	<32.5	0.55	<2

## EMG

Side	Muscle	Nerve	Root	Ins Act	Fibs	Psw	Amp	Dur	Poly	Recrt	Int Pat	Comment
Right	Abd Poll Brev	Median	C8-T1	Nml	0	0	Nml	Nml	Nml	Nml	Complete	
Right	1stDorInt	Ulnar	C8-T1	Nml	0	0	Nml	Nml	Nml	Nml	Complete	
Right	FlexCarRad	Median	C6-7	Nml	0	0	Nml	Nml	Nml	Nml	Complete	
Right	Biceps	Musculocut	C5-6	Nml	0	0	Nml	Nml	Nml	Nml	Complete	
Right	Triceps	Radial	C6-7-8	Nml	0	0	Nml	Nml	Nml	Nml	Complete	
Right	Deltoid	Axillary	C5-6	Nml	0	0	Nml	Nml	Nml	Nml	Complete	
Left	Abd Poll Brev	Median	C8-T1	Nml	0	0	Nml	Nml	Nml	Nml	Complete	
Left	1stDorInt	Ulnar	C8-T1	Nml	0	0	Nml	Nml	Nml	Nml	Complete	
Left	FlexCarRad	Median	C6-7	Nml	0	0	Nml	Nml	Nml	Nml	Complete	
Left	Biceps	Musculocut	C5-6	Nml	0	0	Nml	Nml	Nml	Nml	Complete	
Left	Triceps	Radial	C6-7-8	Nml	0	0	Nml	Nml	Nml	Nml	Complete	
Left	Deltoid	Axillary	C5-6	Nml	0	0	Nml	Nml	Nml	Nml	Complete	

## Paraspinal EMG

Side	Muscle	Nerve	Root	Ins Act	Fibs	Psw	Comment
Right	C3-4 Parasp	Rami	C3-4	Nml	0	0	
Right	C4-5 Parasp	Rami	C4-5	Inc	0	0	
Right	C5-6 Parasp	Rami	C5-6	Nml	0	0	
Right	C6-7 Parasp	Rami	C6-7	Inc	0	0	
Right	C7-8 Parasp	Rami	C7-8	Nml	0	0	
Right	C8-T1 Parasp	Rami	C8-T1	Inc	0	0	
Left	C3-4 Parasp	Rami	C3-4	Nml	0	0	
Left	C4-5 Parasp	Rami	C4-5	Inc	0	0	
Left	C5-6 Parasp	Rami	C5-6	Inc	0	0	
Left	C6-7 Parasp	Rami	C6-7	Nml	0	0	
Left	C7-8 Parasp	Rami	C7-8	Inc	0	0	
Left	C8-T1 Parasp	Rami	C8-T1	Nml	0	0	

**FINDINGS:**

Evaluation of the Right Med/Ulnar Comp motor nerve showed abnormal onset latency difference (Med Wrist-Ulnar Wrist, 1.1 ms). The Right ulnar seg FDI motor nerve showed decreased conduction velocity (BE.EL-AB.EL, 55 m/s). The Right median sensory nerve showed no response (Digit 2). The Right ulnar sensory nerve showed decreased conduction velocity (Digit 5-Wrist, 38 m/s). All remaining nerves (as indicated in the NCV tables) were within normal limits.

Evaluation of the Left median F wave showed prolonged latency (34.11 ms). The Right median F wave showed prolonged latency (34.11 ms). All remaining F Wave latencies were within normal limits.

EMG needle evaluation of the Right C4-5 Parasp, the Right C6-7 Parasp, the Right C8-T1 Parasp, the Left C4-5 Parasp, the Left C5-6 Parasp, and the Left C7-8 Parasp showed increased Ins Act. All remaining muscles (as indicated in the EMG scoring table) showed no evidence of electrical instability.

**IMPRESSIONS:**

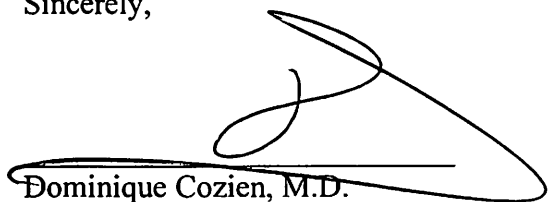
The above electrodiagnostic study revealed evidence of:

- 1) Mild right median nerve entrapment at the wrist.
- 2) Very mild right ulnar nerve entrapment at the elbow.

The diffuse increased insertional activity noted in the bilateral CV paraspinal region could not be used for diagnostic purpose in the context of the patient's past medical history of CV spinal surgery.

Thank you for the courtesy of this referral.

Sincerely,



Dominique Cozien, M.D.

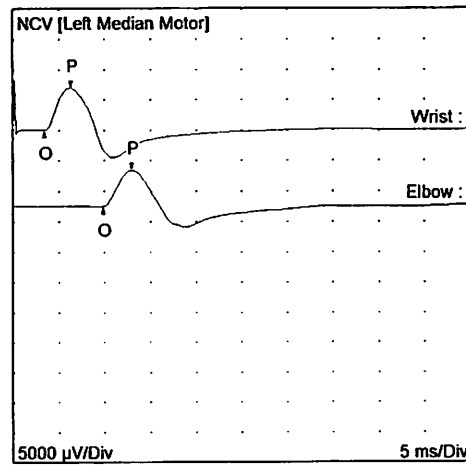
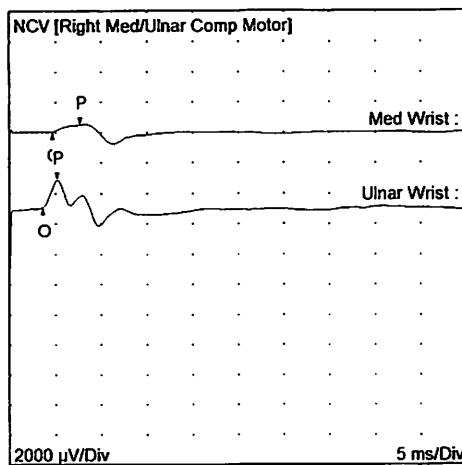
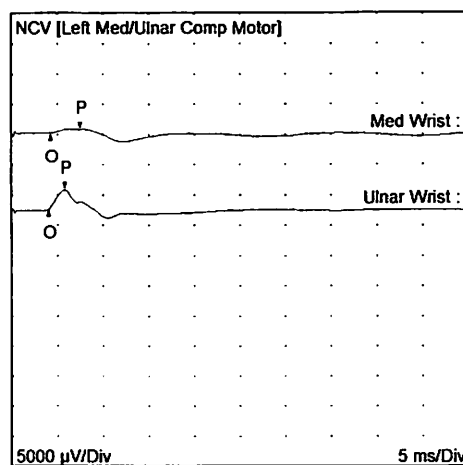
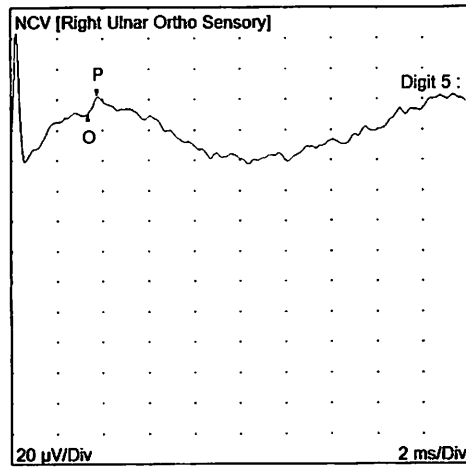
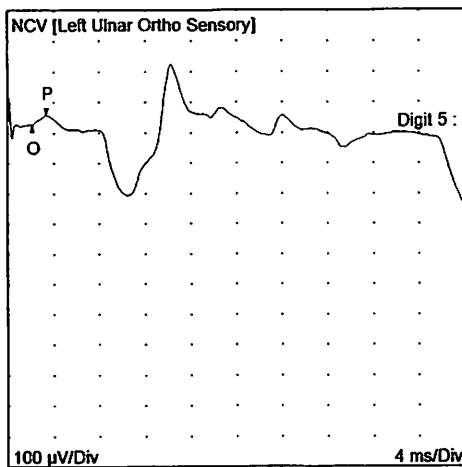
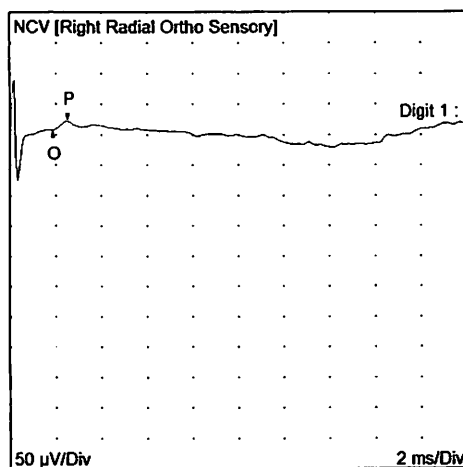
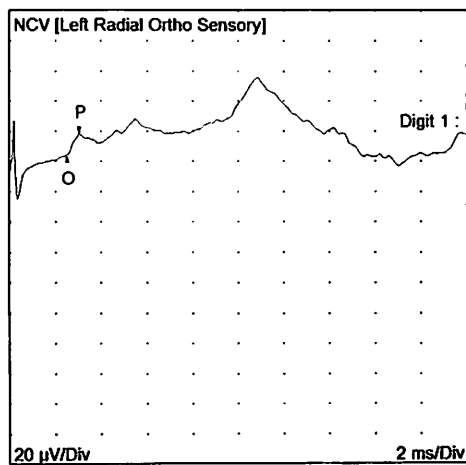
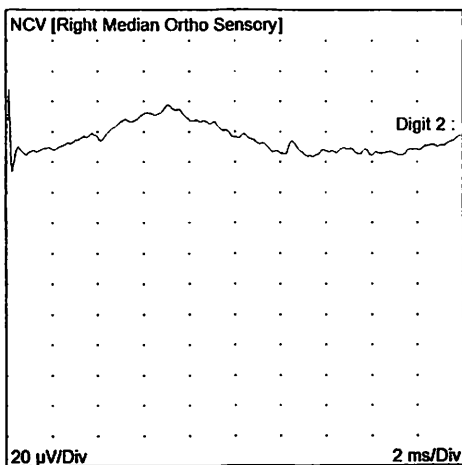
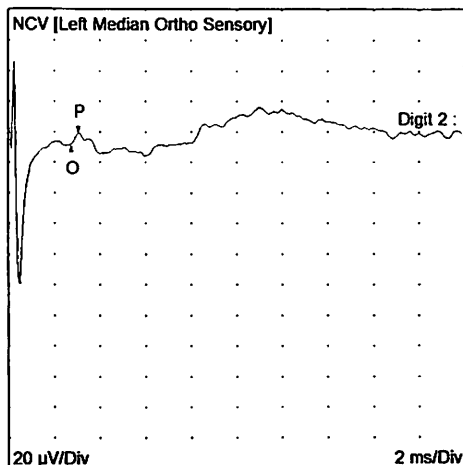
License # 227697

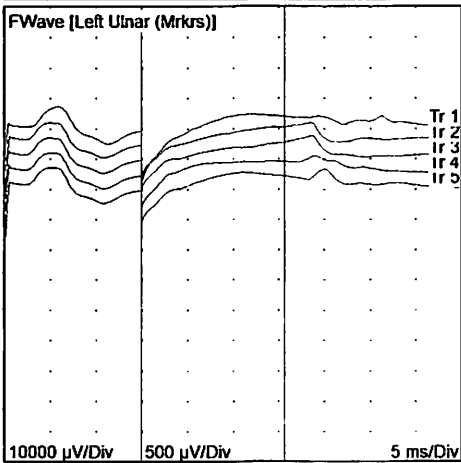
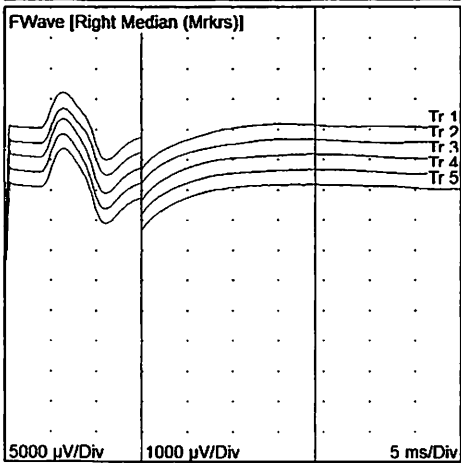
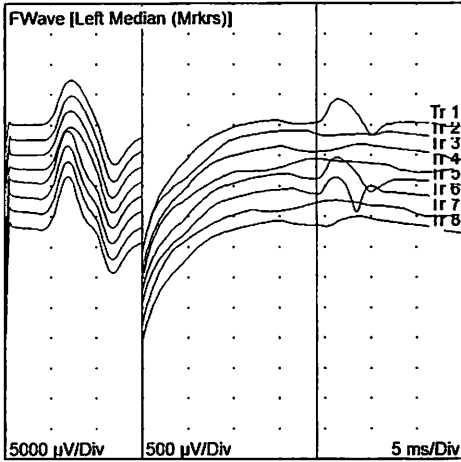
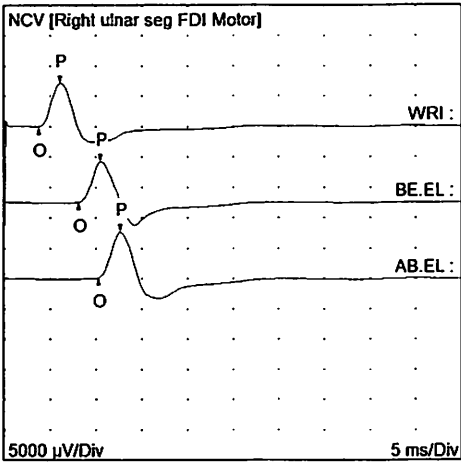
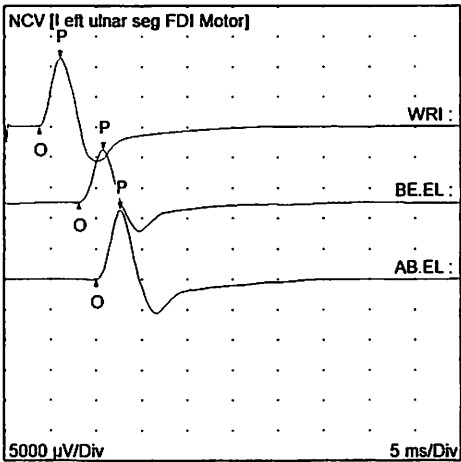
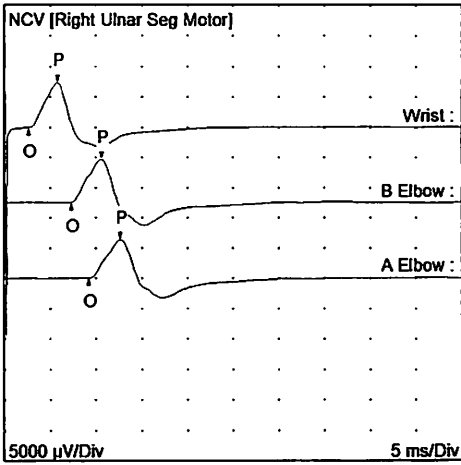
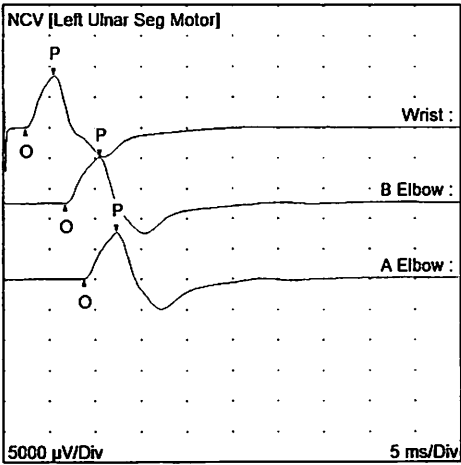
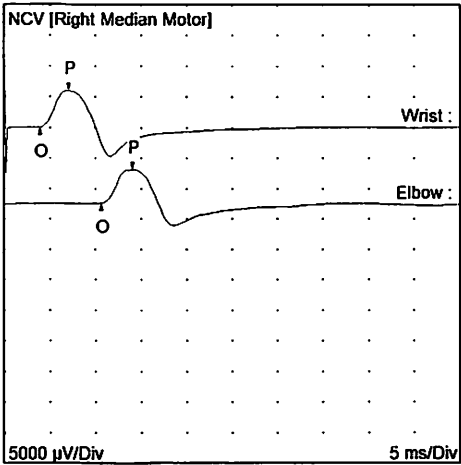
Diplomate of the American Board of Psychiatry and Neurology

Fellowship of Clinical Neurophysiology

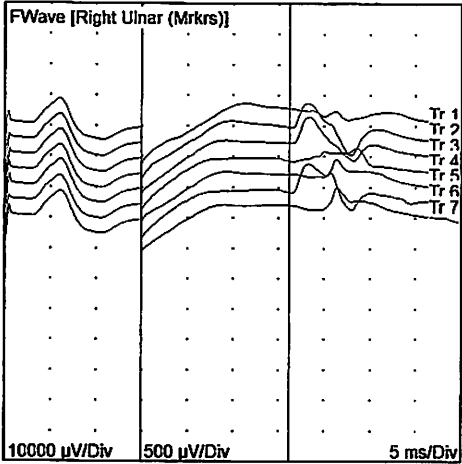
Member of the American Academy of Neurology

Member of the American Association of Neuromuscular & Electrodiagnostic Medicine









## Coney Island Ave.

2279 Coney Island Avenue, 2nd Floor, Brooklyn NY 11223

Tel: 212 882-1110, Fax: 212 882-1120

### RADIOLOGY RESULT

#### PATIENT DEMOGRAPHICS

**Patient:** GANDO AMAT, Juan

**DOB:** 01-26-1954 **Age:** 68 year **Sex:** Male

**Address:** 109-68 PARK LANE SOUTH Richmond Hill NY  
11418

**Phone:**

#### GUARANTOR & INSURANCE INFORMATION

**Insurance:** Bristol West Claims

**Guarantor:** GANDO AMAT Juan

**Policy#** 70021344611

**Group#**

#### LAB VENDOR DETAILS

**Lab Name:**

**Address:**

**Phone:** **Fax:**

#### ORDERING PHYSICIAN DETAILS

**Ordering Physician Name:** Michael Gerling, M.D.

**Order#:** EXT0038542 **Order Date:** 03-14-2022

**Result Date:** 2022-03-14 00:00:00.0

Sr.No.	Test Name	Result	Abn-Type
1	MRI LSP w/o Contrast	MG: L4-5 herniation with right-sided annular tear	

Community Medical Imaging

Report:

L2-3 bulge with left paramedian annular tear

L3-4 bulge protruding to B/L foramina

L4-5 bulge with right posterolateral annular tear

L5-S1 diffuse bulge



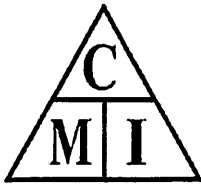
Michael Gerling, M.D.

This has been electronically signed on 03-14-2022.

Result by Matthew Miller, PA-C last date time 2022-05-12 12:31:07  
EST

Enc Edit by date time

Enc Reopen by date time



# Community Medical Imaging

ACR Accredited Facility  
159-16 Union Tpke • Fresh Meadows, NY 11366  
Tel: 718-275-1010 • Fax: 718-591-3300

---

**VAGMIN VORA, M.D.**  
**158-16 79TH AVENUE**  
**FRESH MEADOWS, NY 11366**

**PATIENT: JUAN ALFREDO GANDO AMAT**  
**DOB: 01/26/1954**  
**DOS: 03/14/2022**  
**CHART #: 24536**  
**EXAM: MRI OF THE LUMBAR SPINE WITHOUT CONTRAST**

**HISTORY:** Back pain, left leg pain.

**COMPARISON:** None.

Additional sanitizing / safety protocols recommended by the CDC were performed.

**TECHNIQUE:** Multiplanar MR imaging of the lumbar spine was performed without contrast on Hitachi open MRI unit.

Sagittal and axial T1 weighted, sagittal STIR weighted and sagittal and axial T2 weighted images of the lumbar spine were obtained.

**FINDINGS:** There are no endplate changes. Pedicles are intact. The pars interarticularis is unremarkable. There is no stress reaction. Posterior elements are symmetric. The musculature is unremarkable. The retroperitoneum is within normal limits. There is no solid organ injury. There is no paraspinal abnormality.

There is prominent straightening of the lumbar lordosis. There is disc desiccation seen diffusely. There is mild loss of disc height at the L2-L3 and L3-L4 levels. There is no compression fracture.

The lower thoracic levels are within normal limits. The conus medullaris is unremarkable.

L1-L2: There is a diffuse disc bulge. A small annular tear is seen at the left paramedian.

L2-L3: There is a diffuse disc bulge. Protrusions are seen at the proximal foramina bilaterally.

L3-L4: There is a diffuse disc bulge. A herniation is seen at the proximal foramen seen on image #4 of series #3. There is no stenosis. There is an annular tear at the anterior margin of the L3-L4 disc.



# Community Medical Imaging

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159-16 Union Tpke • Fresh Meadows, NY 11366  
Tel: 718-275-1010 • Fax: 718-591-3300

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**PATIENT: JUAN ALFREDO GANDO AMAT**

**DOB: 01/26/1954**

**DOS: 03/14/2022**

**CHART #: 24536**

**EXAM: MRI OF THE LUMBAR SPINE WITHOUT CONTRAST**

**PAGE 2**

L4-L5: There is a diffuse disc bulge, which is more focal at the midline. A small right posterolateral annular tear is noted measuring 3 mm.

L5-S1: There is a diffuse disc bulge. There is no stenosis.

The sacrum and SI joints are unremarkable.

**IMPRESSION:**

1. A HERNIATION IS NOTED AT THE PROXIMAL FORAMEN AT THE L3-L4 LEVEL AS NOTED.
2. ANNULAR TEARS ARE SEEN AT THE L3-L4 AND L4-L5 DISC SPACES.
3. DISC BULGES ARE SEEN AT THE L1-L2 THROUGH L5-S1 LEVELS.
4. PROTRUSIONS ARE SEEN OF THE PROXIMAL FORAMINA AT THE L2-L3 LEVEL BILATERALLY.

Thank you for referring this patient to us.

---

Andrew McDonnell, MD  
Neuroradiologist  
Diplomate, American Board of Radiology  
AM/man/pr D: 03/15/2022

E-Sig By A. McDonnell, MD on 03/15/2022 16:15:14

**RADIOLOGY RESULT**

**PATIENT DEMOGRAPHICS**

**Patient:** GANDO AMAT, Juan

**DOB:** 01-26-1954 **Age:** 68 year **Sex:** Male

**Address:** 109-68 PARK LANE SOUTH Richmond Hill NY  
11418

**Phone:**

**GUARANTOR & INSURANCE INFORMATION**

**Insurance:** Bristol West Claims

**Guarantor:** GANDO AMAT Juan

**Policy#** 70021344611

**Group#**

**LAB VENDOR DETAILS**

**Lab Name:**

**Address:**

**Phone:** **Fax:**

**ORDERING PHYSICIAN DETAILS**

**Ordering Physician Name:** Michael Gerling, M.D.

**Order#:** EXT0038543 **Order Date:** 03-14-2022

**Result Date:** 2022-03-14 00:00:00.0

Sr.No.	Test Name	Result	Abn-Type
1	MRI CSP w/o Contrast	MG: C5-6 herniation and loss of height causing cord impingement and B/L foraminal stenosis	

Community Medical Imaging

Report:

C3-4 paramedian injection with right foraminal stenosis

C4-5 bulge with right and left-sided protrusions narrowing cervical canal

C5-6 bulge with B/L foraminal stenosis

C6-7 herniation with right foraminal stenosis



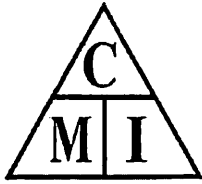
Michael Gerling, M.D.

This has been electronically signed on 03-14-2022.

Result by Matthew Miller, PA-C last date time 2022-05-12 12:30:42  
EST

Enc Edit by date time

Enc Reopen by date time



# Community Medical Imaging

ACR Accredited Facility  
159-16 Union Tpke • Fresh Meadows, NY 11366  
Tel: 718-275-1010 • Fax: 718-591-3300

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**VAGMIN VORA, M.D.**  
**158-16 79TH AVENUE**  
**FRESH MEADOWS, NY 11366**

**PATIENT: JUAN ALFREDO GANDO AMAT**  
**DOB: 01/26/1954**  
**DOS: 03/14/2022**  
**CHART #: 24536**  
**EXAM: MRI OF THE CERVICAL SPINE WITHOUT CONTRAST**

**HISTORY:** Low back pain, left leg pain.

**COMPARISON:** None.

Additional sanitizing / safety protocols recommended by the CDC were performed.

**TECHNIQUE:** Multiplanar MR imaging of the cervical spine was performed without contrast on Hitachi open MRI unit.

Sagittal T1 weighted images, sagittal STIR weighted images, sagittal T2 weighted images and axial T2 weighted gradient echo images of the cervical spine were obtained.

**FINDINGS:** The vertebral bodies are unremarkable.

The facet joints are normal in alignment. The cord is unremarkable.

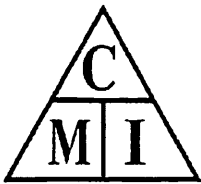
The posterior elements are unremarkable. There is no asymmetry of the paraspinal musculature. C1 ring and skull base are unremarkable. Limited visualization of the brainstem and cerebellum appears unremarkable. There is no paravertebral abnormality.

There is prominent straightening of the cervical lordosis. There is disc desiccation throughout. Prominent loss of disc height is seen at the C5-C6 and C6-C7 levels.

C2-C3: There is no central or foraminal stenosis.

C3-C4: There is a diffuse disc bulge. A midline and left paramedian herniation is seen projecting locally. There is partial effacement of the anterior subarachnoid space. There is moderate right foraminal narrowing.

C4-C5: There is a diffuse disc bulge. Protrusions are seen of the right and left margins of the canal.



# Community Medical Imaging

ACR Accredited Facility  
159-16 Union Tpke • Fresh Meadows, NY 11366  
Tel: 718-275-1010 • Fax: 718-591-3300

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**PATIENT: JUAN ALFREDO GANDO AMAT**

**DOB: 01/26/1954**

**DOS: 03/14/2022**

**CHART #: 24536**

**EXAM: MRI OF THE CERVICAL SPINE WITHOUT CONTRAST**

**PAGE 2**

C5-C6: There is a diffuse disc bulge. Prominent foraminal narrowing is noted bilaterally.

C6-C7: There is a diffuse disc bulge. There is prominent foraminal narrowing bilaterally. There is no central stenosis.

C7-T1: There is a diffuse disc bulge. There is moderate right foraminal narrowing. A midline herniation is seen projecting locally.

There is a disc bulge at the T1-T2 level.

**IMPRESSION:**

1. STRAIGHTENING OF THE CERVICAL LORDOSIS IS SEEN CONSISTENT WITH SEVERE SPASM.
2. A MIDLINE HERNIATION IS SEEN AT THE C7-T1 LEVEL AS NOTED.
3. A MIDLINE AND LEFT PARAMEDIAN HERNIATION IS SEEN AT THE C3-C4 LEVEL AS NOTED.
4. PROTRUSIONS ARE SEEN AT THE C4-C5 LEVEL, AS NOTED.
5. MULTILEVEL FORAMINAL NARROWING IS SEEN, WHICH IS MORE FOCAL AT THE C5-C6 AND C6-C7 LEVELS.

**Thank you for referring this patient to us.**

---

Andrew McDonnell, MD  
Neuroradiologist  
Diplomate, American Board of Radiology  
AM/man/pr D: 03/15/2022

E-Sig By A. McDonnell, MD on 03/15/2022 16:15:53

**RADIOLOGY RESULT**

**PATIENT DEMOGRAPHICS**

**Patient:** GANDO AMAT, Juan

**DOB:** 01-26-1954 **Age:** 69 year **Sex:** Male

**Address:** 109-68 PARK LANE SOUTH Richmond Hill NY  
11418

**Phone:**

**GUARANTOR & INSURANCE INFORMATION**

**Insurance:** Bristol West Claims

**Guarantor:** GANDO AMAT Juan

**Policy#** 70021344511

**Group#**

**LAB VENDOR DETAILS**

**Lab Name:** Duane Office

**Address:**

**Phone:**      **Fax:**

**ORDERING PHYSICIAN DETAILS**

**Ordering Physician Name:** Michael Gerling, M.D.

**Order#:** EXT0046869 **Order Date:** 03-14-2023

**Result Date:** 2023-03-14 00:00:00.0

Sr.No.	Test Name	Result	Abn-Type
1	XR CSP - AP/Lat + Flex/Ex	S/P ACDF C5-6 with hardware intact. C6-7 LOH/ASD	

Duane on Ambra



Michael Gerling, M.D.

This has been electronically signed on 03-14-2023.





Hudson Regional Hospital

55 Meadowlands Parkway

Secaucus, NJ 07096

---

From: HUDSON REGIONAL HOSPITAL Radiology  
Dept.

To: GERLING, MICHAEL

Fax:

Fax: 12128821120

Voice:

Voice:

Date: Thu Jul 28 2022, 10:44 EDT

Pages: 5 (excluding this page)

Re: Radiology Results.

HUDSON REGIONAL HOSPITAL  
55 MEADOWLANDS PARKWAY, SECAUCUS, NJ 07096

RADIOLOGY/IMAGING DEPARTMENT

ORDERING DR: GERLING, MICHAEL  
REQ DATE: JUL 27, 2022 16:29  
EXAM DATE: JUL 27, 2022 16:52

NAME: GANDO AMAT, JUAN  
AGE: 68 DOB: 01-26-1954 SEX: MALE  
MRN: 1100218254  
ACCT #: N00002327302  
REQ AREA: 3 MEDICAL/SURGICAL M

DIAG CODE:

(Case 16371 COMPLETE) SPINE CERVICAL PORT 1 VIEW (RAD Detailed) CPT:72020  
Reason for Study: ACDF C5-6

Clinical History:

Report:

Patient Name: GANDO AMAT, JUAN DOB: 01/26/1954 Sex of Patient: M

Patient ID: 1100218254 Accession: 07272216371

Treating Facility: HUDSON REGIONAL HOSPITAL

Ordering: MICHAEL GERLING, MD

DOS: 07/27/2022 10:49:26 AM Exam: XRAY SPINE CERVICAL PORT 1 VIEW

RADIOLOGY/NUCLEAR MEDICINE REPORT

EXAM: INTRAOPERATIVE FLUOROSCOPY/X-RAY CERVICAL SPINE

PROCEDURE: CERVICAL ARTHRODESIS

INDICATION: Intractable neck pain. Image-guided anatomic localization.

FLUOROSCOPY TIME: 7.7 s

TOTAL IMAGES: 5

Impression:

FINDINGS/IMPRESSION:

Intraoperative fluoroscopy was provided for anterior instrumented cervical fusion at the C5-C6 levels. Static image intensifier views reveal well-seated anterior 1 segment plate and paired screws with interbody spacer projecting over the respective height-restored disc interspaces. No immediate hardware complication. Operative segment alignment appears anatomic. For details, please refer to operative report.

Please note, follow-up post-procedure conventional radiographs of the cervical spine are recommended to assess adequacy of hardware placement and operative segment alignment.

Thank you for the opportunity to participate in the care of this patient.

Signed by FENG TAO, MD at 07/28/2022 10:04:29 AM

Patient Name: GANDO AMAT, JUAN

Patient ID: 1100218254 DOS: 07/27/2022 10:49:26 AM

Primary Diagnostic Code:

**RADIOLOGY/NUCLEAR MEDICINE REPORT**

Primary Interpreting Staff:  
FENG TAO, PHYSICIAN

VERIFIED BY:

/

**RADIOLOGY/NUCLEAR MEDICINE REPORT**



Manhattan  
Brooklyn  
Queens  
Bronx  
Long Island

Exam requested by:  
PROSPER JEROME NP  
80-02 KEW GARDENS RD, 5TH FL  
KEW GARDENS NY 11415

**SITE PERFORMED: KEW GARDENS**

**SITE PHONE: (718) 544-5151**

**Patient:** GANDO, JUAN

**Date of Birth:** 01-26-1954

**Phone:** (347) 845-4425

**MRN:** 11645749R **Acc:** 1024241508

**Date of Exam:** 08-17-2022

**EXAM: X-RAY CERVICAL SPINE 2 OR 3 VIEWS**

**HISTORY:** Follow-up, and left neck pain.

**TECHNIQUE:** 2 views of the cervical spine.

**COMPARISON:** None.

**IMPRESSION:**

Prominent straightening of the lordosis; neutral head position.

Intact C5-C6 anterior buttress plate and screws, and interbody cage; no lucency around the screws.

Moderate C6-7 disc space narrowing with minimal anterior spondylosis.

Otherwise, normal spine: intact vertebrae, AP alignment, and disc spaces.

Unremarkable soft tissues.

Thank you for the opportunity to participate in the care of this patient.

LESLIE A SAINT-LOUIS MD - *Electronically Signed: 08-18-2022 9:35 PM*

**Physician to Physician Direct Line is:** (646) 381-1763

---

**Confidential**

**Tel: 212-772-3111 - Fax: 212-734-5832 - [www.lenoxhillradiology.com](http://www.lenoxhillradiology.com)**

**RADIOLOGY RESULT**

**PATIENT DEMOGRAPHICS**

**Patient:** GANDO AMAT, Juan

**DOB:** 01-26-1954 **Age:** 68 year **Sex:** Male

**Address:** 109-68 PARK LANE SOUTH Richmond Hill NY  
11418

**Phone:**

**GUARANTOR & INSURANCE INFORMATION**

**Insurance:** Bristol West Claims

**Guarantor:** GANDO AMAT Juan

**Policy#** 70021344511

**Group#**

**LAB VENDOR DETAILS**

**Lab Name:** Duane Office

**Address:**

**Phone:**      **Fax:**

**ORDERING PHYSICIAN DETAILS**

**Ordering Physician Name:** Michael Gerling, M.D.

**Order#:** EXT0043029 **Order Date:** 10-25-2022

**Result Date:** 2022-10-25 00:00:00.0

Sr.No.	Test Name	Result	Abn-Type
1	XR LSP - AP/Lat + Flex/Ex	MG: No fractures or dislocations	

Duane on Ambra



Michael Gerling, M.D.

This has been electronically signed on 10-25-2022.





CENTER for  
MUSCULOSKELETAL and  
NEUROLOGICAL CARE

## Coney Island Ave.

2279 Coney Island Avenue, 2nd Floor, Brooklyn NY 11223

Tel: 212 882-1110, Fax: 212 882-1120

Case  
Amat v Hand to Hand  
03-24-25

**Exhibit  
Gerling-8**

### RADIOLOGY RESULT

#### PATIENT DEMOGRAPHICS

**Patient:** GANDO AMAT, Juan

**DOB:** 01-26-1954 **Age:** 68 year **Sex:** Male

**Address:** 109-68 PARK LANE SOUTH Richmond Hill NY  
11418

**Phone:**

#### GUARANTOR & INSURANCE INFORMATION

**Insurance:** Bristol West Claims

**Guarantor:** GANDO AMAT Juan

**Policy#** 70021344611

**Group#**

#### LAB VENDOR DETAILS

**Lab Name:**

**Address:**

**Phone:** **Fax:**

#### ORDERING PHYSICIAN DETAILS

**Ordering Physician Name:** Michael Gerling, M.D.

**Order#:** EXT0038542 **Order Date:** 03-14-2022

**Result Date:** 2022-03-14 00:00:00.0

Sr.No.	Test Name	Result	Abn-Type
1	MRI LSP w/o Contrast	MG: L4-5 herniation with right-sided annular tear	

Community Medical Imaging

Report:

L2-3 bulge with left paramedian annular tear

L3-4 bulge protruding to B/L foramina

L4-5 bulge with right posterolateral annular tear

L5-S1 diffuse bulge

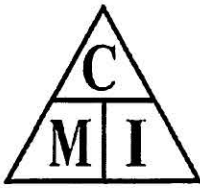
Michael Gerling, M.D.

This has been electronically signed on 03-14-2022.

Result by Matthew Miller, PA-C last date time 2022-05-12 12:31:07  
EST

Enc Edit by date time

Enc Reopen by date time



# Community Medical Imaging

ACR Accredited Facility  
159-16 Union Tpke • Fresh Meadows, NY 11366  
Tel: 718-275-1010 • Fax: 718-591-3300

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**VAGMIN VORA, M.D.**  
**158-16 79TH AVENUE**  
**FRESH MEADOWS, NY 11366**

**PATIENT: JUAN ALFREDO GANDO AMAT**  
**DOB: 01/26/1954**  
**DOS: 03/14/2022**  
**CHART #: 24536**  
**EXAM: MRI OF THE LUMBAR SPINE WITHOUT CONTRAST**

**HISTORY:** Back pain, left leg pain.

**COMPARISON:** None.

Additional sanitizing / safety protocols recommended by the CDC were performed.

**TECHNIQUE:** Multiplanar MR imaging of the lumbar spine was performed without contrast on Hitachi open MRI unit.

Sagittal and axial T1 weighted, sagittal STIR weighted and sagittal and axial T2 weighted images of the lumbar spine were obtained.

**FINDINGS:** There are no endplate changes. Pedicles are intact. The pars interarticularis is unremarkable. There is no stress reaction. Posterior elements are symmetric. The musculature is unremarkable. The retroperitoneum is within normal limits. There is no solid organ injury. There is no paraspinal abnormality.

There is prominent straightening of the lumbar lordosis. There is disc desiccation seen diffusely. There is mild loss of disc height at the L2-L3 and L3-L4 levels. There is no compression fracture.

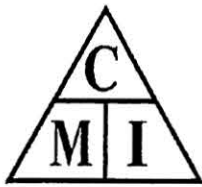
The lower thoracic levels are within normal limits. The conus medullaris is unremarkable.

L1-L2: There is a diffuse disc bulge. A small annular tear is seen at the left paramedian.

L2-L3: There is a diffuse disc bulge. Protrusions are seen at the proximal foramina bilaterally.

L3-L4: There is a diffuse disc bulge. A herniation is seen at the proximal foramen seen on image #4 of series #3. There is no stenosis. There is an annular tear at the anterior margin of the L3-L4 disc.





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Tel: 718-275-1010 • Fax: 718-591-3300

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**PATIENT: JUAN ALFREDO GANDO AMAT**

**DOB: 01/26/1954**

**DOS: 03/14/2022**

**CHART #: 24536**

**EXAM: MRI OF THE LUMBAR SPINE WITHOUT CONTRAST**

**PAGE 2**

L4-L5: There is a diffuse disc bulge, which is more focal at the midline. A small right posterolateral annular tear is noted measuring 3 mm.

L5-S1: There is a diffuse disc bulge. There is no stenosis.

The sacrum and SI joints are unremarkable.

**IMPRESSION:**

1. A HERNIATION IS NOTED AT THE PROXIMAL FORAMEN AT THE L3-L4 LEVEL AS NOTED.
2. ANNULAR TEARS ARE SEEN AT THE L3-L4 AND L4-L5 DISC SPACES.
3. DISC BULGES ARE SEEN AT THE L1-L2 THROUGH L5-S1 LEVELS.
4. PROTRUSIONS ARE SEEN OF THE PROXIMAL FORAMINA AT THE L2-L3 LEVEL BILATERALLY.

Thank you for referring this patient to us.

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Andrew McDonnell, MD  
Neuroradiologist  
Diplomate, American Board of Radiology  
AM/man/pr D: 03/15/2022

E-Sig By A. McDonnell, MD on 03/15/2022 16:15:14