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(702) 673-1510

ATILAMO BAEZ

DOB: 6-16-1955

DATE: 1/25/06

HISTORY OF PRESENT ILLNESS: The patient is a 50-year-old gentleman who presented to me with severe back pain, pain into his right lower extremity, the right groin, testicle area and down his right extremity. He also suffers from right knee pain. He has a very complicated history. He was involved in an industrial accident on 9/11/00 when he worked for Alpine Steel. After determining that he had a knee injury, he underwent reconstructive surgery by Dr. Jeff Grondell for the right knee. Since then he has begun having back pain and radicular symptoms. The back pain also includes neck pain. The pain drawing basically goes from the head all the way down to the toes, mainly on the right side with some radicular symptoms drawn on the left side. He ambulates with a walker and also requested crutches to be able to ambulate safely. He has been treated with Lortab, Oxycodone and OxyContin interchangeably over the last few years. He has had some therapy, however this has not been fully effective for him. The patient's worker's compensation case has closed. It was mainly open for the right knee injury.

PAST MEDICAL HISTORY: Unremarkable.

PAST SURGICAL HISTORY: Knee surgery which was basically a right knee arthroscopy and debridement surgery secondary to a diagnosed medial meniscus tear. This was performed on 1/25/01.

ALLERGIES: Negative.

RECOMMENDATIONS:

1. At this point I feel that the patient needs to be worked up as it relates to his lumbar spine problems.
2. I think his left knee should be reevaluated as well as it seems that he has considerable pain and dysfunction with deconditioning.
3. During the interim of a possible reopening of his case, the patient will be given Relafen for anti-inflammatory treatment, Lortab as needed for pain.
4. I would like him to see Javier Diaz, PA for general medical management and overall evaluation of this patient.
5. I also want him to go see a therapist at Cervantes Physical Therapy for strengthening and range of motion of the right knee.

NOTE: The above named patient was first interviewed by my medical secretary and a full history was taken and typed. During the physical examination, which was conducted solely by myself, I discussed and/or confirmed the pertinent aspects of this typed history with the patient and/or by review of the available records.

Thomas L. Vater, D.O./cs
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FAMILY HISTORY: Noncontributory.

SOCIAL HISTORY: He is married. He is not working at this time.

MEDICATIONS: As above.

REVIEW OF SYSTEMS: As above.

PHYSICAL EXAMINATION: The patient is alert and oriented x 3. He is in some distress secondary to the pain. He is not sitting very comfortably as shifting his body causes shooting pain into his spine and lower extremity. He seems to have a good range of motion of the left knee, although it causes him great discomfort to place his knee through range of motion. He does not appear to have any atrophy or neural or motor deficits at this time that are obvious.

RADIOGRAPHS/TESTING: MRI evaluation shows evidence of disc degeneration. His main disc degeneration with a slight herniation is at L4-5. The L2-3 also has degeneration and narrowing. The rest of the discs look fine. I believe these are the 2 pain generators.

IMPRESSION: I believe the lumbar spine symptoms are attributed to the injury, especially during the time that he had disuse of his right lower extremity, causing an imbalance in his body which placed a strain on the spine. There are no other injuries reported that would have led up to the spine issues that he feels at this time.

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03/01/06

Atilano returns today for evaluation. He continues to have right knee pain and low back pain. He was seen for physical therapy, which has helped him. The patient continues to suffer from his lower back symptoms. He does have a right central disc herniation at L4-5 and some diffuse degenerative changes at L2-3. I believe that his pain is mainly from L4-5.

He has had progressive back problems since his industrial injury where he had this right knee injury. He has had a continuous limp since that injury, therefore, it is with a reasonable degree of certainty that the back problem he suffers from today is a product of his initial injury.

At this time, I feel that this patient needs to be considered for possible reopening of the case so that his back problem can be treated. We will see him back once he has resolved his Workman's Compensation status.

Thomas L. Vater, D.O./rc
DT: 03/02/06