MARVIX AI

# SAMPLE WORKERS' COMPENSATION NOTE

WORK-RELATED RIGHT SHOULDER INJURY — ROTATOR CUFF TEAR

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## 1 PATIENT INFORMATION

**PATIENT NAME**
Teresa M. Alvarado

**DATE OF SERVICE**
October 2, 2025

**DOB**
09/09/1984 (41 yrs)

**DATE OF INJURY**
April 28, 2025

**AGE / SEX**
41 / Female

**EMPLOYER**
St. Bernadette Regional Medical Center

**MRN / CLAIM ID**
WC-2025-206611

**JOB TITLE**
Certified Surgical Scrub Technologist

**INSURANCE CARRIER**
Guardian Mutual Comp

**ADJUSTER / CASE MANAGER**
Kevin Doyle, Guardian Mutual

**ATTORNEY / LEGAL REPRESENTATIVE**
None at this time

## 2 PROVIDER INFORMATION

**PROVIDER NAME**
Nadia Rahman, MD

**PHONE**
(312) 555-0155

**CREDENTIALS**
MD, Board-Certified Orthopedic Surgeon (Sports Medicine)

**FAX**
(312) 555-0177

**SPECIALTY**
Orthopedics (Shoulder & Sports Medicine)

**PRACTICE / FACILITY NAME**
Lakeshore Orthopedics & Sports Institute

**ADDRESS**
233 N Michigan Ave, Suite 1600, Chicago, IL 60601

## 3 CLAIM INFORMATION

**CLAIM NUMBER**
GM-206611-01

**AUTHORIZED VISIT TYPE**
Post-operative follow-up (authorized)

**BODY PART(S) ACCEPTED**
Right shoulder

**REFERRAL SOURCE**
Employer occupational health

BODY PART(S) DISPUTED

None

WORK STATUS AT TIME OF VISIT

Modified duty (temporary partial disability)

## 4 MECHANISM OF INJURY

**Reported Injury Event:**

On April 28, 2025, while assisting with a lateral transfer of a sedated 240-lb patient from the OR table to a gurney, the patient's torso began to slide. Ms. Alvarado reflexively reached across with her right (dominant) arm to catch the patient, feeling a sudden painful "tearing" sensation in the right shoulder with immediate weakness in overhead reach.

DATE / TIME OF INJURY

April 28, 2025, approximately 14:20

LOCATION OF INJURY

Operating Room 4, St. Bernadette Regional Medical Center

IMMEDIATE SYMPTOMS

Sharp right shoulder pain, weakness lifting the arm

INITIAL REPORTING

Reported to charge nurse and completed incident report same shift

**Initial Treatment:**

Evaluated in employee health that afternoon; diagnosed with a right shoulder strain, placed in a sling, prescribed NSAIDs, and restricted from overhead work. Persistent weakness prompted MRI and orthopedic referral.

## 5 CHIEF COMPLAINT

PRIMARY ORTHOPEDIC COMPLAINT

Right shoulder pain and weakness, status post rotator cuff repair

SECONDARY COMPLAINT(S)

Post-operative stiffness and reduced overhead reach

PAIN LOCATION

Right anterolateral shoulder and deltoid region

PAIN SEVERITY

3/10 at rest, 5–6/10 with therapy and reaching

FUNCTIONAL LIMITATION

Difficulty with overhead activity, lifting, and sustained gripping with the right arm

## 6 SUBJECTIVE / INTERVAL HISTORY

**Current Symptoms:**

Now ~7 weeks post-operative. Reports steadily improving pain and gradually increasing motion. Continues to have anticipated stiffness and weakness with overhead reach and difficulty with tasks requiring the arm away from the body.

**Symptom Progression:**

Overall improving. Night pain has largely resolved; pain now primarily activity-related during therapy.

TREATMENT SINCE LAST VISIT

MEDICATION USE

Supervised physical therapy 2×/week; home exercise program

Acetaminophen PRN; discontinued opioids at 3 weeks post-op

THERAPY ATTENDANCE

Compliant — attended 11 of 12 scheduled sessions

WORK STATUS UPDATE

Remained on modified duty; employer accommodating restrictions

**Response to Treatment:**

Good response; progressing appropriately along the post-operative rehabilitation protocol with improving active range of motion.

**New or Worsening Symptoms:**

No new numbness, tingling, instability, locking, or signs of infection. No wound concerns.

## 7 PAST ORTHOPEDIC HISTORY

PRIOR INJURY TO SAME BODY PART

None; no prior right shoulder injury or symptoms

PRE-EXISTING CONDITION

No prior shoulder pathology; MRI noted mild subacromial changes

PRIOR SURGERY

None to the right shoulder

BASELINE FUNCTIONAL STATUS

Fully functional, no restrictions prior to injury

PRIOR TREATMENT

None prior to this injury

## 8 OCCUPATIONAL HISTORY

JOB DUTIES

Sterile instrument handling, patient transfers, prolonged standing, tray/equipment lifting

STANDING / WALKING REQUIREMENTS

Prolonged standing throughout surgical cases

PHYSICAL DEMANDS

Medium-to-heavy: frequent lifting, reaching, and patient handling

REPETITIVE MOTION REQUIREMENTS

Frequent reaching and fine motor handling of instruments

REQUIRED LIFTING / CARRYING

Instrument trays 15–30 lb; assisted patient transfers

OVERHEAD ACTIVITY REQUIREMENTS

Occasional overhead reach for supplies and lighting

CURRENT MODIFIED DUTY AVAILABILITY

Employer providing seated/light instrument-processing duty with no patient transfers

## 9 RECORDS REVIEWED

INITIAL INJURY REPORT

OPERATIVE REPORTS

Employee health note, 04/28/2025

Right shoulder arthroscopy operative report, 08/14/2025

EMERGENCY / URGENT CARE RECORDS

N/A — seen in employee health

PRIOR WORK STATUS NOTES

Serial work-status reports 05/2025–09/2025

ORTHOPEDIC NOTES

Pre- and post-operative orthopedic visit notes

EMPLOYER / CLAIM DOCUMENTS

DWC/claim forms, adjuster authorizations

PHYSICAL THERAPY NOTES

Pre- and post-op PT notes

OTHER RECORDS

None

IMAGING REPORTS

Right shoulder MRI, 06/2025

## 10 PHYSICAL EXAMINATION

GENERAL APPEARANCE

Healthy female in no distress; right arm out of sling, used protectively

STRENGTH

Supraspinatus 4/5 (improving); external rotation 4/5; deltoid 5/5

GAIT / AMBULATION

Normal

SENSATION

Intact throughout the right upper extremity

INSPECTION

Well-healed arthroscopic portal incisions; no erythema or drainage; mild disuse atrophy

REFLEXES

2+ and symmetric in the upper extremities

PALPATION

Mild tenderness over the anterolateral shoulder; no warmth

SPECIAL TESTS

Empty-can test mildly positive; Hawkins mild; no drop-arm; stable to apprehension

RANGE OF MOTION

Active forward flexion 130°, abduction 120°, external rotation 40° (passive greater); improving

NEUROVASCULAR STATUS

Radial pulse 2+; capillary refill brisk; no distal deficits

FUNCTIONAL TESTING

Able to reach waist and chest level; difficulty above shoulder height

## 11 IMAGING AND DIAGNOSTIC STUDIES

X-RAY

06/2025: no fracture or dislocation; mild subacromial spurring; anchors well-positioned post-op

EMG / NCS

Not indicated

MRI

06/2025: full-thickness tear of the supraspinatus

LABORATORY STUDIES

Not applicable

tendon with ~2 cm retraction and mild fatty infiltration; intact subscapularis and infraspinatus

CT

Not performed

OTHER DIAGNOSTIC STUDIES

None

ULTRASOUND

Not performed

## 12 ASSESSMENT / DIAGNOSIS

**Primary Work-Related Diagnosis:**

Right (dominant) full-thickness supraspinatus rotator cuff tear, status post arthroscopic repair (08/14/2025), in expected post-operative recovery.

**Secondary Diagnosis:**

Post-operative adhesive-type stiffness and rotator cuff weakness, right shoulder.

ACCEPTED CONDITION(S)

Right shoulder rotator cuff tear (accepted)

DISPUTED CONDITION(S)

None

**Pre-Existing Condition:**

Mild pre-existing subacromial degenerative changes noted on MRI, previously asymptomatic.

**Aggravation / Exacerbation:**

The industrial catch event caused an acute full-thickness tear; there was no prior symptomatic shoulder condition.

## 13 CAUSATION

Within reasonable medical probability, the right supraspinatus full-thickness tear is causally related to the April 28, 2025 industrial event. The described mechanism — a sudden eccentric load on an abducted, outstretched dominant arm while catching a falling patient — is a classic and well-recognized mechanism for an acute rotator cuff tear. The patient had no prior right shoulder symptoms, and imaging showed an acute-appearing tear with only mild, incidental pre-existing subacromial degenerative changes. These mild degenerative findings are not the primary cause of disability, and no meaningful apportionment to non-industrial factors is warranted at this time. There are no significant non-industrial contributing factors.

## 14 TREATMENT PLAN

MEDICATIONS

Acetaminophen PRN; NSAIDs as tolerated

IMAGING / DIAGNOSTIC TESTING

No further imaging at this time

PHYSICAL THERAPY / OCCUPATIONAL THERAPY

Continue supervised PT 2×/week; advance to active

SPECIALIST REFERRAL

None indicated

strengthening per protocol

BRACING / DURABLE MEDICAL EQUIPMENT

Sling discontinued; no further DME needed

HOME EXERCISE PROGRAM

Daily HEP with progressive range-of-motion and rotator cuff strengthening

INJECTIONS

None planned

ACTIVITY MODIFICATION

Continue no overhead lifting and no patient transfers with the right arm

SURGICAL CONSIDERATION

None — post-operative; no revision indicated

## 15 WORK STATUS

CURRENT WORK ABILITY

Able to work modified/light duty with restrictions

TEMPORARY PARTIAL DISABILITY

Yes — currently TPD on modified duty

FULL DUTY

No

NO WORK STATUS

No

MODIFIED DUTY

Yes — seated instrument-processing duty, no patient handling

RETURN-TO-WORK DATE

Full duty anticipated ~4–6 months post-op, pending recovery

TEMPORARY TOTAL DISABILITY

No

## 16 WORK RESTRICTIONS

LIFTING / CARRYING LIMITS

No lifting over 5 lb with the right arm; no repetitive lifting

CLIMBING LIMITS

No ladder climbing requiring right-arm pulling

PUSHING / PULLING LIMITS

No pushing/pulling over 5 lb with the right arm

REPETITIVE USE LIMITS

Limit repetitive right-arm reaching

STANDING / WALKING LIMITS

No restriction

OVERHEAD ACTIVITY LIMITS

No overhead reaching or work with the right arm

SITTING LIMITS

No restriction

DRIVING / OPERATING MACHINERY LIMITS

May drive; no operating machinery requiring overhead right-arm use

BENDING / SQUATTING / KNEELING LIMITS

No restriction

OTHER RESTRICTIONS

No assisted patient transfers with the right arm

## 17 MAXIMUM MEDICAL IMPROVEMENT

**MMI STATUS**
Not yet at MMI

**ESTIMATED MMI DATE**
Approximately February 2026 (~6 months post-op)

**MMI REACHED DATE**
Not applicable

**PERMANENT RESTRICTIONS**
To be determined at MMI

**Future Medical Care:**

Continued physical therapy with progression to strengthening, periodic orthopedic follow-up, and a home exercise program. Impairment rating and any permanent restrictions to be assessed once the patient reaches maximum medical improvement.

## 18 IMPAIRMENT RATING, IF APPLICABLE

**RATING METHODOLOGY**
Deferred until MMI (AMA Guides at time of rating)

**BODY PART / REGION RATED**
Right shoulder — to be rated at MMI

**WHOLE PERSON IMPAIRMENT**
Not yet determined

**PERMANENT PARTIAL IMPAIRMENT**
Not yet determined

**Rating Rationale:**

Patient is not at maximum medical improvement; an impairment rating is premature and will be performed once the condition is permanent and stationary.

## 19 FOLLOW-UP

**FOLLOW-UP TIMEFRAME**
Return in 4 weeks

**PENDING STUDIES / AUTHORIZATIONS**
Authorization requested for 12 additional PT visits

**PURPOSE OF FOLLOW-UP**
Reassess strength, range of motion, and functional progress; advance rehabilitation

**NEXT WORK STATUS REVIEW**
At next visit; anticipate gradual restriction liberalization

## TB BILLING CONSIDERATIONS

**E/M LEVEL**
99214 — Established patient, moderate complexity

**PROCEDURE CODE(S), IF APPLICABLE**
None this visit

**WORKERS' COMPENSATION FORM(S)**
PR-2 progress report and work-status report completed

**BASIS FOR BILLING**
Medical Decision Making

## SO SIGNATURE

| PROVIDER NAME | CREDENTIALS | SPECIALTY | SIGNATURE | DATE | TIME |
|---|---|---|---|---|---|
| Nadia Rahman, MD | MD | Orthopedics | Nadia Rahman, MD | 10/02/2025 | 11:30 |