

Davis, Jeremy W (MR # 00763325)

Encounter Date: 05/09/2016

Jeremy W Davis

5/9/2016 11:15 AM Office Visit

MRN: 00763325

Description: Male DOB: 8/3/1979

Provider: Adam Daniel Cash, MD

Department: Hmhp Howland Plastics

Reason for Visit

Follow-up
Reason for Visit History

Claim # 16 - 814288

Vitals

BP	Temp(Src)
104/76 mmHg	97.4 °F (36.3 °C) (Tympanic)

Smoking Cessation Audit Trail

Progress Notes

Christopher F Jonda, PA at 5/9/2016 11:35 AM

Status: Signed

Subjective:

Follow up today from Open reduction and internal fixation of left parasymphiseal mandibular fracture and placement of maxillomandibular fixation. Left maxillary alveolar bone fracture and closed reduction of left maxillary alveolar bone fracture. Denies fever, nausea, vomiting, leg pain or swelling, pain is moderate. The pt states that they have been using Peridex oral care as directed.

Objective:

BP 104/76 mmHg | Temp(Src) 97.4 °F (36.3 °C) (Tympanic)

Wound: MMF arch bars and screws intact, no signs of infection. Wires intact.
Neuro: Cranial Nerves II-XII grossly intact, V1-V3 distribution intact bilaterally

Assessment:

Patient Active Problem List

Diagnosis

- Facial laceration
- Closed head injury
- Open fracture of ramus of mandible (HCC)
- Open fracture of maxilla (HCC)

Plan:

Surgery Date 5/23/16.

- Wires removed from maxillomandibular fixation.
- Elastics placed. Additional elastic bands given to patient educated how to place them on if previous elastics fall off. Patient voices understanding
- Educated the patient we'll plan for removal of his maxillomandibular fixation arch bars in 2 weeks.
- Patient voices understanding
- Patient can return to work without restrictions.

The risks, benefits and options were discussed with the pt. The risks included but not limited to pain, bleeding, infection, heavy scarring, damage to surrounding structures, fluid collections, asymmetry, and need for further procedures. All of His questions were answered to her satisfaction and He agrees to proceed with the operation.

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Encounter Date: 05/09/2016

F/U day of surgery

Christopher F Jonda, PA
11:35 AM
5/9/2016

Encounter-Level Documents:

There are no encounter-level documents.

Order-Level Documents:

There are no order-level documents.

Diagnoses

Open fracture of ramus of mandible, sequela (HCC) - Primary	ICD-10-CM: S02.64XS ICD-9-CM: 802.34
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All Flowsheet Templates (all recorded)

Custom Formula Data
Encounter Vitals

Letter Routing History

There are no sent or routed communications associated with this encounter.

Chart Review Routing History

No encounter routing history is on file

Level of Service

PR POST-OP FOLLOW-UP VISIT [99024]

Other Charges

Charge ID	Procedure Code	Description	Qty.	Modifiers	Charge Entry User	Diagnosis
154026172	99024	PR POST-OP FOLLOW-UP VISIT	1		Christopher F Jonda, PA	Fracture of ramus of mandible, sequela

All Charges for This Encounter

Code	Description	Service Date	Service Provider	Modifiers	Qty
99024	PR POST-OP FOLLOW-UP VISIT	5/9/2016	Adam Daniel Cash, MD		1

Click to Print Encounter Summary

Click to Print Meds

Click to Print Vitals

Click to Print Allergies

Click to Print Problem List

Click to Print Immunizations

Click to View Encounter Summary with Mark as Reviewed History

Current View: Showing all answers

Show Only Relevant Answers

Legend: Scores, Non-relevant Questions

DAVIS, JEREMY W

Scan on 5/10/2016 by User: Lee A Spencer, MA of 5/9/2016 Notes, Medco 14, to Workstar from Dr.



Bureau of Workers' Compensation

Physician's Report of Work Ability

D.O.B 8/3/79

Injured worker name <u>Jeremy Davis</u>	Claim number <u>16-814288</u>	Date of injury <u>4-11-16</u>
Employer name and injured worker's position of employment at time of injury	Date of last exam or treatment <u>5-9-16</u>	Next appointment date

Injured worker progress

The injured worker is progressing: As expected Better than expected Slower than expected

1 If a MEDCO-14 was previously completed for this injured worker, are there any changes to the information provided in Section 2 through 7 to report at this time? Yes No If yes, proceed to section 2. If no, proceed to section 8.

Work status

Did you review a description of the injured worker's job duties as they existed on the date of injury (former position of employment)? Check all applicable boxes.

Yes, I was provided a job description (verbal or written) by the Injured worker Employer MCO

No, I have not been provided a job description.

2 Select one of the three options below.

Injured worker is temporarily not released to any work, including the former position of employment from (date): ___/___/___ to ___/___/___ Please complete required sections 4, 5, 6, 7 and 8.

Injured worker is not released to the former position of employment but may return to available and appropriate work with restrictions. from (date): ___/___/___ to ___/___/___ Please complete required sections 3, 4, 5, 6, 7 and 8. The restrictions are: Permanent Temporary if temporary until what date? ___/___/___

Injured worker is released to the former position of employment without restrictions as of (date): 5.10.16

Is this date the day the injured worker actually returned to work? Yes No I don't know. Proceed to section 8 and complete it.

Injured worker's capabilities. Employer will use information in this section to evaluate available and appropriate work opportunities

How many total hours is this injured worker potentially able to work? 8 Hours in a day 40 Hours in a week

Upper extremities

The injured worker is able to perform simple grasping with: Left hand Right hand Both

The injured worker is able to perform repetitive wrist motion with: Left hand Right hand Both

The injured worker's dominant hand is: Left Right

Lower extremities

The injured worker is able to perform repetitive actions to operate foot controls or motor vehicles with: Left foot Right foot Both

Medications

The injured worker is able to safely perform work duties which, if applicable, may include operating heavy machinery or driving while taking prescribed medications: Yes No

If no, what are the potential side effects: Dizziness Drowsiness Impaired ability Other, please explain

Please indicate the following: N = Never, O = Occasionally, F = Frequently, C = Continuously

Lifting/carrying	N	O	F	C	Pushing/pulling	N	O	F	C	Activity	N	O	F	C	Activity	N	O	F	C
0 - 10 lbs.					13 to 25 lbs.					Bend					Reach above shoulder				
11 - 20 lbs.					26 to 40 lbs.					Squat					Type/keyboard				
21 - 40 lbs.					41 to 60 lbs.					Kneel					Driving				
41 - 60 lbs.					61 to 100 lbs.					Twist/turn					Automatic				
61 - 100 lbs.					100 + lbs.					Climb					Standard shift				

3 in an eight-hour workday, how many total hours is the injured worker potentially able to work?

Sit: ___ hours Continuously With break Walk: ___ hours Continuously With break Stand: ___ hours Continuously With break

Degree of functional impairment based on allowed psychological conditions only, if applicable.

Activities of daily living: Self-care, personal hygiene, communication, ambulation, travel, sexual function, sleep, social and recreational activities and occupational functioning	None	Mild	Moderate	Marked	Extreme
Social functioning: Capacity to interact and communicate effectively and get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentration, persistence and pace: Ability to sustain focused attention long enough to complete tasks commonly found in the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptation: Ability to appropriately react to stressful circumstances, including the workplace; includes attendance, making decisions, scheduling or completing tasks and interacting with supervisors and co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>