

HealthONE Occupational Medicine Centers-Englewood
125 East Hampden Avenue, Englewood CO 80113
Phone 303-788-9292 Fax 303-788-9260

PATIENT: CAVALIER, JONATHAN
DATE OF SERVICE: 04/28/2016
ACCOUNT NO.: 900-16-4915
CLAIM NO.: PENDING
DATE OF BIRTH: 03/21/1994
EMPLOYER: EMPLOYER SOLUTIONS STAFF CMG
DATE OF INJURY: 04/18/2016
INSURANCE CO.: GALLAGHER BASSETT
DATE FIRST SEEN: 04/28/2016

INITIAL EVALUATION

CONSULTANTS: Rose Medical Center Emergency Room, and I have reviewed those records.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

WORK STATUS: Full duty.

MEDICATIONS: Ibuprofen and Medrol Dosepak.

CHIEF COMPLAINT: Left hand numbness, tingling.

HISTORY OF PRESENT ILLNESS: Mr. Cavalier is a 22-year-old left-hand-dominant male who presents to the clinic today for initial evaluation of his left hand and finger pain and numbness. He states over the last 2-3 weeks he has had increasing pain, numbness in his fingers and hand, as well as the radial aspect of his left wrist. He notes that sometimes he awakens in the middle of the night with his hand completely numb. He also notes that when he is driving he has left hand numbness and tingling as well. He finally sent to the emergency room at Rose Medical Center where he was evaluated and diagnosed with left hand de Quervain's and left carpal tunnel syndrome. He has been out of work Wednesday, Thursday, Friday, and Saturday of last week and returned for 2 days this week. He notes that wearing his splint is awkward for him because he has to do such repetitive work. He describes his work environment as standing at a machine where hot rubber is poured into molds to make dog toys called Kong. The process takes about 10 minutes for the molded rubber to dry, and then they remove the pieces from the machine, which can vary anywhere from 15 to 30 pieces depending on the size of the toy. He then places those in a bin, and the machine starts to process again, which on average takes about 5-10 minutes. He states you really do not get a break often because they have to trim away the excess rubber from around the edge of the toy and then remove with pliers a piece of rubber inside. He does about on average 200+ pieces per shift, and he does work the evening shift from 2 p.m. to 10 p.m. 5 days per week. His job prior to this, he was a cook, and he did that for 3 years. He has been at this job for about 2 months. He does work full time. He denies any previous injury to his hands or wrist. He does note also some mild left lateral elbow pain. He is here today for initial evaluation. He states that they do not usually get a lunch break or dinner break when he is at work.

PRIOR TRAUMA HISTORY: None.

PRIOR WORKERS' COMPENSATION INJURIES: None.

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Initial Evaluation
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OCCUPATIONAL HISTORY: He is a machine operator. He has been with this company for 2 months. He works full time and denies a second job.

HOBBIES, SPORTS, AND ACTIVITIES OUTSIDE OF WORK: He enjoys parenting.

SOCIAL HISTORY: He does smoke about a half pack per day. He also smokes recreational marijuana. He does not drink alcohol.

PAST MEDICAL HISTORY: None.

PAST SURGICAL HISTORY: None.

TETANUS STATUS: Unknown.

MEDICATIONS: Ibuprofen and Medrol Dosepak.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

REVIEW OF SYSTEMS: He denies headaches, visual changes, history of high blood pressure. He is a smoker, and he does do recreational drugs. He does have numbness and tingling in his left hand, mild pain in the left elbow, and pain in the left medial wrist. He denies nausea, vomiting, diarrhea, fever or chills, recent illness, previous trauma. Otherwise, all other systems are negative.

FAMILY HISTORY: He is adopted, so he does not know his family history.

PHYSICAL EXAMINATION:

VITAL SIGNS: Blood pressure 128/80. Pulse 58. Temperature 97.7. Height 5 feet 7 inches. Weight 155 pounds.

GENERAL: He is alert and oriented x3. A well-developed, well-nourished male who appears in no acute distress.

HEENT: Head is normocephalic. External facial features appear normal. Pupils are equal, round, and reactive to light. Extraocular eye movements intact.

NECK: No lymphedema. No thyroid enlargement. Trachea is midline. Full range of motion.

MUSCULOSKELETAL: Shoulder height equal and symmetrical. No upper arm tenderness biceps, triceps, and brachial. Reflexes are intact bilaterally. Grip is slightly decreased on the left. Positive Phalen's and Tinel's on the left. Positive Finkelstein's, greater on the left than the right. Mild left medial epicondyle tenderness. No forearm spasming. Mild tenderness to the left radial wrist. No TFCC tenderness. No snuffbox tenderness.

ABDOMEN: Nondistended.

LUNGS: Normal work of breathing.

PSYCHIATRIC: Pleasant mood and affect with full cognitive ability.

GAIT/STATION: Normal.

EXTREMITIES: No dependent edema.

DATABASE:

ASSESSMENT:

1. Tenosynovitis, left hand (M65.8420).
2. Carpal tunnel syndrome, left upper limb (G56.02).

TREATMENT PLAN:

1. I have reviewed all of his ER records.
2. Based on the information I have available to me, it is my professional opinion that this is a work-related injury due to the repetitive type work that he does with the Kong toy pieces and cleaning up the excess rubber after the pieces are removed from the unit. I further base this on the medical treatment guidelines for cumulative trauma conditions Rule 17, Exhibit 5 effective October 30, 2010, in which there is good, meaning 1 high-quality study or multiple adequate studies, that de Quervain disease can be caused by combination force, repetition, and posture.
3. I do recommend that at this point he undergo occupational therapy twice a week for 4 weeks.
4. He is given a prescription for naproxen 1 tablet twice daily to be taken with food.
5. I did encourage him to discontinue his smoking.
6. He is to wear his splints at all times, except to shower.
7. He is released back to modified duty. Repetitive motion restrictions, including must wear splint at work. For every 30 minutes of repetitive work, must have 15 minutes of no repetitive work. Do not overuse the right hand.
8. I will see him back in 1 week for reevaluation, sooner should he need.
9. MMI is yet to be determined as it is early in treatment at this point.
10. I do not at this point anticipate any permanent impairment.
11. Medical decision making was based on symptomology, evaluation, treatment guidelines, and examination. I did consider other possibilities of fracture; however, this does not seem prudent as there was no trauma, but there was a lot of repetitive motion.
12. I will see him back in 1 week for reevaluation, sooner should he need.
13. He verbalized understanding and agreement to the treatment plan. He stated he had no further questions or concerns at this time.

***** Electronically Signed *****
Deana Halat, FNP-BC

cc: Gallagher Bassett - Main

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