Narrative summary

Sequence of narrative summary for slip and fall from February 27, YYYY

On February 27, YYYY, XXXX slipped on ice and fell into a wall while walking to work injuring her right shoulder and upper arm. She stated that she stepped over a pile of snow outside of stream, during a snow storm. She did not realize that there was ice under the freshly fallen snow and she fell into a shortened brick wall.

On February 27, YYYY, Mark Kwalbrun, M.D., obtained Ms. XXXX's X-ray of thoracic spine and right shoulder at ABC Medical Center which revealed normalcy.

On February 28, YYYY, Ms. XXXX was examined by XXX, PA-C., at the ABC Medical Center for her low back pain which she reported as 9/10. She reported that she had no feeling from right shoulder to right mid back. She also felt cold on her right hand. She stated that she had pain that radiated to right side of back. She was seen on February 27, YYYY after involved in slip and fall and had X-rays lumbar done. She had past surgical history of tonsillectomy. She was administered Valium 10 mg. She had allergies of Penicillin which caused vomiting, Doxycycline/Keflex/Azithromycin which caused hives. Her blood pressure was 147/89; pulse was 120; respiration was 18 with normal Glasgow coma scale. She was stable.

On February 28, YYYY, Ms. XXXX was examined by XXX, M.D., and XXX, PA-C., at the ABC Medical Center for her low back pain which she reported as 9/10. She was administered Valium 10 mg. She was diagnosed with acute back pain. She prescribed with Mobic 7.5 mg, and Zanaflex 4 mg. Ice pack was ordered. She was discharged to home in a stable condition. She was advised to follow-up within two days.

On March 02, YYYY, Ms. XXXX was examined by XXX, PA-C., at the ABC Medical Center for pain in her right shoulder and upper arm pain which she reported as 8/10. She stated that she fell into a cement. She had pain in her anterior aspect of right shoulder and right biceps.

On March 02, YYYY, Ms. XXXX was examined by XXX, M.D., and XXX, PA-C., at the ABC Medical Center for her low back pain which she reported as 9/10. She was diagnosed with shoulder contusion. She was prescribed Motrin 800 mg. She was discharged to home in a stable condition.

On March 31, YYYY, Ms. XXXX was examined by XXX, M.D., at the North Country Orthopedic Group, P.C., for pain in the medial border of her scapula and posterior scapular area. She was not doing well. She reported that she got fasciculation in her right upper extremity. She reported that her therapist was doing electrical stimulation and some ultrasound type maneuvers. Her therapist was trying to move her shoulder due to her concerned about frozen shoulder. She also reported that continuously she was having numbness and the fasciculation and was not able to move her shoulder. Upon examination, she was found to have tenderness to palpation in the medial border of the scapula/thoracic area, neck, and weakness in her right upper extremity. Her shoulder range of motion was restricted. She was diagnosed with continued shoulder pain and thoracic pain with numbness in her right arm. She had a moderate partial disability. She was prescribed Vicodin. She was recommended to undergo aggressive therapy. She was advised to stay out

of work due to pain and dysfunction. She was recommended to obtain EMG and MRI of her thoracic spine and right shoulder. She was advised to follow-up within two weeks.

On April 28, YYYY, John Wasenko, M.D., obtained Ms. XXXX's MRI of thoracic spine at Northern Radiology Imaging which revealed small disc protrusions in T4-5 through T9-10 levels and diffuse disc bulge at the T10-11 levels without spinal cord compression.

On April 28, YYYY, Dean Philips, D.O., obtained Ms. XXXX's MRI of right shoulder at Northern Radiology Imaging which revealed mild to moderate supraspinatus tendonitis/tendinopathy.

On May 01, YYYY, Ms. XXXX was examined by XXX, M.D., at the North Country Orthopedic Group, P.C., for electrodiagnostic consultation of bilateral upper extremity study at request of Dr. XXX. She reported that pain was in her right neck that radiated down the arm and forearm into the hand. She relayed her pain level as best as 8/10 and worst as 10/10. Her pain quality included asleep feeling and affected all of her digits. Her pain got exacerbated by certain positions for instance and she used to lay on her side. She had cervical pain, limb pain and possible paresthesia, otherwise her EMG report showed normalcy. Upon examination, her range of motion had restricted and she was found to have tenderness to palpation in her thoracic and cervical region. Her sensation got decreased in bilateral C5-T1 and right lateral/medial arms sparring the lateral medial forearm. She was diagnosed with cervical pain, limb pain and possible paresthesia. She had 60% of temporary impairment. She was counseled with alcohol abstinence to reduce her risk of respiratory depression and death from her Opioids. She was advised to consult Dr. XXX for ongoing care.

On May 08, YYYY, Ms. XXXX was returned to Dr. XXX at the North Country Orthopedic Group, P.C., for the evaluation of her MRI scan. She reported having no relief despite undergoing therapy. She received 2 cc of Depo-Medrol and 10 cc of Novocain into her shoulder. She was advised to follow-up in two to three weeks. She was instructed to apply ice to the affected areas. Her disability and no work status remained the same.

On June 03, YYYY, Ms. XXXX returned to Dr. XXX at the North Country Orthopedic Group, P.C., for numbness and tingling in her hands. She stated that she got only temporary relied with the injection in the subacromial space. She was uncomfortable using the mouse and she relayed her pain level as 7/10. Upon examination, she had restricted range of motion in her hand. She had been on Motrin, Mobic and Naproxen without much relief. She was recommended to go back to work. She prescribed with Medrol Dosepak. She was recommended to refill her Anexsia. She had moderate partial disability. She was recommended to continuing her physical therapy for frozen shoulder according to Worker's compensation.

On June 10, YYYY, Ms. XXXX was returned to Dr. XXX at the North Country Orthopedic Group, P.C., for pain in her shoulder. She went to work in the previous day and stated that she was sitting at her desk and somebody touched her lightly on the shoulder and she felt 10/10 severe pain. She stated that she did not get any relief with Medrol Dosepak. She stated that her shoulder pain radiated down the arms with numbness and tingling. Upon examination, she had restricted range of motion in her hand. While touching her skin, it caused her jump and felt very uncomfortable. She was opined to have fibromyalgia or reflex

sympathetic dystrophy. She was referred to consult XXX. She was given a slip to stay out of work. She had moderate partial disability. She was advised to continue taking current medications.

On June 13, YYYY, Ms. XXXX was examined by XXX, M.D., at the North Country Orthopedic Group, P.C., for her right upper extremity pain which she reported as 10/10. She stated that she slipped on ice and fell into a wall on February 27, YYYY. She also had a past history of bipolar disorder. She stated that she had persistent and progressive symptoms in her right upper extremity. She had hypoesthesia distally and hyperesthesia proximally. She had been using Anexsia and Naproxen and made efforts to return to work. Her pain was started into her shoulder cape and upper arm area also she had some lancinating pain into the hand. Upon examination, she was found to have hypoesthesia and pinprick in distal area to the antecubital fossa which was anteriorly and proximal to the olecranon dorsally. She had pain in proximally that extended onto her shoulder cape and the base of the neck and to the trunk to approximately at T7-8 level. She had allodynia and hyperesthesia. Her range of motion had restricted and elicited her pain. She demonstrated good range of motion and antigravity strength in the wrist, but it was limited at the elbow and shoulder girdle secondary to pain. She was diagnosed with right upper extremity pain with glove distribution hypoesthesia and proximal allodynia and hyperesthesia. She was recommended to obtain bone scan. She was prescribed Gabapentin. She stated that she was not able to perform her usual duties because her right upper extremity was the dominant and her work was a computer based. She had partial temporary disability.

On July 25, YYYY, Ms. XXXX was examined for independent medical examination by XXX, M.D., for her anterior aspect of right shoulder pain that radiated down her right arm into her right hand. She had difficulty sleeping and she stated that her right arm swollen and she was not able to grasp a quart of milk and lift more than two pounds. She used to take Gabapentin, Motrin and Anesxia for her right shoulder pain. She was not able to do job and she had not worked since. She was working as a customer service professional for a company called Convergence. Upon examination, she felt gentle touch of her skin made very painful and caused a withdrawal reaction. Her right hand was warming than the left. There was bone lesions on the right hand and mild increased sweating on the right hand. She made fist until the palm of the right hand but there was significant grip strength. She was found to have stroking of the skin over the right arm and her right forearm was extremely painful over the entire right hand. She had restricted range of motion in her right upper extremity. She was diagnosed with right upper extremity reflex sympathetic dystrophy. She was instructed to do pendulum exercises due to frozen right shoulder. She was recommended to continuing pendulum exercises for six times a day. She was recommended to undergo occupational therapy three times a week for eight weeks. She was recommended to obtain a bone scan. She was recommended to proceed with a stellate ganglion block. She was advised to perform limited activity in her right upper extremity. She was not able to return to her full duty job due to pain. She was not at maximum medical improvement.

On July 29, YYYY, Daniel Gray, M.D., obtained Ms. XXXX's bone scan of her upper arms at ABC Medical Center which revealed normalcy.

On August 06, YYYY, Ms. XXXX was returned to XXX at the North Country Orthopedic Group, P.C., for her right upper extremity pain. She stated that she had persistent proximal hyperesthesia and allodynia with hyperpathia. She used to take Gabapentin 100 mg which reduced her pain by 15-20%. Her

dose was increased by 100 mg which caused migraine headache that resolved with decreasing the dosing back to 100 mg. She was prescribed Pregabalin 50 mg and Duloxetine. She had a mild to moderate temporary impairment. Her work restriction form was completed at the request of her nurse case manager. She was advised to follow-up in three to four weeks.

On August 11, YYYY, Ms. XXXX was examined by XXX, PC-A, at the ABC Medical Center for her upper extremity pain which she reported as 9/10. She reported that she had returned to work and had arm pain. Upon examination, she was found to have tenderness to palpation in her right shoulder and she had restricted range of motion.

On August 11, YYYY, Ms. XXXX was examined by XXX, FNP, at the ABC Medical Center for her upper extremity pain. She was diagnosed with upper extremity pain. She was prescribed Flexeril 10 mg and Motrin 600 mg. Her symptoms were unchanged. She was discharged to home in a stable condition. She was advised to follow-up within two days.

On August 19, YYYY, Ms. XXXX returned to XXX at the North Country Orthopedic Group, P.C., for her right upper extremity pain which she reported as 7/10. She had Pregabalin 50 mg that was associated with sedation. She tried to return to work but she had lot of difficulty due to sedation as well as persistent pain. She stated that she had Pregabalin which improved her to some degree. Upon examination, she was noted to have tenderness to palpation in her right upper extremity and she had restricted range of motion in her right shoulder. She was diagnosed with right upper extremity pain syndrome. She was prescribed Pregabalin 25 mg. She tried to return to work program which had not been successful. Her current level of impairment was moderate. She was referred to consult Dr. XXX for her persistent symptoms. She had 66.67% of temporary impairment.

On August 22, YYYY, Ms. XXXX was examined by XXX, PA-C, at the ABC Medical Center for her right shoulder pain which she reported as 3-8/10. Her pain got described as shooting, throbbing, numbness and tingling with certain movement. She reported that her pain began in February with injury while walking to work. She stated that she stepped over a pile of snow outside of stream, during a snow storm. She did not realize that there was ice under the freshly fallen snow and she fell into a shortened brick wall. She was waiting for her insurance approval for referral to pain management.

On August 22, YYYY, Ms. XXXX was examined by XXX, M.D., at the ABC Medical Center for her upper extremity pain which she reported as 3/10. She was diagnosed with right shoulder complex regional pain syndrome. She was prescribed Percocet 5 mg. Her symptoms had improved. She was discharged to home in a stable condition.

On September 08, YYYY, Daniel Weber, M.D., obtained Ms. XXXX's X-ray of her right shoulder at ABC Medical Center which revealed normalcy.

On November 25, YYYY, Ms. XXXX was examined by XXX, FNP, at ABC Medical Center., for the complaints of having pain in her right shoulder and right arm which she reported as 8/10. She stated that she slipped on ice and fell into a wall on February 22, YYYY. She reported that she was off work from March 04, YYYY to August 11, YYYY. When she returned to work, she had slipped in the bathroom,

falling forward into the sink. She was trying to balance herself using both hands, and there was sudden increased pain in the right hand with loss of sensation. She had not been able to do dressing, washing hair, or even going about most activities of daily living. She reported that she had muscle spasms across the top of the shoulder, which referred into the upper chest wall and back. The worst pain was in the shoulder deltoid area, with pain in the hand, wrist, and forearm. She also had numbness and tingling across the shoulders and into the hand. She stated that she was not able to do things like button buttons, zip zippers, open soda bottle top, brush her hair, and write with her right hand. She noted that her pain was aggravated by any movement of the right arm and heavy touch to the left arm. Upon examination, she was found to have tenderness to palpation in her acromioclavicular joint and supraspinatus. Her range of motion had restricted and elicited her pain. She had decreased sensation over the supraspinatus and deltoid muscles along the entire right arm both medially and proximally and over the plantar and dorsal surface. She was diagnosed with right upper arm pain and probable complex regional pain syndrome. She was recommended to proceed with sympathetic stellate ganglion right block. She was educated about dorsal column stimulator. She was prescribed Pregabalin 25 mg, Ketamine 10%, Baclofen 2%, Bupivacaine 1%, Cyclobenzaprine 2%, Diclofenac 5%, and Gabapentin 6%. She was advised to follow-up in two weeks.

On December 16, YYYY, Ms. XXXX returned to XXX, FNP, at ABC Medical Center., for complaints of having pain in her right shoulder and upper arm which she reported as 8.5/10 that radiated to the chest wall and down to the forearm. Her pain was describing as continuous, aching, throbbing, shooting and tender. She reported that she was experiencing numbness and tingling that radiated into the hands. Upon examination, she was noted to have hypersensitivity with palpation of the right arm at the mid-forearm and over the right supraspinatus and trapezius muscles along the scapula. Her range of motion had restricted. Her right upper extremity was noted to be reddened when compared to the left. She was diagnosed with right upper arm pain and complex regional pain syndrome. She was recommended to proceed with sympathetic stellate ganglion right block. A plan was made for cervical dorsal column stimulator trial and psychological evaluation. She was advised to follow-up in four to six weeks.

On February 20, YYYY, Ms. XXXX returned to Dr. XXX for complaints of having pain in the anterior aspect of her right shoulder. She stated that she was not able to use her right upper extremity. She reported that she was not able to dress herself and she had difficulty eating, showering, and brushing her hair. Upon examination, she had restricted range of motion in her right upper extremity. She was diagnosed with right upper extremity complex regional pain syndrome. She was recommended to proceed with dorsal column stimulator along with physical therapy three days a week. Her medications had not worked. . She was at maximum medical improvement.

On February 25, YYYY, Ms. XXXX returned to XXX at the North Country Orthopedic Group, P.C., for her right upper extremity pain. She stated that she required assistance for dressing and bathing and other home management activities. Upon examination, she was noted to have hyperesthesia with hyperpathia and allodynia proximally more than distally on her right. She had restricted range of motion in her right shoulder which elicited pain. She was diagnosed with chronic right upper extremity pain syndrome. She was noted to have temporarily totally disabled to 100%. She was recommended to proceed with dorsal column stimulator.

On March 31, YYYY, Ms. XXXX was examined by XXX, FNP-C., at ABC Medical Center., for pain in her right shoulder which she reported as 9/10. She described her pain as continuous, throbbing, tender, and sore. Upon examination, she was found to have restricted range of motion. She had exquisite tenderness/allodynia at right shoulder, acromioclavicular joint, right deltoid, deltoid muscles, and biceps and right pectoralis muscles. She was diagnosed with right upper extremity complex regional pain syndrome and right upper arm and right shoulder pain. She was recommended to proceed with dorsal column stimulator trail. She was recommended continuing physical therapy for her right shoulder symptoms. She was advised to follow-up in six weeks. She was advised to continue current medications, stretches, and exercises.

On May 04, YYYY, Ms. XXXX was examined by XXX, FNP-C., at ABC Medical Center., for complaints of continued pain in her right shoulder which she reported as 8/10. She reported that her pain had increased with all of the movements. She was working hard at desensitization and was working hard at movement of the shoulder to prevent frozen shoulder. Upon examination, she was found to have restricted range of motion. She had exquisite tenderness/allodynia in her right shoulder. Her right hand was edematous compared to left. She was diagnosed with right upper extremity complex regional pain syndrome and right upper arm and right shoulder pain. She was recommended to obtain MRI of her thoracic, lumbar, and cervical region. She was recommended to proceed with dorsal column stimulator trail. She was prescribed Anexsia 5/325 mg, Tylenol, Ibuprofen, and Flexeril 10 mg. She was advised to follow-up in one month.

On June 01, YYYY, XXX, M.D., drafted a correspondence to XXX regarding her right arm injury. She reported that she had received cortisone shot in her shoulder and had resolution of her pain. She was working without restriction on that date when she fell against a brick wall, bruising her right shoulder. She reported that her shoulder pain radiated into her low back and neck. She had developed lock jaw and she stated that the entire right arm was involved. She described her pain as throbbing, burning, and achy. Her pain got worsened with cold weather and movements. She also complained of numbness throughout her entire extremity. She had neck pain that radiated to her shoulders and right upper extremity. Upon examination, she was found to have exquisite tenderness to touch and application of slightest pressure elicited a pain response. She had restricted range of motion. She was diagnosed with somatoform disorder.

On July 02, YYYY, Ms. XXXX was examined by XXX, FNP-C., at ABC Medical Center., for pain in her right shoulder which she reported as 7/10. She reported that she continued to have pain, which was centered over her right shoulder that radiated to her right arm. She described her pain as aching, throbbing, and sore. Upon examination, she was found to have restricted range of motion. She had exquisite tenderness/allodynia at her right shoulder. She was noted to have poor shoulder shrug. Her right hand was edematous compared with the left. She was diagnosed with right upper extremity complex regional pain syndrome and right upper arm and right shoulder pain. She was recommended to obtain MRI of thoracic, lumbar, and cervical region. She was recommended to proceed with dorsal column stimulator trail. She was prescribed Flexeril 10 mg. She was advised to follow-up in one month.

On July 08, YYYY, Ms. XXXX was examined by XXX, Ph.D., at the CNY Psychological Associates, PLLC, for her psychological evaluation. She reported that she had right shoulder pain which she reported as 4/10. She reported that she had pain relief using TENS unit. Psychologically, she had declined in terms of life satisfaction because she could no longer do many things that made her life seem

enjoyable and worthwhile which she used to do before. She described her pain as throbbing. Upon examination, her mood was variable. She reported that she had a history of depression related to her chronic pain and associated stressors. She was found to have restricted range of motion which affected her mood and thoughts. She needed assistance when she started to think about her life being pointless. She reported a dysfunctional sleep pattern that involved frequent waking accompanied by difficulty getting back to sleep. She was diagnosed with depression. She was medically complaint and involved in her medical treatment. She was recommended to proceed with dorsal column stimulator trail.

On July 19, YYYY, XXX, M.D., drafted a correspondence to XXX regarding her complex regional pain syndrome. She had a slip and fall at work and had not been employed since September 08, YYYY. She denied having any signs of disability or impairment on the examination on June 01, YYYY that related to her right upper extremity. Dr. XXX opined that any disability or impairment would be related to the events of September 08, YYYY.

On August 04, YYYY, Ms. XXXX was examined by XXX, FNP-C., at ABC Medical Center, for pain in her right shoulder and low back. She had an MRI of cervical spine on May 26, YYYY, which revealed cervical spondylosis at C4-5 through C6-7. She also had MRI of thoracic spine which revealed small central disc protrusion at T4-T10 levels. MRI of lumbar spine revealed diffuse disc bulge at L4-5 with minimal thecal sac compression, diffuse disc bulge at L5-S1 that abutted the thecal sac. Upon examination, she had exquisite tenderness/allodynia at right shoulder, acromioclavicular joint, and right deltoid. She was found to have restricted range of motion in her right shoulder. She was diagnosed with right arm pain, shoulder pain, and complex regional pain syndrome. She was recommended to proceed with dorsal column stimulator trail. She was prescribed Flexeril 10 mg and Hydrocodone 5/325 mg.

On August 14, YYYY, Ms. XXXX was examined by XXX, M.D., at ABC Medical Center, for pain in her right shoulder and low back. Upon examination, she had exquisite tenderness/allodynia at right shoulder, acromioclavicular joint, right deltoid. She was found to have restricted range of motion in her right shoulder. She was diagnosed with right arm pain, shoulder pain, neuralgia and rule out right arm, shoulder complex regional pain syndrome. She was recommended to proceed with dorsal column stimulator trail. Risks and benefits were explained.

On August 28, YYYY, Ms. XXXX was examined by XXX, M.D., at ABC Health., for complaints of pain in her right shoulder which she reported as 8/10. She described her pain as aching. She was diagnosed with right arm pain and neuralgia. She was recommended to proceed with dorsal column stimulator trail.

On October 06, YYYY, Susenne Daye, M.D., obtained Ms. XXXX's C-arm fluoroscopy of her right shoulder at ABC Medical Center which revealed placement of bilateral spinal stimulator leads. Those leads tip were at the C2-3 disc space level in the expected location of C1-2 on the right and inferior aspect of C2 on the left.

On October 20, YYYY, Mark Kwalbrun, M.D., obtained Ms. XXXX's X-ray of her thoracic spine at ABC Medical Center which revealed normalcy. Also there was spurring noted and unchanged.

On March 01, YYYY, Ms. XXXX was examined by XXX, FNP-C., at ABC Health., for pain in her neck, right shoulder and arms which she reported as 8/10. She described her pain as tender and throbbing. Upon examination, she was found to have restricted range of motion. She had exquisite tenderness/allodynia at right shoulder, acromioclavicular joint, right deltoid. She was diagnosed with upper extremity neuralgia, chronic prescription of opiates uses, and myalgia. She was advised to continue current medications, exercises, hand movements and coordination exercises. She was advised to follow-up in six weeks.

On May 24, YYYY, Ms. XXXX was examined by XXX, FNP-C., at ABC Health., for pain in her right shoulder which she reported as 8/10. She described her pain as constant, aching, throbbing and sore. She reported that she had been doing exercises with her right wrist. Upon examination, she was found to have restricted range of motion. She had exquisite tenderness/allodynia at right shoulder, acromioclavicular joint, right deltoid. She was diagnosed with upper limb complex regional pain syndrome, chronic prescription of opiates uses, and myalgia. She was prescribed Nucynta 50 mg, Flexeril 10 mg. She was advised to continue current exercises. She was advised to follow-up in six weeks.

On June 28, YYYY, Ms. XXXX was examined by XXX, FNP-C., at ABC Health., for pain in her right shoulder. Upon examination, she was found to have restricted range of motion and exquisite tenderness/allodynia at right shoulder, acromioclavicular joint, right deltoid. She was diagnosed with upper limb complex regional pain syndrome, chronic prescription of opiates uses, upper extremity of neuralgia and myalgia. She was advised to continue performing exercises and taking medications. She was advised to follow-up in six weeks.

On August 11, YYYY, Ms. XXXX was examined by XXX, FNP-C., at ABC Health., for pain in her right shoulder which she reported as 8/10. She reported that her pain centered in right shoulder that radiated to the scapula and down the right arm. She described her pain as constant, aching, throbbing and sore. Upon examination, she was found to have restricted range of motion. She had exquisite tenderness/allodynia at right shoulder, acromioclavicular joint, right deltoid. She was diagnosed with upper limb complex regional pain syndrome and right shoulder pain. She was advised to continue current exercises and medications. She was advised to follow-up in six weeks.

On October 03, YYYY, Ms. XXXX was examined by XXX, FNP-C., at ABC Health., for pain in her right shoulder which she reported as 8/10. She described her pain as constant, aching, shooting, throbbing, and sore. She reported that cold aggravated her pain. Upon examination, she was found to have restricted range of motion. She had exquisite tenderness/allodynia at right shoulder, acromioclavicular joint, right deltoid. She was diagnosed with upper limb complex regional pain syndrome and right shoulder pain. She was advised to continue current exercises and medications. She was advised to follow-up in six to eight weeks.

On January 17, YYYY, Ms. XXXX was examined by XXX, FNP-C., at ABC Medical Center., for pain in her right shoulder which she reported as 8/10. She described her pain as constant, aching, burning, tender, throbbing, and sore. She reported that she had limited the range of motion in her right shoulder. She reported that her stress increased muscle tightness and this had increased right shoulder pain. Upon examination, she was found to have loss of range of motion with movement at tight acromioclavicular joint

which elicited pain over the trapezius muscles on her right. She was diagnosed with right shoulder pain. She was advised to continue right shoulder exercise and stretches.

On January 24, YYYY, Ms. XXXX was examined by XXX, FNP-C., at ABC Medical Center., for pain in her right shoulder which she reported as 8/10. She described her pain as aching, tender or sore. She reported that she had increased her pain with movements of her right shoulder and she had difficulty using her right shoulder for her daily activities. She reported that her heating pad helped to relieve the knots in the muscles of her right shoulder. She indicated that Nucynta made her very drowsy. Upon examination, she was found to have difficulties while removing her coat. She had restricted range of motion. She had hyperpathia/allodynia on her right shoulder. Her grip on the right was weaker compared to the left. She was diagnosed with right shoulder pain and type 1 right shoulder complex regional pain syndrome. She was prescribed Hydrocodone-Acetaminophen 7.5-325 mg. She was advised to follow-up in three weeks.

On February 09, YYYY, Ms. XXXX was examined by XXX, M.D., at ABC Health., for pain in her right shoulder despite taking medications which she reported as 8/10. She described her pain as aching, tender, throbbing, and sore. She received physical therapy in the past and it did not work well. Upon examination, she was found to have difficulties while removing her coat. She had restricted range of motion. She had hyperpathia/allodynia on her right shoulder. She was diagnosed with right shoulder pain and neuropathy. She was advised to refill of Hydrocodone-Acetaminophen 7.5-325 mg. She was educated with burst stimulation for her right shoulder pain. She was advised to follow-up in four weeks.

On March 24, YYYY, Ms. XXXX returned to Dr. XXX at ABC Health., for pain in her right shoulder despite taking medications which she reported as 9/10. She described her pain as aching, burning, tender, and throbbing. She received physical therapy in the past which increased her functionality on the right shoulder. She reported that her pain radiated in to her neck from her right shoulder and it was hurting while moving her neck. She reported that she had difficulties sleeping at night due to the pain. Upon examination, she had restricted range of motion in her right shoulder. She was diagnosed with right shoulder pain and neuropathy. She was advised to refill of Hydrocodone and Ibuprofen. She was prescribed Gabapentin 300 mg. She was advised to follow-up in seven weeks.

On May 20, YYYY, Farook Kidwal, M.D., drafted a correspondence to Ms. XXX at the Samaritan Medical Practice, P.C., regarding Ms. XXXX's neck pain and headache. She described that her pain had started at the base of the skull or neck that radiated towards the occiput vertex and either temples. Her neck pain radiated to her shoulders and right upper extremity along with numbness and tingling. She appeared tearful and was not able to move her right arm and was extremely painful. She stated that her right hand was cold, sweaty and her fingers would blanch and swell. She reported that she could not held her right arm in flexion while sitting, standing and waking. She claimed that she had a dorsal column stimulator in her neck which made her symptoms worse. Her neck pain got worsened on any activity at the shoulder girdle, position of the neck or use of upper extremity. She described paresthesia along both ulnar and median nerve distribution mostly on her right. She reported that she had severe and intractable low back, leg pain, and weakness. Her pain got worsened on any activity at the lumbosacral spine. Upon examination, she was found to have intermittent Marcus-Gunn response mostly on the right and her findings suggestive of optic or anterior chiasmatic dysfunction. There was a coarse breakdown of the visual pursuits. The Romberg's was equivocal in delayed phases, which suggested vestibular dysfunction and explained her postural

dizziness. She had mild to moderate paraspinal spasm, with some restriction of mobility. The physician conducted provocative test for apophyseal arthritis. There was dysesthesias along C2, C3 levels. There was reversal brachioradialis reflexes, which could be of some concern, as it remotely suggested cervical myelopathy. She demonstrated mild sensory motor deficits along both median and ulnar nerve on either side. Provocative tests for thoracic outlet obstruction were equivocal including Adson's test, and supraclavicular tenderness, though she was not able to move her right upper extremity. There was excessive sympathetic activity in her right upper extremity which included hyperhidrosis, hypalgesia and allodynia, which tended along both median and ulnar nerve territory though more median. She was diagnosed with right upper limb causalgia, occipital neuralgia, cervical spondylosis, upper limb carpal tunnel syndrome, upper limb ulnar nerve lesion, sacroiliitis, lumbar spondylosis and chronic pain syndrome. She received bilateral occipital blocks and sacroiliac joint block. She had advised to follow modification of functional activities such as sitting, standing, walking or driving for more than half hour and she was advised to avoid lifting more than 20 lbs. She was recommended to obtain X-ray, MRI of cervical and lumbar spine. She also advised to obtain EMG.

On May 24, YYYY, Ms. XXXX returned to Dr. XXX at ABC Health., for pain in her right shoulder which she reported as 8/10. She described her pain as aching, burning, and tender. She reported that she stopped Gabapentin because the medications made her sick. She stated that her injections did not work for her any medication management and would like to proceed with spinal column stimulator. Upon examination, she was found to have difficulties while removing her coat. She had restricted range of motion. She had allodynia in the right elbow to the right shoulder. She was found to have decreased strength in her right arm. She was diagnosed with right shoulder pain and neuropathy. She was advised to refill Ibuprofen 800 mg. She was recommended to proceed with spinal column stimulator.

On July 31, YYYY, Ms. XXXX returned to Dr. XXX at ABC Health., for complaints of having pain in her right shoulder. She was diagnosed with myalgia. She was administered Kenalog 40 mg in her bilateral lower back area. She was advised to follow-up in three weeks.

On August 17, YYYY, Ms. XXXX returned to XXX, FNP-C., for pain in her right shoulder which she reported as 8/10. She described her pain as constant, tender, throbbing, and sore. She reported her pain was centered over deltoid and upper humerus that radiated down to her arm and into the muscles of the upper shoulder blade. She reported that she had severe muscle spasms in her arm and shoulder. Upon examination, she was found to have decreased range of motion. She had exquisite tenderness/allodynia in the right shoulder. She was diagnosed with myalgia and thoracic/thoracolumbar spondylosis without myelopathy or radiculopathy. She was prescribed Hydrocodone 7.5/325 mg. She was advised to continue performing exercises and stretches. She was advised to follow-up in six weeks

On September 07, YYYY, Ms. XXXX returned to Dr. XXX at ABC Health., for pain in her right shoulder. She was diagnosed with lumbar/lumbosacral spondylosis without myelopathy or radiculopathy. She received left L4-L5 and left L5-S1 facet block. She was advised to follow-up in three weeks.

On October 31, YYYY, Ms. XXXX returned to XXX, FNP at ABC Health., for pain in her right shoulder which she reported as 8/10. She described her pain as constant, aching and burning. She had some

muscle spasms in her right shoulder. Upon examination, she had restricted range of motion. She had exquisite tenderness/allodynia on her right shoulder. She was advised to follow-up in three weeks.

On January 02, YYYY, Ms. XXXX was examined by XXX, FNP-C., at ABC Health., for pain in her right shoulder which she reported as 7/10. She described her pain as constant, aching, tender, throbbing and sore. She stated that her pain was centered over right shoulder that radiated to her right arm and anterior and posterior chest wall. She had difficulty performing any activities of her daily living with her right hand and arm which included writing, dressing, combing hair and showering. Upon examination, she was found to have tenderness to palpation in her right shoulder and restricted range of motion. She had exquisite tenderness/allodynia in her right shoulder. She was recommended to undergo physical therapy twice a week for 6 weeks. She was advised to follow-up in two months.

On March 22, YYYY, Ms. XXXX was examined by XXX, FNP-C., at ABC Medical Center., for pain in her right shoulder which she reported as 8/10. She reported that she sustained new injury on February 14, YYYY from Futon which folded up on her and caused extensive bruising across right shoulder and could not move her neck. She reported that she had shooting pain from her right shoulder to the right elbow. She was not able to sleep while laying lain down. She described her pain as constant, aching, burning, sharp, tender and sore. She reported that her pain had limited the range of motion in her shoulder. Upon examination, she was found to have tenderness to palpation in her right shoulder and restricted range of motion. She was diagnosed with myalgia and right shoulder pain. She was prescribed Ibuprofen 800 mg and Baclofen 10 mg. She was advised to continue performing her right shoulder exercise. She was instructed to apply ice for her muscle spasm. She was advised to follow-up in six weeks.

On May 03, YYYY, Ms. XXXX was examined by XXX, FNP-C., at ABC Medical Center., for pain in her right shoulder. Upon examination, she was found to have tenderness to palpation in her right shoulder and cervical region. She also had restricted range of motion. She also had trigger points over her right scapula and at cervicothoracic junction. She was diagnosed with myalgia and right shoulder pain. She was recommended to continue performing exercises and stretches. She was advised to follow-up in 4-6 weeks.

On December 14, YYYY, Ms. XXXX was examined by XXX, M.D., at ABC Health., for pain in her right shoulder which she reported as 6-9/10. Upon examination, she was found to have tenderness to palpation in her right shoulder. She had decreased range of motion in her right shoulder. She was diagnosed with right upper extremity neuralgia, and right shoulder pain. She was prescribed Gabapentin 100 mg. She was recommended to obtain an MRI of her right shoulder. She was recommended to start interferential TENS unit for her right shoulder pain. She was advised to follow-up in one to two months.

On February 04, YYYY, Daniel Gray, M.D., obtained Ms. XXXX's MRI of her right shoulder at Northern radiology Imaging which revealed mild supraspinatus tendinopathy/tendinitis and no evidence of rotator cuff tear or labral tear.

On March 08, YYYY, Ms. XXXX was examined by XXX, M.D., at ABC Health., for pain in her right shoulder which she reported as 7-9/10. She described her pain as aching, burning, sharp, stabbing, shooting, sore, and tender. She stated that her pain got radiated down her right arm and she had difficulty

performing her daily activities such as cooking and cleaning. She stated that she had tried gabapentin and Lyrica which caused adverse side effects such as swelling and heart palpitations. She also tried Ibuprofen and Mobic which was not helpful for her pain. She reported that she has tried physical therapy in the past and said that it had helped increase her mobility and functionality. Upon examination, she was found to have tenderness to palpation in her right shoulder. She was diagnosed with right upper extremity neuralgia, right shoulder pain, myalgia, and right supraspinatus tendinitis. She was recommended to undergo physical therapy twice a week for 6 weeks. She was prescribed Celebrex 200 mg. She was recommended to switch Cymbalta from Zoloft. She was advised to follow-up in two months.

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