Medical Chronology/Summary

Confidential and privileged information

Usage guideline/Instructions

***Verbatim summary:** All the medical details have been included "word by word' or "as it is" from the provided medical records to avoid alteration of the meaning and to maintain the validity of the medical records. The sentence available in the medical record will be taken as it is without any changes to the tense.

***Case synopsis/Flow of events:** For ease of reference and to know the glimpse of the case, we have provided a brief summary including the significant case details.

***Injury report:** Injury report outlining the significant medical events/injuries is provided which will give a general picture of the case.

***Comments:** We have included comments for any noteworthy communications, contradictory information, discrepancies, misinterpretation, missing records, clarifications, etc. for your notification and understanding. The comments will appear in red italics as follows: **"**Comments*".**

Indecipherable notes/date:** Illegible and missing dates are presented as "00/00/0000" (mm/dd/yyyy format). Illegible handwritten notes are left as a blank space "_____" with a note as ***"Illegible Notes" in heading reference.

***Patient's History:** Pre-existing history of the patient has been included in the history section.

***Snapshot inclusion:** If the provider name is not decipherable, then the snapshot of the signature is included. Snapshots of significant examinations and pictorial representation have been included for reference.

***De-Duplication:** Duplicate records and repetitive details have been excluded.

General Instructions:

- *The medical summary focuses on **Negligence of Diagnosed Left Knee Meniscal Tear**, the injuries and clinical condition of **Patient name** as a result of accident, treatments rendered for the complaints and progress of the condition.*

Flow of Events

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Facility/Provider- MM/DD/YYYY

MRI Report showed are Degeneration and incomplete radial tear of the posterior horn and root of the medial meniscus. Mild to moderate tricompartmental articular cartilage wear as detailed, most pronounced within patellofemoral compartment.

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Facility/Provider- MM/DD/YYYY

Patient visit for both knee pain. - Recommendation is made for left knee arthroscopy and debridement

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Facility/Provider- MM/DD/YYYY

She was underwent Diagnostic right knee arthroscopy, Left knee arthroscopy, Chondroplasty of joint medial femoral condyle, Chondroplasty of patella and trochlea, Debridement of lateral meniscus, Synovectomy.

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Facility/Provider- MM/DD/YYYY

Patient visit for Post operative visit. – Diagnosis with left knee arthroscopy and right knee diagnostic needle arthroscopy. – Recommended to Physical Therapy.

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Facility/Provider- MM/DD/YYYY

Patient visit for. Post operative visit. - The patient objectively is doing well. Subjectively she has a high level of discomfort in the left knee, likely due to the microfracture area. – Recommended to left knee cortisone injection

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Facility/Provider- MM/DD/YYYY

Patient visit for. Post operative visit. – She was underwent left knee cortisone injection done. – Advised to continue regular treatment.

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Facility/Provider- MM/DD/YYYY

Patient visit for Severe left knee pain. -Diagnosis with left knee degenerative disease. There is mention of a medial meniscal root tear in the preoperative MRI performed by another doctor. The surgery that she had a couple of months ago performed by another surgeon makes no mention of the medial meniscal root- Advised to continue regular treatment.

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Facility/Provider- MM/DD/YYYY

X-ray of bilateral knee - Bilateral mild tricompartmental arthrosis, Small left-sided joint effusion

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Facility/Provider- MM/DD/YYYY

MRI Left knee Report are showed. Findings compatible with a small enchondroma in the distal femoral metaphysis. Complete radial tear of the posterior root of the medial meniscus. The body is extruded. Apical radial tear of the body and posterior horn of the lateral meniscus. Moderate

medial, mild lateral, and moderate to severe patellofemoral compartment arthrosis. Mild synovitis in the joint.

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Facility/Provider- MM/DD/YYYY

Patient visit for re-evaluation after an MRI. – Diagnosis with left knee medial meniscal root avulsion. - Advised to continue regular medication and plan for Left knee Arthroscopy.

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Facility/Provider- MM/DD/YYYY

She was underwent Left Knee Arthroscopy and Arthroscopically Assisted Medial Meniscal Root Repair. Left Knee Arthroscopy and Partial Lateral Meniscectomy, Left Knee Arthroscopic Chondroplasty done. – Recommended to continue wearing the brace at all times and to begin physical therapy. – Prescription for Percocet for pain.

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Facility/Provider- MM/DD/YYYY

Patient visit for. Post operative visit- The patient will return for re-evaluation in 2 weeks- continue wearing the brace at all times and to begin physical therapy- renewed her Percocet so that she can better manage her pain

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Facility/Provider- MM/DD/YYYY

Patient visit for. Post operative visit. The patient reports that she has been keeping her brace on. She rates her pain 5/10 on a visual analog scale. She has been doing physical therapy and reports it has been going well. - – Recommended to continue to wear the brace at all times and to continue with physical therapy

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Facility/Provider- MM/DD/YYYY

Patient visit for. Post operative visit. The patient reports that she has been keeping her brace on. She rates her pain 4/10 on a visual analog scale. After one week she can discontinue the brace and I have a hinged knee brace to wear in the meantime. It was emphasized that she continues to go to physical therapy.

Patient History

Past Medical History: History of Hepatitis A, history of breast cancer YYYY (resolved per patient report). The patient does not smoke. She is 5 feet tall and weighs 115 pounds, with a BMI of 22.5.

Surgical History: Unavailable

Family History: Unavailable

Social History: The patient denies any drug or alcohol abuse

Allergy: No known drug allergies**.**

Detailed Summary

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	BATES REF	PDF REF
MM/DD/YYYY	Facility/ Provider Name	**MRI of Left Knee Without IV Contrast:** **History:** 62-year-old female with 4 weeks of sharp left knee pain**.** **Prior studies:** Left knee radiographs dated 1/21/YYYY. **Impression:** • Degeneration and incomplete radial tear of the posterior horn and root of the medial meniscus. • Mild to moderate tricompartmental articular cartilage wear as detailed, most pronounced within patellofemoral compartment. **Reviewer's comment: The above mentioned Ordering office visit are unavailable for review**	MLR 22– MLR 25	32-35
MM/DD/YYYY	Facility/ Provider Name	**Office visit for Both Knee pain:** **History:** The patient is a 62-year-old female who is here for evaluation of both knees, left more symptomatic than right. She has been having pain for the last six months that she rates as 5 out of 10 on a visual analogue pain scale. She had a series of Synvisc injections on each knee; however, these did not give her significant improvement. She states that she has been told that she needs a knee replacement. **Physical Examination:** Physical examination of both knees shows an essentially full range of active and passive motion. Patellofemoral tracking and stability are normal. There is tenderness on the medial joint line that is fairly exquisite, left greater than right. Varus-valgus testing is normal. Rotatory stability testing is normal. **Tests:** The patient had an MRI of the left knee on January 27, YYYY that shows a posterior horn tear of the medial meniscus. **X-rays:** Multiplanar fluoroscopic views of the knees are obtained today that show no significant arthrosis bilaterally. **Reviewer's comment: The above mentioned original reports of radiographic studies are unavailable for review** **Assessment:** The patient has had fairly significant bilateral knee pain on a long-term basis. She has evidence of a meniscus tear on the left knee, which is her more symptomatic side.	MLR 10– MLR 11	20-21

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	BATES REF	PDF REF
		Treatment Plan: A recommendation is made for left knee arthroscopy and debridement. Risks, benefits and alternatives of the surgery were discussed, including but not limited to the risk of infection. With regard to the right knee, I would suggest doing a needle arthroscopy at the same time as the left knee surgical arthroscopy in order to obtain a precise diagnosis. She states that she is interested in having a PRP (Relative risk reduction) injection. I told the patient that I thought that if the right knee diagnostic needle arthroscopy does not yield a meniscus tear but instead there is some variation of arthrosis, this would be a good idea; however, I want to make that decision after we have the correct diagnosis. Risks and benefits of diagnostic needle arthroscopy were discussed in detail with her and she wishes to proceed with both the left knee surgical arthroscopy and the right knee needle arthroscopy. We will make the appropriate arrangements and proceed accordingly.		
MM/DD/YYYY	Facility/ Provider Name	**Operative Report:** **Preoperative Diagnosis**: Internal Derangement Right knee **Postoperative Diagnoses:** 1. Chondral lesion of the trochlea, Lateral meniscus tear, chondral lesion of the patella and synovitis **Procedures Performed**: Diagnostic right knee arthroscopy **Anaesthesia:** Local with IV sedation	MLR 12–MLR 13	22-23
MM/DD/YYYY	Facility/ Provider Name	**Operative Report:** **Preoperative Diagnosis**: Medial meniscus tear left knee **Postoperative Diagnoses:** 1. Chondral lesion, medial femoral condyle. 2. Lateral meniscus tear. 3. Chondral lesion, patella. 4. Synovitis. **Procedures Performed**: 1. Left knee arthroscopy. 2. Chondroplasty of joint medial femoral condyle. 3. Chondroplasty of patella and trochlea. 4. Debridement of lateral meniscus. 5. Synovectomy. **Findings**: The patient has normal patellofemoral tracking and stability. There were grade 3 chondral changes of the lateral facet of the patella. There were also some grade 2 changes on the trochlea. The medial compartment inspected and probed. Medial	MLR 14-MLR 21	24-31

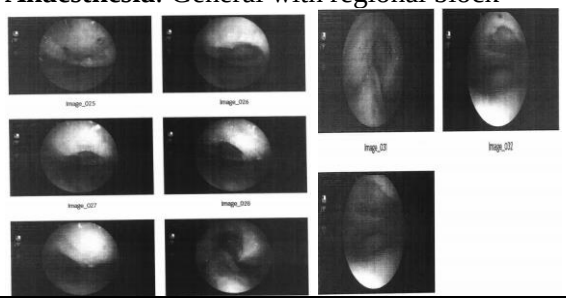
DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	BATES REF	PDF REF
		meniscus was noted to be entirely normal. There was a grade 3 chondral lesion on the medial femoral condyle, unstable with probing, measured relatively 6 x 6 mm. surrounded by normal articular cartilage. The ACL and PCL probed and noted to be normal. Lateral compartment was inspected and probed. Lateral meniscus noted to have some fraying with the articular surface. Lateral femoral condyle was noted to be normal.		
MM/DD/YYYY	Facility/ Provider Name	**Follow up visit for Postoperative visit:** **Follow-Up:** The patient is six days after left knee arthroscopy and right knee diagnostic needle arthroscopy. She is doing well. **Physical Examination:** Physical examination of the left knee shows minimal swelling and ecchymosis. The range of motion is from 0-120°. **Assessment:** The patient is doing well. **Treatment Plan:** A recommendation is made to begin physical therapy to the left knee and we will see the patient back in a month to check her progress. We did discuss the findings at the time of diagnostic needle arthroscopy on the patient's right knee, which showed multiple chondral lesions. She states that the knee is quite painful. Therefore, a recommendation is made for right knee arthroscopy once she has recovered sufficiently from the left knee arthroscopy. She agrees with this plan and we will revisit the particulars when she returns for her follow up visit.	MLR 09	19
MM/DD/YYYY	Facility/ Provider Name	**Follow up visit for Postoperative visit:** **Follow-Up:** The patient is almost a month after left knee arthroscopy, with debridement of the lateral meniscus, chondroplasties of the patella and trochlea and chondroplasty with drilling of the medial femoral condyle. She states that she is continuing to have pain at roughly the same level. **Physical Examination:** Physical examination of the left knee shows no significant swelling. The portals are healed. The range of motion is virtually full. **Assessment:** The patient objectively is doing well. Subjectively she has a high level of discomfort in the left knee, likely due to the microfracture area. **Treatment Plan:** I explained to the patient that I think that she will improve over time. If she has the same pain in two months, I would do a left knee cortisone injection; however, at this point, it	MLR 08	18

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	BATES REF	PDF REF
		might reverse the effect of the microfracture, so I would like to hold off on that. I have recommended anti-inflammatory medication and cream to see if we can reduce her symptoms. We discussed the potential benefits of additional physical therapy and she will decide if she wishes to do that. We also discussed the option of doing a stem cell injection to improve the cartilage regrowth and reduce pain. We had a conversation about the risks, benefits and alternatives of stem cell injection, including what the procedure entails, the logistics of how the procedure is done, the possible complications, what realistic expectations should be both short and long-term, the limitations and the cost of the procedure. She wishes to proceed with the stem cell injection and we will make the appropriate arrangements accordingly. With regard to the patient's right knee, she does not yet feel recovered enough to schedule the previously recommended arthroscopy on this side, so we will defer scheduling the surgery at this time.		
MM/DD/YYYY	Facility/ Provider Name	**Follow up visit for Postoperative visit:** **Follow-Up:** The patient was seen about a week ago for follow up after left knee arthroscopy, with debridement of the lateral meniscus and microfracture. At that time, we she was complaining of residual pain and treatment options were discussed. She is here today for stem cell injection to improve cartilage regrowth and reduce pain. Risk and benefits of stem cell injection as discussed last week were reviewed with her and she wishes to proceed with the injection today. **Procedure:** The patient was placed prone on the exam table. With LED lighting, the right posterior iliac crest area was identified. Local Lidocaine anesthesia was used to carefully infiltrate the subcutaneous tissue all the way down to the periosteum of the posterior iliac crest area, which was thoroughly infiltrated with a total of 20 cc. of 1% Lidocaine. Adequate anesthesia was obtained. Once this was done, the trephine was used to push into the right posterior iliac crest, with minimal discomfort. At that point, 60 cc. of bone marrow was aspirated and a sterile compressive dressing was applied. After this, a double spin technique was used to extract 5 cc. of concentrated mesenchymal cells plus the stem cells. Local Lidocaine was infiltrated into the area of the left knee in the suprapatellar pouch area. Once this was done, under sterile prep the stem cells were injected with an 18 gauge needle. A fast, smooth flow was obtained, confirming entry into the knee joint. A sterile compressive dressing was applied. **Assessment:** The patient tolerated the procedure well.	MLR 07	17

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	BATES REF	PDF REF
		Treatment Plan: We will see her back in six weeks for postop revaluation as well as follow up on the efficacy of the stem cell injection.		
MM/DD/YYYY	Facility/ Provider Name	**Office visit for Severe left knee pain:** **Subjective** **Initial: History of Present Illness:** XXXX is a 62-year-old female who sees me for severe left knee pain that started approximately 2 months ago. She underwent a left knee arthroscopy with a microfracture procedure. She was followed by a different orthopedist, who performed that procedure for her. She continues to have severe pain. Approximately a month ago she had a stem cell injection on the same knee by the same doctor, but still with no relief. The preoperative MRI from January YYYY revealed potential tearing of the medial meniscal root, which was inconclusive with moderate articular cartilage wear. Today she reports knee pain, significant difficulty ambulating and difficulty bearing weight. **Physical Examination**: The patient is a 62-year-old female. Height: 5 feet 0 inches. Weight: 120 pounds. Vital signs stable. Examination of the left knee reveals a positive effusion. She has exquisite medial joint line tenderness posteriorly. Positive XXXX sign. She is stable to varus and valgus stress. Negative anterior drawer. Negative posterior drawer' Negative Lachman. She has positive medial femoral condyle tenderness. **Assessment/Plan:** The patient suffers from left knee degenerative disease. She recently underwent a microfracture procedure as well as stem cell injections and she has had hyaluronic acid injections in the past and physical therapy, all of which have not helped her. There is mention of a medial meniscal root tear in the preoperative MRI performed by another doctor. The surgery that she had a couple of months ago performed by another surgeon makes no mention of the medial meniscal root. The arthroscopic pictures do not fully visualize the root. Thus, I have asked her to obtain standing knee x-rays today, which reveal no acute fractures or dislocations. The joint space is relatively well maintained. I have asked her to obtain an MR arthrogram to evaluate the medial meniscal root to determine if it is avulsed or not. If so, that is likely the cause of her continued pain and progression of arthritic changes and a medial meniscal root repair would be warranted to diminish her pain and slow down the progression of her osteoarthritis. She will follow up after the MR arthrogram for further evaluation and management.	MLR 0031	1
MM/DD/YYYY	Facility/ Provider Name	**X-Ray of Bilateral Knee:**	MLR 0032	7

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	BATES REF	PDF REF
		History: The patient is a 62-year-old female, bilateral knee pain. **Findings:** The bones demonstrate normal density. There is no fracture or fracture deformity. No blastic or lytic foci are seen. There is bilateral mild tricompartmental arthrosis. There is near-normal patellar congruity on the patellar skyline views (which were obtained with knees in deep flexion). No loose bodies are seen. There is a small left-sided joint effusion. The soft tissues surrounding both knees are unremarkable. **Impression:** 1. Bilateral mild tricompartmental arthrosis. 2. Small left-sided joint effusion.		
MM/DD/YYYY	Facility/ Provider Name	**Fluoroscopic Left Knee Arthrogram With MRI:** **History:** History of microfracture surgery August YYYY. **Impression:** Status post fluoroscopic arthrogram of the left knee.	MLR 0036	6
MM/DD/YYYY	Facility/ Provider Name	**MRI of Left Knee with contrast:** **History:** History of microfracture surgery August YYYY. **Impression**: MRI arthrogram of the left knee demonstrates: 1. Findings compatible with a small enchondroma in the distal femoral metaphysis. 2. Complete radial tear of the posterior root of the medial meniscus. The body is extruded. 3. Apical radial tear of the body and posterior horn of the lateral meniscus. 4. Moderate medial, mild lateral, and moderate to severe patellofemoral compartment arthrosis. 5. Mild synovitis in the joint.	MLR 008–MLR 010, MLR 01–MLR 06	8-16
MM/DD/YYYY	Facility/ Provider Name	**Follow up visit for Knee pain:** **Subjective** **Follow Up:** XXXX returns for re-evaluation after an MRI. She reports continued severe pain and buckling in her left knee. She also admits that her right knee is painful and buckles as well. She recalls that a previous surgeon performed an arthroscopy of her right knee as well with positive findings and recommended further surgical intervention including microfracture surgery but she was reserved and hesitant because of the severe pain she was experiencing with the left knee postoperatively. She reports continue pain, particularly in the left knee. She is very concerned. **Physical Examination:** Examination of the left knee reveals positive medial and joint line tenderness. Positive XXXX sign. She is stable to varus and valgus stress. Negative anterior drawer.	MLR 0032	2

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	BATES REF	PDF REF
		Negative posterior drawer. Negative Lachman. Positive effusion. Examination of the right knee reveals positive medial and joint line tenderness. Positive XXXX sign. She is stable to varus and valgus stress. Negative anterior drawer. Negative posterior drawer. Negative Lachman. Positive effusion. **Assessment/Plan**: The patient suffers from a left knee medial meniscal root avulsion. She had a microfracture procedure a few months ago with continued pain and no relief. Her symptoms are worsening. The root tear was not addressed during her previous arthroscopic procedure. I have discussed further nonoperative and operative treatment options for her left knee. The patient reports that because of her severe pain, failed previous treatments including conservative and surgical, significant functional disability and instability, she would like to proceed with surgical intervention. Alternatives, risks and benefits of left knee arthroscopy, arthroscopic medial meniscal root repair, partial lateral meniscectomy and chondroplasty with debridement have been discussed. All questions were answered. All complications have been discussed, including but not limited to further surgical intervention in the future. The patient will be scheduled in the near future, pending medical clearance. The patient has been advised on the prognosis and the possibility of total joint replacement in the future. In regard to the right knee, the patient had an arthroscopic procedure that was diagnostic and she was advised on further intervention, which she did not want to do at that time. Her symptoms are worsening and she continues to have buckling. I have asked her to obtain an MRI. Her x-rays reveal no significant joint space narrowing. She will follow up after the MRI for further evaluation and management for her right knee.		
MM/DD/YYYY	Facility/ Provider Name	**Operative Report:** **Preoperative Diagnosis:** 1. Left Knee Medial Meniscal Root Avulsion/Tear 2. Left Knee Lateral Meniscus Tear 3. Left Knee Chondromalacia **Postoperative Diagnosis:** 1. Left Knee Medial Meniscal Root Avulsion/Tear 2. Left Knee Lateral Meniscus Tear 3. Left Knee Chondromalacia **Operative Procedure:** 1. Left Knee Arthroscopy and Arthroscopically Assisted Medial Meniscal Root Repair.	MLR 26–MLR 32	36-42

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	BATES REF	PDF REF
		2. Left Knee Arthroscopy and Partial Lateral Meniscectomy 3. Left Knee Arthroscopic Chondroplasty **Anaesthesia**: General with regional block 		
MM/DD/YYYY	Facility/ Provider Name	**Follow-up visit for Postoperative visit:** **Subjective** **Follow Up:** The patient presents for her first postoperative visit status post left knee arthroscopy, medial meniscal root repair and partial lateral meniscectomy and chondroplasty on 01/12/2021. The patient reports that she has had the brace on at all times and that her pain is 6/10 on a visual analog scale. She denies any numbness or tingling. She has not yet started physical therapy. **Physical Examination:** On physical examination, incisions are clean, dry and intact with no signs of infection. She has full extension and h able to bend to 30 degrees of flexion. She is neurovascularly intact. **Assessment/Plan**: The patient will return for re-evaluation in 2 weeks. She is to continue wearing the brace at all times and to begin physical therapy. I have renewed her Percocet so that she can better manage her pain.	MLR 0033	3
MM/DD/YYYY	Facility/ Provider Name	**Followup visit postoperative visit:** **Subjective:** Follow up: The patient presents for her second postoperative appointment status post left knee arthroscopy, medial meniscal root repair, partial lateral meniscectomy and chondroplasty done on 01/12/2021. The patient reports that she has been keeping her brace on. She rates her pain 5/10 on a visual analog scale. She has been doing physical therapy and reports it has been going well. **Physical Examination**: On physical examination, incisions are well healed. She has full extension and is able to bend to 70 degrees of flexion. She is neurovascularly intact. **Assessment/Plan**: The patient will return for re-evaluation in 2 to 3 weeks. She is to continue to wear the brace at all times and to continue with physical therapy. I have written her a work note.	MLR 0034	4

DATE	FACILITY/ PROVIDER	MEDICAL EVENTS	BATES REF	PDF REF
MM/DD/YYYY	Facility/ Provider Name	**Followup visit for Post operative visit:** **Subjective** **Follow up:** The patient returns for her third postoperative visit status post left knee arthroscopy, medial meniscal root repair, partial meniscectomy and chondroplasty done on M/DD/YYYY. The patient reports that she has been keeping the brace on. She rates her pain 4/10 on a visual analog scale. She has been doing physical therapy and she reports that it is going well. **Physical Examination**: On physical examination, incisions are well healed. She has full extension and is able to bend to 95 degrees of flexion. She is neurovascularly intact. **Assessment/Plan**: The patient will return for re-evaluation in 6 to 8 weeks. She is to continue wearing the brace and using the crutches for one more week. She is able to put weight down. Her brace is allowed to be unlocked when resting to 90 degrees and when walking the brace must be worn in extension. After one week she can discontinue the brace and I have a hinged knee brace to wear in the meantime. It was emphasized that she continues to go to physical therapy.	MLR 0035	5