

99213: Established Patient Visit, Level 3

MEDICAL DECISION MAKING

**Acute uncomplicated illness or injury, two stable problems, one worsening problem,
Patient referred to PT/OT, Patient given OTC drugs**

Established patient visits require 2 of 3 key components.
All visits require a chief complaint/reason for visit/presenting problem.

Chief Complaint: Low Back Pain. S: Persistent low back pain Patient reports her back pain is no better after 3 weeks of PT. However, on further questioning, she admits that she only went for two of the six scheduled visits. Still with pain, meds not helping. No numbness, tingling, weakness.	HPI <i>1-3 Elements</i> location severity modifying factor ROS <i>1 system</i> • Neuro
O: VSS. NAD. Back exam: tender to palpation. SLR as before.	Exam <i>2-4 body parts/organ systems</i> • Constitutional • MS
A: Low back pain, not improving. P: I encouraged her to continue keep her PT appointments.	MDM 1 worsening problem

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Patient is seen at this time for eval of his Rt shoulder. I have seen him in the past in 2000 for a problem with his rotator cuff tendonitis Lt shoulder and he underwent a Cortisone injection and did very well. Now the Rt shoulder has been bothering him pretty much on an intermittent type basis but a little worse lately. He feels that while doing some yoga exercising he may have over stretched it and aggravated the Rt shoulder. It hurts with overhead activity but he has maintained full ROM. He has no other orthopedic c/o at this time.	HPI <i>1-3 Elements</i> ROS <i>1 system</i> location timing context MS
O: Shows he is A&O, NAD and very cooperative at this time. Exam of his gait pattern is normal. Exam of his Rt shoulder shows a little tenderness to palpitation mostly in the posterior aspect of his subacromial bursa. Full ROM with a little bit of pain at the extremes of abduction and forward flexion but full ROM in forward flexion, abduction, internal and external rotation as well as extension. Distal neurovascular status is intact with good function of the biceps, triceps, grip and wrist extension and there is no numbness or tingling. Xray: Not obtained at this time.	Exam <i>2-4 body parts/organ systems</i> • Constitutional • Psych • MS
A: Rotator cuff tendonitis Rt shoulder. P: Ibuprofen. P: #2. See him back on a PRN type basis	MDM Low • acute, uncomplicated illness/injury

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S: 44 yo male who reports lower sternal and rib and chest pain after pushing a car about 40 feet after it stalled. At that time, he had some straining and SOB largely resolved. He has some discomfort when he takes a deep breath and when he pushes on his chest. Denies any radiation, diaphoresis, nausea or associated SOB. At times, he does have breathing difficulties when he exerts himself.	HPI <i>1-3 required</i> location associates signs context ROS <i>1 system</i> • CV • Resp PFSH None
O: PE: alert and non-toxic. Skin: no rashes or bruits. MSK: there is a reproducible lower sternal chest wall tenderness and over the costal attachments on both sides in the lower extremities. Heart: regular rate, no murmur. Lungs: BCTA.	Exam <i>2-4 body parts/organ systems</i> • <i>Constitutional</i> • <i>Skin</i> • <i>MS</i> • <i>CV</i> • <i>Resp</i>
A/P: 1. Chest wall pain. Ibuprofen 600 mg q 6 hours prn for pain. Low probability of cardiac with reproducible pain.	MDM Low Acute uncomplicated injury

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Last week patient struck her big toe on a chair leg and had some initial soreness but this was quite a bit worse a few days ago. Last night, some pus drained out the side of the nail bed and she is here to have it checked. She still feels quite sore. She has had no fever or chills.	HPI <i>1-3 required</i> location duration associated sign severity ROS <i>1 system</i> • Constitutional PFSH None
Exam: Swelling and tenderness compatible with paronychia. No pus collection or drainage was present. The nail is imbedded on that same side. No proximal cellulitis is present. BP 150/80 Temp 97.1	Exam <i>2-4 body parts/organ systems</i> • Skin • Constitutional
A: Paronychia P: Keflex 500 mg t.i.d. for one week, epsom salt soaks b.i.d. for twenty minutes, elevation and no pressure.	MDM <i>Higher than required</i> <i>Moderate</i> <i>New problem, prescription drug management</i>

Plastics – 99213: Established Patient Visit, Level 3

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DEQUERVAIN'S FOLLOW-UP: She has finished her iontophoresis treatments. She still has thumb pain with motion and the tendon "clicks." No numbness or tingling	HPI <i>1-3 elements required</i> location associated signs & symptoms ROS <i>1 required</i> neuro
EXAM: Pt appears well, NAD Full range of motion, but mild pain with thumb motion. Finkelstein: Positive. Abduction Test: Negative. 1st Dorsal Compartment: Tender and edematous. APL triggering with motion.	EXAM <i>2-4 body parts or organ systems required.</i> • musc • constitutional
IMPRESSION: LEFT DEQUERVAIN'S, SOMEWHAT IMPROVED, BUT WITH TRIGGERING AND PAIN. DISPOSITION: She has finished her iontophoresis treatments and there is no further therapy at this point. We will perform a steroid injection. If this does not relieve her triggering pain we will consider surgical release. PLAN: 1. Left 1st Dorsal Compartment Celestone/Lidocaine injection, 2cc's total. 2. Rx: Motrin 600, #21. TID with meals. 3. Continue splint. 4. DC OT. 5. Appt: 11 days.	MDM <i>1 worsening problem</i>