

E/M EXAMPLE # 8
New Patient

Physician Billed: 99203

CC
5-1-09: CHIEF COMPLAINT: "Multiple pains at different sites in my body. I hope you can help me."

Social History
HISTORY: This is a 57 year old retired orthopedic nurse. She reports a long history of
HPI location HPI location
different pains in her body. Says that her knees have bothered her for some time, the left

Past History
greater than the right. She had been under the care of Dr. Smith. He had done aspirations and injections of her knees, many years ago, the last about 3-4 years ago. She said, "I stopped getting them because it doesn't help anymore." Also, had Synvisc, which she said didn't help and she had an arthroscopic treatment which she said didn't help. Says she absolutely doesn't want anymore shots of any kind, nor does she want surgery Also

HPI location Context
complaining of some left shoulder pain. Said that she had had a fall and she hurt. It hurts

ROS Musculo
all the time. It doesn't have any diurnal variation to it. It doesn't radiate per se. Most of what she complains about is this chronic left trunk abnormality. She says that Dr. Jones had

Past History
done a pulmonary resection for cancer and she has had numbness and pain ever since. She said she had a right wedge resection from her lung from Dr. Mueller, also for cancer, and says there

Social History
have been twelve descendants from her grandmother who have all died from lung cancer. Her

Location Modifying Factors
pain has not changed. She hurts all over. She has been through pain control, etc., and she

Associated S&S

says, "Please do something to help this pain." She said that she has also been falling a lot

Neuro-ROS

lately. Denies any dizziness I told her in no uncertain terms, about five different times, that I do not treat falls or dizziness, and that she should talk to her family doctor about work-up for this,

Location HPI

or possibly a neurologist. The knees hurt all the time They don't get better or worse with different activities, and she says basically she is hoping that I can help her with something that will rid her of all her pain. She is really unwilling to prioritize knees, shoulders, etc.

Exam Extremities ROM

Examination of her shoulder shows pretty good ROM. Resisted abduction and external rotation

Exam assessment of muscle strength

Extremities exam

are 4++ out of 5 without much tenderness. She has no impingement. Distally she has good

Exam Extremities 1st bullet

grip strength. I don't feel any crepitation. Adduction is not particularly tender. Her knees,

Exam

she has crepitation and medial spurring on the left. Evidence of old arthroscopic treatment. No

Inspection skin

Exam tenderness

Exam tenderness

Extremities exam

Baker's cysts. Her calves are both soft Ligamentous exam is good. She has patellofemoral

Exam

MDM-B

crepitation on both sides. ROM is normal for age XR of the shoulder shows slightly down

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MDM-B

sloping acromion and some AC joint changes. The knees shows some arthrosis, near endstage, on the left. Moderate to severe on the right, with some effusion. These were all

Past History

pointed out and discussed with the patient. Her past medical history includes the lung cancer operations and she is on oxygen. She takes Advair, Toprol, Zocor, Estratest, Nexium, nose drops, Zyrtec, Prozac, Darvocet, Flexeril, Xanax and another cholesterol medicine she can't

Timing HPI

ROS-Cardio

think of the name of. She listed her number one medical problem as constant pain. She has

ROS-Constitutional

Past History

hypercholesterol and says she feels tired. History of osteoporosis and an irregular heart

ROS - Constitutional

beat. She said she cannot do any work or cleaning. Even a "moderate amount of moving

ROS - Allergies

makes everything hurt." She said she had a reaction to Fentanyl in a spinal drip, which

Past History

caused confusion. SURGERIES: August 4th, 1992. Dr. Hill did a complete hysterectomy. December, 1995, Dr. James did a left lower lobe removal. January, 1997. She had left 4th and 5th rib removed. She had right lung cancer with a triangular wedge resection in 1997. She has been to the Pain Clinic. Arthroscopy in April, 1997.

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MDM A- New Problem, No additional w/u

IMPRESSION: **1) Osteoarthritis of the knees, left greater than the right.** 2) Probable

MDM A- New Problem, No additional w/u

subacromial tendonitis and bursitis. **3) Chronic pain.** 4) History of falls. Went over all of this

MDM-C

with her. Recommendations for the knees would be to try **corticosteroid injections once again.**

She flatly said she didn't want to do that. Offered her to try visco supplementation again. She didn't want that either. Offered her medications, such as NSAID's. Said she didn't want that. I

MDM-C

talked to her about surgery and said she definitely didn't want that. **She did, however, accept a corticosteroid injection in her left shoulder,** which was done after Betadine and alcohol prep.

We will see if this adds any relief to her pain picture. I told her it very well may not, but it is something we could try. I told her once again many times, she needs to see her family doctor and get worked up for her falls, as I have told her it may be something more serious. I have told her if the shoulder injection fails to help, I would be happy to work it up more. She says that her pain hasn't changed much, other than some shoulder pain after a fall. Told her you always have to have a high index of pain after a fall. Told her you always have to have a high index of suspicion after cancer, and I guess something such as a bone scan could be ordered as well, and this was explained as well. As far as her knees go, I would recommend she continue with her cane or two canes, as she really doesn't want to have any treatment for it. As she was leaving, she asked me to please prescribe her some pain pills, but I told her that with her chronic pain and

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her history of chronic pain management, we will leave that either to the family doctor, or the pain management physicians. I would be happy to see her back if the shot doesn't resolve it, or if she decides she wants any treatment for her knees.

Letter to Dr. Gibson.

5-1-09: (9:15): pt is requesting enough pain medicine to last until Monday. Dr. Gibson is on vacation, and can't get anything from him until then. Is on Darvacet for her regular arthritic pain, and has been taking over the counter Motrin for the pain but it is not helping. Please call in to Value Market.

Codes:

99201 715.96

780.99