

MEDICAL SUMMARY PAUL DUHLBERG

- 9/11/03      Hand Surgery Associates / Dr. Scott Sagerman
- 9/16/03      Hand Surgery Associates / Dr. Scott Sagerman
- Hx: letter to Dr. Grobman. Left arm. N and T in ulnar nerve distrib of left hand. Following mva 3/02. Injections and meds. NCV in 2002 showed ulnar neuropahty on left.
- Dx: left cubital tunnel syndrome.
- T: surgery
- 10/28/03      Hand Surgery Associates / Dr. Scott Sagerman
- SURGERY: left cubital tunnel release
- 10/30/03      Hand Surgery Associates / Dr. Scott Sagerman
- Hx: eval of left arm. Doing well after surgery. Pain controlled.
- T: PT
- 11/6/03      Hand Surgery Associates / Dr. Scott Sagerman
- Hx: left elbow. Sypmtoms improved. Scar tenderness.
- T: PT
- 12/4/03      Hand Surgery Associates / Dr. Scott Sagerman
- Hx: Eval of left elbow. Symptoms have improved. Doing well.
- Ex: full ROM. Slight ulnar nerve subluxation at cubital tunnel.
- T: PT and discussed ulnar nerve transposition.
- 1/15/04      Hand Surgery Associates / Dr. Scott Sagerman
- Hx: doign ok. Ulnar nerve symptoms improved. Still intermittant medial elbow pain. W/ movement.
- T: discuss ulnar nerve instabiltiy and surgical options. Seeks second opinion.

1/19/04 Hand Surgery Associates / Dr. John Ruder  
Left elbow eval. 2<sup>nd</sup> opinion.  
Imp: favor submuscular transposition surgery.

3/10/04 Northwest Comm Hospital / Dr. Sagermann  
Hx:  
SURGERY: Revision of left ulnar neurolysis at cubital tunnel w/ ant transp.

3/15/04 Hand Surgery Associates / Dr. Scott Sagerman  
Hx Post surgery

3/18/04 Hand Surgery Associates / Dr. Scott Sagerman  
Hx: doing well . Pain controlled.

4/8/04 Hand Surgery Associates / Dr. Scott Sagerman

5/6/04 Hand Surgery Associates / Dr. Scott Sagerman  
Hx: eval of left elbow. Doing well. Arm feeling better. Strength improved.  
Pleased with results of surgery.

6/28/11 DATE OF ACCIDENT

6/28/11 Centegra McHenry / Dr. Apiwat Ford  
Hx: chainsaw versus right arm 15 min ago. Feeling lightheaded. Accompanied by co-worker.  
Xrays: Right forearm: deep tissue laceration at mid forearm.  
Dx:  
T: no work for 2 days.

7/28/11 Dr. Karen Levin / Associated Neurology  
Hx: Seen by Dr. Mitchell Grobman - associate, in 2002 for left ulnar nueuropathy and had surgery and recovered by 2007. No prior problems with right arm. Last

month holding a branch for a neighbor when chain saw came up and cut his right forearm. Taken to ER. Put in stitches in muscle and outer stictches. Originally a lot of pain. Started noticiing numbness in 5<sup>th</sup> digit. Dropping things.

Ex: strength normal. Did NCV study. Normal ncv. Ref to hand surgeon

Imp: Could be branch neuropathy to sensory nerves. Most likely just a sensory branch neuropathy that could improve or result in permanent numbness.

T: referral to hand surgeon.

8/10/11 Dr. Karen Levin

Hx: here for NCV test. Normal. Main median and ulnar nerves normal.

T: To see a hand surgeon.

12/2/11 Mid America Hand to Shoulder /Dr. Marcus Talerico

Hx: right handed dom. Ref by Dr. K levin. For eval of injury to right medial forearm 6/11. Using chain saw when he struck volar medial aspect of right forearm. Large open wound to muscle. Seen in ER. Muscle sewn together. Saw PCP. Noted persistent pain. Intermittant N and T in ring and small fingers. No PT yet. Had EMG 8/11 normal. Uses a mouse for 20 min then pain.

Ex:

Dx: late effect open wound extremeity No evidence of complete injury to ulnar nerve on Exam. Cpts muscular in origin. Maybe superficial sensory problem. No surgical interventtion needed. Ref to OT. Return 4-6 weeks. Review EMG.

12/2/11 Dynamic Hand Therapy

Hx:

Dx: R Forearm laceration w/ wrist flexor weakness, fatigue. No restrictions

T: PT for strengthening and conditioning and pain control

12/6/11 Dynamic Hand Therapy

Hx: chainsaw to forearm, neighbor using chain saw turned around and cut arm. Pain increases and wakes up at night, pain occurs where scar seems adhered to ulnar boarder of ulna.

Ex: healed wound. Mild hypertrophy noted; mild adherence to muscle noted.

Dx: pain, ROM deficits, strength deficits, sign deficits during activities.

T: PT

1/5/12      Dynamic Hand Therapy

Hx: spikes of pain to 9/10 lasts only a few seconds. No functional improvements. Problems pouring coffee, using mouse, manipulating small objects..

1/6/12      Mid America Hand to Shoulder /Dr. Marcus Talerico

Hx:

Imp: Reviewed EMG which was normal. No evidence of ulnar nerve injury or tendon injury. Maybe some residual soreness but should resolve over time. Continue PT.

1/30/12      Dr. Karen Levin

Hx: PT asked that he be reevaluated. Still getting numbness and Ting and burning in spots on ulnar side of hand and arm. Filing for disability.

2/3/12      Open Advanced MRI / Dr. Karen Levin

Hx: trauma with chainsaw. Possible neuroma, nerve impingement or injury to forearm. Possible tendon disruption. Difficulty holding still during image. Pain in forearm and hand w/ weakness in 4 and 5 digits.

Imp: no forearm abnormality. Does not exclude possible ulnar nerve impingement or injury. But no gross mass seen along ulnar nerve. No obvious muscle abnormality.

2/6/12      Dynamic Hand Therapy

Hx: 10/10 pain w activity, very specific detail. Difficulties holding can, maintaining fist, using RUE very little.

Ex: hypersensitivity

Dx:

T: Pt to be placed on hold until seeks further medical intervention. PT is not

helping his main problem. His SF - FDS appears to be affecting his ulnar nerve every time.

2/13/12 Dr. Karen Levin

Hx: results of MRI. Dk why he has continued symptoms. Dk why when he bends his little finger things get worse. Suggested a 3d opinion. Scott Sagerman.

2/27/12 Dr. Scott Sagerman / Hand Surgery Associates

Hx: (First visit w/ Dr. S???) Chain saw laceration

Ex: large scar on mid forearm between elbow and inner side of wrist. Positive tincl. Subjective. Sensitivity on cubital tunnel on right side. Wrist and elbow motion unrestricted. No atrophy. Flexion normal. MRI normal. NCV (8/11) was normal. Does not rule out possibility of nerve injury.

Imp: right forearm laceration, may be ulnar nerve issues. Wound was a deep laceration. Possible nerve damage.

T: f/u EMG. To test muscle. Dr Levin.

4/2/12 Dr. Scott Sagerman / Hand Surgery Associates

Hx: EMG showed no evidence of neuropathy. Normal NCV. There was no documentation nerve was not functioning normally. Still positive tincl.

4/3/12 Dynamic Hand Therapy

Hx: Pain 10/10 upon completion of FDS..difficulties holding cups or cans, using mouse etc.

Ex: hypersensitivity, decreased edema, numbness over scar and forearm

Dx: sign weakness

T: PT

5/14/12 Dr. Scott Sagerman / Hand Surgery Associates

Hx: new complaints: sig increase in arm after raking yard. Pain still occurs.

Ex: able to grip better. Very little functional improvements. Still problem gripping things and opening lids etc.

Dx: sig sensory deficits noted. Edema increasing today. ROM increased.

T: PT - discuss poss surgery for ulnar neurolysis. Exploratory to see if decompression was necessary. Get second opin by Dr. Biafora.

5/16/12 Dr. Karen Levin

Hx: f/u. spoke to Dr. Sagerman. Strength not improving. Pain is not that bad. Only lasts a few seconds. PT or any activity brings on the pain.

T: Meds

5/17/12 Dr. Biafora

Hx: for second opinion. Chain saw accident to right forearm. Weakness in right hand w/ numbness in right small and ring fingers. Occasional tingling. Shooting pain radiating. Positive Tinel at the cubital tunnel and over the scar. Sign tenderness at scar to deep palpation.

Imp: 1 year status post laceration with potential for dysfunction of the ulnar nerve.

T: recommend surgery for ulnar nerve exploration w neurolysis and include cubital tuennel decompression w/ poss ant transposition. With improve pain not function.

6/1/12 Dr. Karen Levin

Tele Call: gardening over the week and now has increased symptoms.

6/4/12 Dynamic Hand Therapy

Hx: no improvements, grip is decreasing, difficulty opening things etc.

Dx: right forearm laceration of ulnar flexors and nerve

T: go to doc for surgical eval

6/6/12 Dr. Scott Sagerman / Hand Surgery Associates

Hx: taking neurontin from Dr. Levin for pain. Concerned with side effects. Symptoms the same. Side effects as well. Pt wants to proceed with surgery. PT lacks progress.

Ex: positive Tinel at cubital tunnel. Forearm scar is stable. W/ tenderness.

T: discussed surgery. This visits diff from last. Last showed PT benefiting. This one shows PT not helping.

6/11/12 Dr. Karen Levin

Tele Call: frequent twinges of pain and discomfort.

7/9/12 Dr. Scott Sagerman / Hand Surgery Associates

#### SURGERY

Two things to do in surgery: 1) right elbow cubital tunnel release. (Pinched nerve in the elbow)(also done in 2003) 2) scarring of the muscle.

Proc: very deep laceration did reach to the nerves but the muscle fibers actually intact. Nerve was not cut and no visible scarring around the ulnar nerve. This accounts for Pauls symptoms. That the scarring of the muscle accounts for Pauls pain. Cubital tunnel problem was causing the N ant T in the digits. Two independant and separate findings. CT is not likely related. The muscle scarring is.

7/11/12 Dr. Scott Sagerman / Hand Surgery Associates

Hx: doing well. Function increased and symptoms improved. Strength improved. Still some soreness in elbow - normal. No restrictions.

Dx: Cubital tunnel release/

7/16/12 Dynamic Hand Therapy

Hx: Difficulty opening containers such as bottles, tools, lifting, pouring liquids. Gripping and pulling utensils.

Ex: stitches in place. No drainage, no symptoms of infection. T and Burning in ulnar forearm. L'd elbow forearm, wrists and digits, moderate edema in forearm/wrist/digits

Dx: Ulnar nerve injury - chainsaw on right forearm laceration;

T: moist heat, PT

7/23/12 Dr. Scott Sagerman / Hand Surgery Associates

Hx: doing fine

- 7/30/12 Dr. Scott Sagerman / Hand Surgery Associates  
Hx: doing well and arm feels much better w/ increased function.
- 8/27/12 Dr. Scott Sagerman / Hand Surgery Associates  
Hx: Doing ok. Elbow was sore. In PT. Grip strength increased and hand function better.
- 9/25/13 Dr. Kathy A Kujawa  
Dx: post traumatic dystonia of R hand  
T: botox injections for spasms.
- 10/22/12 Dr. Scott Sagerman / Hand Surgery Associates  
Hx: feeling better. Function improved. Gaining strength. Sensation in fingers improved. Can grasp objects better. Still difficulty with some activities. Continue HEP.
- 12/3/12 Dr. Scott Sagerman / Hand Surgery Associates  
Hx: eval of right hand and right arm. Still has some weakness and pinch strength and difficulty grasping objects. Doing HEP. **Onset of left elbow symptoms** with no prior trauma.  
Dx: left lateral epicondylitis. Deg of the elbow - tennis elbow. Causes are wear and tear and degenerative. Whether due to over compensation b/c of injury -thats a stretch.
- 3/25/13 Dr. Scott Sagerman / Hand Surgery Associates  
Hx: right arm has intermittant soreness - right forearm. Scar stable and mild sensitivity. Padded elbow sleeve for protection. Steroid injection. Unrelated ailment?
- 8/26/13 Dr. Scott Sagerman / Hand Surgery Associates  
Slight intermittant pains in right forearm w/ muscle cramping. Right forearm scar stable w/ no tenderness or sensitivity. Intermitt. Muscle spasms. Referred to neurologist.