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ADMINISTRATOR

August 07, 2008

Mike Dixon, P.A.
DAMERON INDUSTRIAL
525 West Acacia
Stockton, CA 95203

RE: **Tiffany Anderson**
DOI: **6/19/08**
CLM: **VE0700157**

Dear Mr. Dixon:

I had the opportunity to see Ms. Anderson on August 7, 2008.

HISTORY
Ms. Anderson is a 37-year-old female with a chief complaint of right knee discomfort. The patient is employed as a vector control worker for San Joaquin County. Her job duties include repetitive, climbing, squatting, and walking. On June 19, 2008, she noted increasing right knee pain and swelling after climbing into a truck, walking on uneven terrain, and climbing two fences to avoid cows chasing her. She did not sustain an acute injury such as a fall or twisting her knee, but at the end of that day she noted increasing pain in her knee. Because of pain and swelling she was unable to continue working that day. She has not worked since this time. No light duty is available. She has had some improvement taking Ibuprofen. She recently had an MRI of the knee. She is ambulatory without external supports.

Past Medical History:	She has no active medical problems. No history of cardiac disease, thyroid disease, or diabetes.
Current Medications:	Ibuprofen 2400 mg per day.
Allergies:	None to medications.
Review of Systems:	She has decreased hearing, urinary difficulty with starting urination, morning cough with shortness of breath, headaches, and anxiety.

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PHYSICAL EXAMINATION
On physical examination about the right knee, she has mild effusion of her knee. Range of motion is guarded from 5-120 degrees. The ligaments are stable. She has a negative Lachman sign. She has 1+ patellofemoral crepitus; no prepatellar bursa.

X-RAYS
I reviewed the MRI and agree there appears to be a lateral meniscal tear. There is a large area of horizontal cleavage which appears to reach the joint surface on one view.

ASSESSMENT
Lateral meniscal tear of the right knee.

PLAN
I believe she has failed conservative treatment. She has had physical therapy as well as use of anti-inflammatories with continued pain and stiffness. The patient was given an arthroscopic booklet and I told her she is a candidate for arthroscopic surgery. Since she is only seen in consultation I have not given her a follow-up appointment. In the meantime she could perform sedentary work if available, avoiding climbing, squatting, and kneeling. Walking and standing should be limited to occasional. I would be happy to see he again if she is referred for further treatment.

Thank you for the opportunity to see your patient.

I have not violated Labor Code 139.3, and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury. Dated 8/8/08, at San Joaquin County, CA.

Sincerely,

Gary T. Murata, M.D.

GTM/sh
Cc: AIMS
Post Office Box 269120
Sacramento, CA 95826

D: 08/07/08 T: 08/08/08