

IME-with-Analysis Intake History Report for Daniel Reyes

Age: 42 | **Gender:** Male | **Date of Injury:** 2026-03-10

Disclaimer: This report documents patient-reported history for evaluation purposes only. The documentation sections do not contain clinical diagnoses, causation determinations, or treatment recommendations. The analysis sections (under "Analysis Sections (Pending Provider Review)") carry their own disclaimer and are provided as a decision-support resource for the reviewing provider, who maintains complete responsibility for all clinical conclusions.

Chief Complaint

- Persistent right shoulder pain and weakness since a workplace injury on March 10, 2026, with ongoing difficulty performing overhead activities and inability to return to regular job duties.

Patient Perspective

Daniel Reyes reports that his biggest concern is whether he will be able to return to his regular job duties, given his ongoing right shoulder pain and weakness. He is also worried about the possibility of needing surgery and the uncertainty regarding workers' compensation approval. He attributes his symptoms to a work-related injury sustained while lifting a heavy box overhead and hopes for improvement with or without surgery so he can resume normal activities.

Injury

On March 10, 2026, at approximately 10:30 a.m., Daniel Reyes injured his right shoulder while lifting a 50–55 pound box of ceramic floor tile from a pallet to an overhead shelf at work. As he pushed the box overhead, he felt a pop and sharp pain in the top and front of his right shoulder, followed by arm weakness that forced him to lower the box. No other body parts were affected, and there was no fall.

Clinical Course

Immediately after the injury, Mr. Reyes reported the incident to his supervisor and completed a workplace incident report. He was evaluated the same afternoon at Lakeside Occupational Health, where X-rays showed no fracture. He was given a sling, prescribed ibuprofen 600 mg, and placed on work restrictions (no lifting over 10 pounds with the right arm, no overhead work).

He was off work for about a week, then returned on light duty around March 17, 2026. Physical therapy began in late March, twice weekly for six weeks, resulting in some improvement in range of motion but persistent pain and weakness with overhead activity. An MRI was ordered at the end of April, revealing a partial rotator cuff tear and inflammation. In mid-May, he was referred to orthopedic surgeon Dr. Karen Whitfield, who

administered a cortisone injection that provided temporary relief. A second round of physical therapy was completed in June and July. In August, surgical intervention was discussed but not scheduled, pending workers' compensation approval and the patient's decision. Since then, he has continued home exercises and uses ibuprofen and Tylenol for pain.

Clinical Summary

Healthcare Providers: Lakeside Occupational Health (initial evaluation, March 10, 2026), Dr. Karen Whitfield (orthopedic surgeon, from May 2026 onward).

Diagnostic Studies: X-rays of right shoulder (March 10, 2026, no fracture), MRI (late April 2026, partial rotator cuff tear and inflammation).

Treatments: Sling (briefly), ibuprofen 600 mg, Tylenol as needed, two rounds of physical therapy (March–April and June–July 2026), cortisone injection (mid-May 2026), ongoing home exercises.

Future Care Plans: Awaiting workers' compensation approval for possible surgery; next orthopedic appointment scheduled for October 20, 2026.

Upcoming Appointments: Dr. Whitfield, October 20, 2026.

Current Symptoms

Mr. Reyes reports a constant dull ache on the top and outer part of his right shoulder, rated 3/10 at rest. Pain increases to 6–7/10 with overhead reaching or lifting. He experiences sharp, catching pain when reaching behind his back or out to the side, and his arm feels weak above shoulder height. He notes occasional clicking but denies numbness or tingling.

Functional Status

Mr. Reyes' right shoulder injury has significantly impacted his daily life and work capacity. He is unable to perform regular work duties involving lifting, overhead stocking, or pushing/pulling heavy objects. At home, he has difficulty with dressing, personal hygiene, and household tasks requiring overhead reach. Recreational activities such as weightlifting, playing catch, and yard work are limited. Sleep is disrupted, with frequent nighttime awakenings due to pain. Driving is possible but limited by discomfort on longer trips and with certain movements.

Self-care: Difficulty washing hair, reaching across body or behind back, and dressing (especially putting on shirts/jackets and tucking in shirt).

Mobility: No direct limitations reported.

Lifting / carrying: Can lift up to 10 pounds below chest height with right arm; unable to lift overhead; must use left arm for heavier loads.

Sleep: Wakes two to three times nightly due to shoulder pain, cannot sleep on right side, uses pillow for support.

Cognitive: No cognitive limitations reported.

Work duties: Unable to perform regular duties (lifting, overhead work, pushing/pulling); currently on light duty with restrictions.

Recreational / hobby: Unable to lift weights, play catch, or perform overhead yard work; limited to walking and lower body/PT exercises.

Driving: Can drive short distances; pain with longer drives and certain movements (e.g., turning wheel, reaching into back seat).

Past Medical History

Hospitalizations: Appendectomy in 2003 (age 19).

Surgeries: Appendectomy (2003), wisdom teeth extraction (date not specified).

Major Illnesses: High blood pressure (diagnosed 2022, controlled with lisinopril).

Prior Injuries: Low back strain at work (2019, resolved); left ankle sprain (2015, resolved).

Psychiatric History: None reported.

Allergies: Penicillin (hives as a child), mild seasonal allergies; no food, latex, contrast dye, or insect sting allergies.

Medications and Supplements: Lisinopril 10 mg daily, ibuprofen 600 mg once or twice daily, Tylenol as needed, loratadine as needed, occasional multivitamin.

Review of Systems

- **Fatigue or sleep problems:** Fatigue due to sleep disruption from shoulder pain; no other causes identified.
- **Muscle or joint problems (other than the main injury):** Occasional lower back stiffness after long shifts, resolves by next morning, no treatment sought.

Family History

- **Father:** High blood pressure; heart attack at age 68 (currently 71)
- **Mother:** Type 2 diabetes, diagnosed in her 50s (currently 69)

- Sister: Healthy
- Grandparents: Information not provided

Personal and Social History

Living situation: Lives with wife and two children (ages 9 and 12) in a single-story house.

Tobacco use: Quit smoking in 2014; previously smoked half a pack per day from age 18 to 2014.

Alcohol use: Drinks 2–3 beers on weekend days (4–6 per week); no CAGE screening administered.

Drug use: No recreational drug or marijuana use.

Diet: Mostly home-cooked meals; fast food for lunch a couple of times a week.

Physical activity: Previously gym workouts 2–3 times/week and active job; currently walks 30 minutes most days and does leg/PT exercises.

Source of income: Full-time warehouse associate at Ridgeline Supply.

Stressors: Work and financial stress due to injury and uncertainty about return to regular duties.

Occupational History

Mr. Reyes is a warehouse associate at Ridgeline Supply distribution center, a full-time position held since 2020. His regular duties include order picking, stocking, loading/unloading trucks, lifting boxes (30–70 pounds), overhead work, pushing/pulling pallet jacks, and forklift operation. Since the injury, he has been on light duty (scanning, inventory, labeling) with no overtime. He has not returned to regular duties since March 10, 2026, and is working under restrictions (no lifting over 10 pounds with right arm, no overhead work). Workers' compensation claim is active and accepted.

Current work status: Full-time light duty with restrictions.

Job title (current): Warehouse associate, Ridgeline Supply.

Date last worked: 2026-03-10 (full duty).

Date returned to work: 2026-03-17 (light duty).

Work restrictions: No lifting over 10 pounds with right arm; no overhead work.

Workers' comp / disability: Yes, workers' compensation claim accepted.

Workplace exposures: Lifting, overhead work, repetitive motion, pushing/pulling, forklift operation.

Timeline

Date	Time from Injury	Event Description
2026-03-10	Day 0	Right shoulder injury at work lifting box overhead; reported to supervisor; incident report filed; evaluated at Lakeside Occupational Health; X-rays (no fracture); sling, ibuprofen, work restrictions given
2026-03-17	1 week post	Returned to work on light duty
Late March	2–3 weeks post	Began physical therapy (twice weekly for six weeks)
Late April	~6 weeks post	MRI ordered (partial rotator cuff tear and inflammation)
Mid-May	~2 months post	Orthopedic consult with Dr. Karen Whitfield; cortisone injection administered
June–July	3–5 months post	Second round of physical therapy completed
August 2026	5–6 months post	Surgical intervention discussed; pending workers' comp approval
Since August	6–7 months post	No new tests or injections; ongoing home exercises; ibuprofen and Tylenol as needed
2026-10-20	7 months post	Next orthopedic appointment scheduled with Dr. Whitfield

Case Summary

Daniel Reyes is a 42-year-old right-handed male who sustained a right shoulder injury on March 10, 2026, while lifting a heavy box overhead at work. He experienced an acute pop and sharp pain in the top and front of his right shoulder, followed by weakness, but did not fall or injure other body parts.

Initial evaluation at Lakeside Occupational Health included X-rays (no fracture), a sling, ibuprofen, and work restrictions. He returned to light duty after one week and completed two rounds of physical therapy, with only partial improvement. An MRI in late April revealed a partial rotator cuff tear and inflammation. Orthopedic consultation led to a cortisone injection with temporary relief. Surgery has been discussed but not scheduled, pending workers' compensation approval and patient decision.

Mr. Reyes continues to experience persistent pain (3/10 at rest, 6–7/10 with activity), weakness, and functional limitations affecting self-care, work, recreation, and sleep. He is currently working full-time on light duty with restrictions. His past medical history includes controlled hypertension, prior resolved back and ankle injuries, and a penicillin allergy. Family history is notable for hypertension and heart disease (father) and diabetes (mother).

The patient's main concerns are his ability to return to regular work and the potential need for surgery. He is scheduled for follow-up with his orthopedic surgeon in October.

Analysis Sections (Pending Provider Review)

The following sub-sections contain the system's analytical synthesis of patient-reported information for use by the reviewing provider. They are NOT clinical diagnoses, treatment recommendations, causation determinations, or final case dispositions. All clinical decisions remain the sole responsibility of the reviewing provider, who must independently verify all historical information and conduct a comprehensive evaluation.

Potential Diagnoses

- **Partial rotator cuff tear, right shoulder** (ICD-10: S46.011A): Supported by mechanism of injury (overhead lifting with acute pop and pain), persistent weakness and pain, and MRI findings.
- **Shoulder impingement syndrome** (ICD-10: M75.4): Suggested by pain with overhead activity, catching, and weakness.

- **Shoulder bursitis/tendinitis** (ICD-10: M75.5): MRI noted inflammation; clinical course includes pain and response to corticosteroid injection.
- **Chronic pain syndrome** (ICD-10: G89.4): Persistent pain and functional limitations >6 months post-injury.
- **Essential hypertension** (ICD-10: I10): Pre-existing, controlled.
- **History of low back strain** (ICD-10: S39.012S): Resolved, but mild intermittent symptoms persist.

Comorbidities

No significant comorbidities identified from the reported history that would directly impact shoulder recovery. Hypertension is controlled with medication. Occasional mild lower back stiffness is reported but does not require treatment or affect current function. No psychiatric comorbidities or substance use disorders were reported.

Case Discussion

The patient's history is consistent with a work-related right shoulder injury, likely involving the rotator cuff, with persistent pain and functional deficits despite conservative management. MRI findings of a partial rotator cuff tear and inflammation, along with failure to improve with two rounds of physical therapy and only temporary relief from corticosteroid injection, suggest a chronic course with possible surgical indication.

Functional limitations are significant, affecting both occupational and daily activities, and the patient remains on light duty with formal restrictions. The absence of prior right shoulder problems and the acute mechanism support a traumatic etiology. The patient's main concerns are prognosis for return to regular work and the potential need for surgery. Work capacity and permanent impairment assessment will be key considerations.

Document Review Recommendations

Review all relevant medical records and documents, which may include:

- Initial injury report and incident documentation (Ridgeline Supply, 2026-03-10)
- Lakeside Occupational Health records (March 2026: initial evaluation, X-rays, work restrictions)
- Physical therapy notes (March–April and June–July 2026)
- MRI report (late April 2026)
- Orthopedic consultation and procedure notes (Dr. Karen Whitfield, May 2026 onward)
- Cortisone injection documentation
- Workers' compensation correspondence and approvals
- Follow-up appointment notes (including upcoming October 20, 2026 visit)

Physical Examination Recommendations

Conduct a comprehensive physical examination appropriate to the clinical presentation, following AMA Guides to the Evaluation of Permanent Impairment and other authoritative references. The examination should include, as clinically indicated:

Initial assessment: Vital signs, general appearance, pain behaviors, inspection for atrophy or asymmetry.

Focused examination: Inspection and palpation of the right shoulder, assessment of active and passive range of motion, resisted movements, special tests for rotator cuff integrity (e.g., empty can, drop arm, Hawkins-Kennedy, Neer impingement).

Neurological evaluation: Sensation, strength, and reflexes in the right upper extremity, with attention to any subtle deficits.

Functional testing: Task performance (lifting, reaching, overhead activities), assessment of biomechanics, and work simulation as appropriate.

Documentation: Objective measurement techniques, testing positions, and findings consistent with AMA Guides requirements.

Synopsis

The patient's reported history is consistent with a partial rotator cuff tear and chronic right shoulder dysfunction following a well-documented workplace injury. Conservative management has not restored function, and the patient remains unable to perform regular work duties. The clinical question centers on the extent of permanent impairment, appropriateness of surgical intervention, and prognosis for return to full duty.

Key issues for the provider's attention include confirmation of MRI findings, objective assessment of strength and range of motion, and evaluation of functional capacity. The case is complicated by the patient's concern about long-term work ability and the pending decision regarding surgery. No significant comorbidities or psychosocial barriers are apparent from the history.