

Benzene Matter

Date & Time	Source(s)	Age	Complaint / History	Exposure	Physical Exam	Tests, Procedures, ...	Fact + Tech, Dx, Meds	Discussion / Reco...	Key	Linked Issues
Sun 05/18/1986	Coast Medical Center; Emergency; ER Physician; Medical Record.	21 y	C/O: R knee injury. Was skiing, ski struck patient in R knee. Knee swelled and became stiff. PMHx: None. Allergies: PCN. SOC: Address: Route D. Married. EMP: Plant Blue.		T 98.4 P 84 R 16 BP 120/88. MS: Marked effusion; unable to straighten or flex; lacks 25 degrees from full extension; can flex only to 90 degrees.	X-rays: R knee: Findings: There is a comminuted fracture of the patella, predominantly laterally. There is fullness of the suprapatellar pouch suggesting a hemoarthrosis. No additional fractures are seen. There are no dislocations detected. Impression: Fracture of the patella with hemoarthrosis.	DX: Tripartite fracture R patella. PREV MEDS: None. NEW MEDS: Tylenol #3, #20.	REC: Knee immobilizer; crutches. Recheck ortho in 7-10 days.	✓	Alternate causation
Tue 01/08/1991	Coast Medical Center; Emergency; ER Physician 2; Medical Record.	25 y	C/O: Walk in. Injury to L hand middle finger. Laceration middle finger, L hand. PMHx: No pertinent history. Allergies: PCN. No family physician. Last tetanus 1 year ago. SOC: Address: Route R. Married. EMP: Wider; end fitter.		T 99.3 P 72 R 18 BP 146/86. SKIN: Tip superficial laceration middle finger of L hand. [Rest of PE WNL.]	TX: Laceration cleansed and steri strip applied.	DX: Minor laceration finger tip. PREV MEDS: None.	DISC: Workers' Compensation. REC: Wound care [standardized instructions].	✓	
Thu 11/10/1994	Dr. O ; Diagnostic Test.	29 y				LAB: CBC with differential: WNL except: WBC: 4.7 (4.8-10.8); Monocytes %: 12			✓	Temporality

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**	**	**	**	**	**	(0-8).	**	**	**	**
Mon 11/14/1994	Coast Medical Center; Inpatient; Dr. O; Medical Record	29 y	C/O: R knee pain, swelling, popping. ROS: Normal. PMHx: None. Allergies: PCN: rash, codeine: nausea / vomiting. PSHx: Finger surgery 1987, "had no problem." SOC: Address: Route R. Smoked: stopped 1985; chews tobacco: 2 1/2 years. ETOH: Occasional. EMP: Stillwater.		WT: 159#; T 98.6 P 55 (irregular) R 20 BP 126/80 SpO2 99%. EXTR: Pain posterior mid joint line; + McMurray's [-illegible] [Rest of PE WNL.]	PROC: Arthroscopy, arthroscopic partial medial meniscectomy and lateral release, R knee; under general anesthesia: Preoperative diagnosis: R knee pain, probable meniscal tear, lateral facet syndrome. Postoperative diagnosis: Long longitudinal vertical flap tear, medial meniscus and lateral facet syndrome. Findings: Very laterally placed patella with moderately tight lateral retinaculum. Grade II chondromalacia of the lateral patella facet. Medial meniscus had approximately 4 mm remnant back to the posterior medial corner. There was a large flap tear attached and based anteriorly which was placed up into the notch. Posterior horn of the medial meniscus was normal. Excellent patella	DX: Tear posterior horn medial meniscus, R knee. PREV MEDS: Advil PRN. NEW MEDS: Lorcet 10 Q3HR PRN pain, #36.	REC: Keep dressing clean and dry; usual diet. Follow up in 1 week.	✓	Alternate causation, Consistency

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	**	**	**	**	**	**	mobility noted and able to tilt the patella after 45 degrees passively and place the patella 2 quadrants medially and 2 quadrants laterally. TX: Vancomycin; oxygen and Narcan in PACU; Morphine.	**	**	**	**
	Mon 05/20/2002	Dr. O; Diagnostic Test.	37 y				X-rays: MRI Lumbar Spine: [Indication]: Lumbago; lifting injury; C/O lower back pain and bilateral leg pain extending to the feet with numbness of the toes and of the L foot. Impression: Mild degenerative changes are present throughout the lumbar spine and at the visualized lower 2 thoracic disc levels. Mild degenerative facet joint changes are present bilaterally at L5-S1 with early changes at L4-5. There is no focal disc abnormality or area of significant stenosis identified.			✓	Temporality, Alternate causation
	Mon 05/20/2002	Dr. O; Diagnostic Test.	37 y				X-rays: Orbits: [Indication]: Possible metallic foreign body.				

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	**	**	**	**	**	**	Impression: No radiopaque metallic foreign body is seen within the orbits. There is a 1.5 cm retention cyst or polyp incidentally noted within the R maxillary sinus.	**	**	**	**
	Wed 09/18/2002	Dr. T; Family Clinic; Medical Record; Patient Questionnaire [Dated 9/16/02].	37 y	<p>C/O: New patient, wants to get acquainted; wants physical exam; back pain; degenerative disc.</p> <p>Chronic back pain. He has painful fingers bilaterally. he is concerned that this might be tendonitis, wide spread.</p> <p>Describes early satiation with frequent [-illegible] and abdominal pain in the epigastric area.</p> <p>ROS: [Positive for:] NP: Headaches, numbness or tingling in hands, feet, arms, legs; ENT: Ringing in ears, difficulty with hearing; GI: Stomach pain; hemorrhoids; GU: Urination at night; MS: Low and high back pain; joint pain; SKIN: Loss of hair.</p> <p>PMHx: Headache, anemia,</p>		<p>WT: 172#; T 99.3 P 76 R 20 BP 130/100, [repeat] 128/84. HEENT: Nares inflamed, nasal septal deviation to L; ptosis of [-illegible]</p> <p>[Rest of PE WNL.]</p>		<p>DX: Back pain; GERD; Joint pain.</p>	<p>REC: Will get full set of back X-rays to evaluate needs for ortho or neurosurgery consult.</p> <p>Get upper GI to confirm abdominal problem (ulcer, hiatal hernia or other).</p> <p>Get arthritis panel to evaluate pain in fingers, especially joint areas.</p> <p>RTC 1 month or sooner if needed.</p>		<p>Temporality, Alternate causation, Consistency</p>