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Foot & Ankle Surgery*

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Hip & Knee Replacement

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Musculoskeletal Medicine

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July 28, 2014

Cheryl Glab, Case Manager
Via Facsimile: 770-723-8574

POA#: 115830
File#: 186233873-001

Dear Ms. Glab:

Thank you for your letter dated 07/25/2014 concerning the above-named patient.

In response to your inquiries, I do not feel that the patient's current complaints of ulnar neuritis at the level of the wrist are the direct result of the injury sustained in 2011. The patient's initial EMG/nerve conduction study performed showed no sign of ulnar nerve involvement, and her more recent EMG/nerve conduction study, although showing signs of denervation to the abductor digiti minimi, did not show signs of a conduction block. I cannot, based upon the patient's history, identify how this injury resulted in her ulnar nerve symptomatology.

At my last opportunity to meet with the patient in 05/2014, her diagnosis was posttraumatic osteoarthritic changes to the wrist aggravated by an injury in 2011.

As she has failed all conservative management for the discomfort in her wrist of osteoarthritic changes exacerbated by her fall, her current treatment options are living with her current symptomatology and managing it as she has been doing or as Dr. Barmakian recommended considering a proximal row carpectomy or scaphoid excision 4-quadrant fusion. As I have stated in previous dictations, I would be hesitant to recommend surgical intervention for the patient and feel her prognosis is guarded.

If I can be of any greater help to you in this matter, please

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Princeton, NJ 08540

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11 Centre Drive
Monroe Twp., NJ 08831

NECK & BACK INSTITUTE
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contact me at my office.

Sincerely,



Marc J. Lamb, MD

MJL/pwe
Ref#: 3125319

