

**Facts Comparison –Dr. XXXX Report vs. Medical Records**

**Facts Comparison - Highlight Legend**

**\*Blue – Denotes details from Dr. XXXX report are matching corresponding details in the medical records**

**\*Red – Denotes details from Dr. XXXX report contradict details available in medical records**

**\*Green – Denotes new details that are observed from the Dr. XXXX report**

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	DR. XXXX REPORT	TRIVENT COMMENTS
02/10/YYYY	ZZZZ	<p><b>Urgent care visit for headaches, pain and stiffness in neck:</b>                      Patient complained of headaches as well as pain and stiffness in his neck, sleep disturbances, intermittent dizziness, photophobia, and one episode of emesis. He took Acetaminophen and Oxycodone for pain relief. He reported that he was struck in the head and left shoulder by the overhead luggage door while on a flight the previous night.</p> <p><b>Physical examination:</b> The examination revealed palpable tenderness over the left side of his neck along with a restricted range of motion with rotation, flexion, and extension consistent with torticollis.</p> <p><b>Assessment/plan:</b>                      His diagnoses were concussion and torticollis. Prescribed Tylenol and recommended that he undergo supportive</p>	<p>BWH - aRECS -                      000007 – 000012,                      000001 – 000006</p>	<p>02/10/YYYY - Emergency Department Visit</p> <p>Complain of headache and neck pain/stiffness status post getting struck in the head and [left] shoulder by the overhead luggage door while on a flight last night.</p> <p>PE: MSK: Normal range of motion                      Tenderness to the neck.</p> <p>Diagnosis: Concussion, Torticollis.</p> <p>Dr. XXXX reported that the following tests might help in the diagnosis of concussion. The tests included:                      Neurological exam, cognitive</p>	<p>Medical records mention a restricted range of motion of the neck with rotation, flexion, and extension in contradiction with Dr. XXXX report.</p>

Patient Name

DOB: MM/DD/YYYY

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		care including alternating ice and heat, gentle range of motion of his neck, and mental rest as well as follow-up with his primary care physician in one week if his symptoms worsened.		testing, and imaging tests.	
02/13/YYYY	ZZZZ	<b>X-ray of cervical spine:</b> <b>Indication:</b> Pain <b>Impression:</b> <ul style="list-style-type: none"><li>• No acute fractures or malalignment.</li><li>• Mild degenerative changes in his vertebral bodies, posterior elements, and discs.</li></ul>	MGH - aRECS - 000058	02/13/YYYY - X-rays Cervical spine. By report, no acute fracture or misalignment.	Dr. XXXX report matches details in the medical records.
03/15/YYYY	ZZZZ	<b>Physical Medicine and Rehabilitation (PMR) visit for pain in left neck:</b>  Patient was seen for ongoing headaches, photophobia, and pain in his left neck and left trapezius. He quantified the overall pain level as 8/10 which worsened with rotation movements. He was referred by Dr. Shih to discuss trigger point injections.  Dr reviewed his neck X-ray and diagnosed him with left-sided neck, periscapular myofascial pain with several active trigger points in the trapezius, infraspinatus, levator scapulae, and teres minor as well as concussion with continued headaches, and photophobia.  Administered trigger point injections in the patient's left trapezius, supraspinatus, levator	MGH - Pre-Incident Recs - 002706 – 002710	03/15/YYYY - Sports Medicine Visit Left neck pain, trigger point injections	Dr. XXXX report matches details in the medical records.

Patient Name

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DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	DR. XXXX REPORT	TRIVENT COMMENTS
03/29/YYYY	ZZZZ	<p>scapula, infraspinous, and teres minor. He recommended continued physical therapy and a follow-up on an as-needed basis.</p> <p><b>PMR follow-up for concussion:</b></p> <p>Patient returned for ongoing headaches, photophobia, as well as pain in his neck and shoulders that worsened with movements. He reported improvement from the last set of Trigger Point Injections (TPIs) and <b>complained of pain on the left side of the neck which was quantitated as 8/10.</b> The symptoms worsened with movement of the neck. Tylenol and Advil were effective for pain relief.</p> <p>Dr examined him and noted tenderness over his bilateral trapezius, supraspinatus, left lateral levator scapulae, and teres minor as well as left sternocleidomastoid.</p> <p>Administered trigger point injections to his left trapezius, supraspinatus, infraspinatus, teres minor, sternocleidomastoid, levator scapula, right trapezius, and supraspinatus. He recommended continued physical therapy and a follow-up on an as-needed basis.</p>	MGH - aRECS - 000019 – 000023	03/29/YYYY - Sports Medicine Visit right neck pain, trigger point injections	Medical records reveal 8/10 pain on the left side of the neck in contradiction with Dr. XXXX report.
04/17/YYYY	ZZZZ	<p><b>PMR follow-up for headaches and pain in left neck and upper back:</b></p> <p>Patient returned for ongoing headaches as well <b>as pain in his left neck and bilateral</b></p>	MGH - aRECS - 000268 – 000273	04/17/YYYY - Sports Medicine Visit Right neck pain, TPI	Medical records denote pain on the left side of the neck in contradiction to Dr. XXXX report.

Patient Name

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		<p><b>trapezius</b> with a pain score of 7-8/10. His sleep disturbance, vertigo, tinnitus symptoms, and cervical movement had improved.</p> <p>Physical examination revealed considerable myofascial tenderness in the bilateral trapezius, teres minor, left levator scapulae and left sternocleidomastoid.</p> <p>Administered trigger point injections in his bilateral trapezius, teres minor, left levator scapulae, and left sternocleidomastoid. He recommended a follow-up on an as-needed basis.</p>			
07/17/YYYY	ZZZZ	<p><b>X-ray of right shoulder:</b></p> <p><b>Impression:</b> The study revealed <b>right sternoclavicular joint subluxation</b> with clavicle displaced superiorly, and bilateral mild degenerative changes at the acromioclavicular joints.</p>	MGH - aRECS - 000208	07/17/YYYY - X-ray Right shoulder By report, right sternoclavicular joint subluxation.	Dr. XXXX report matches details in the medical records.