

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA

UNITED STATES OF AMERICA	:	
	:	
v.	:	
	:	Case No: 21-CR-292 RCL
	:	
CHRISTOPHER WORRELL,	:	
	:	
Defendant.	:	

**UPDATE ON DEFENDANT’S MEDICAL STATUS**

The government respectfully submits this update on Mr. Worrell’s medical status, including specifically his pinky finger fracture and his cancer treatment. The government has obtained the following new information. *First*, the government has learned that the surgery Mr. Worrell sought on his pinky finger fracture is, in the opinion of the orthopedic specialist who treated Mr. Worrell, not medically necessary and not urgent, but instead an elective procedure. *Second*, the government has learned that Mr. Worrell’s fracture had, likely some time before October 14, 2021, already healed in a way typical for that injury. *Third*, the government has learned that Mr. Worrell has denied experiencing pain at rest (or any significant pain at all) from the pinky fracture, and that Mr. Worrell experiences no impairment of function from the injury. *Fourth*, the government has learned that the fracture was treated immediately with a “closed reduction” and splint, which Mr. Worrell subsequently removed. Finally, the government has learned that on October 20, 2021, Mr. Worrell canceled his upcoming pinky fracture surgery—which had been scheduled quickly at Mr. Worrell’s insistence—to seek a second opinion. This information significantly changes the information previously available to the Court regarding Mr. Worrell’s injury.

With respect to his cancer treatment, Mr. Worrell’s providers recently recommended

chemotherapy and an additional biopsy. Mr. Worrell requested that the biopsy be completed before starting chemotherapy.

To be clear, the government takes Mr. Worrell's medical situation seriously. His cancer is a dangerous underlying condition, and as such he was at significant risk when he first contracted COVID-19. And he has suffered several other issues while in custody, including injuries from his accidental fall in the spring. But the government has repeatedly been unable to sort fact from fiction in reviewing Mr. Worrell's many claims of medical mistreatment, because those claims have often been refuted, or at best unsubstantiated, by the medical notes and records that the government later obtains. The government finds itself in the same position now, given the new information it has obtained indicating that Mr. Worrell's pinky finger fracture is not an emergency medical issue.

**A. Mr. Worrell's History of Misrepresentations.**

In his various prior filings, Mr. Worrell has made numerous allegations of mistreatment or lack of treatment while in custody. The government summarizes several of them here as context for Mr. Worrell's current claims regarding his pinky fracture.

Worrell first raised such allegations while in custody in Charlotte County Jail. While there, Mr. Worrell (through counsel) asserted that his "requests for the necessary cancer medication have been denied by jail staff" and that his condition was "rapidly deteriorating," and Mr. Worrell implied that he had "been receiving" and was then "undergoing chemotherapy and radiation." Dkt. 16-1 at 3-4. In fact, as subsequent affidavits showed, these statements were untrue or misleading or were, at best, exaggerations. As to the prescriptions, Charlotte County Jail medical staff (who, like medical staff at the D.C. Jail, are employed by a medical contractor, not the jail) had made numerous attempts to contact his alternative provider who had prescribed

the medicine, Dr. Rucker, without success, because Dr. Rucker had no staff and had not returned the staff's calls. *See* Dkt. 19-1 at 3-4. Jail staff even told Mr. Worrell his girlfriend could simply drive the prescriptions to the Jail for the Jail's pharmacist to evaluate, but Mr. Worrell declined the offer. *See* Dkt. 49 at 4-5; *id.* Ex. 1 at 15 (transcript of April 6, 2021 hearing before Chief Judge Howell). Two different jails' staff later determined neither medication was indicated for treating Mr. Worrell's cancer; his oncologist did not prescribe them either. Dkt. 49 at 6; Dkt. 71-1 at 2-3 (providing further detail). With respect to his condition, Charlotte County Jail staff informed the government that Mr. Worrell's condition was stable, not "rapidly deteriorating." *Id.* at 5-6. Finally, Mr. Worrell's medical records revealed that he had been advised to undergo chemotherapy and radiation in August 2020, but had declined, and had apparently instead sought no treatment for six months until February 2021, when he had one visit with Dr. Rucker. Dkt. 71-1 at 2. He was apparently not undergoing chemotherapy or radiation. *Id.*

While at the D.C. Jail ("DOC"), several other of Mr. Worrell's health-related claims were similarly unsubstantiated by the medical records of DOC and outside providers. As but one example, Mr. Worrell claimed in his filings that he had had a severe case of COVID-19 during mid-April that left him with "a fever, cough, headache, severe chest congestion, body aches, weakness, and muscle fatigue, sweats, and chills," and barely able to get out of bed for three days. Dkt. 47-1 at 7. As the government noted at the time, it understands that a COVID-19 infection can be a traumatic experience for any patient. But the medical records showed that Worrell never had a temperature above 99 degrees despite twice-daily temperature checks; that he never had low oxygen levels (below 96 percent); that his COVID-19 case was described as "mild"; and that he was largely asymptomatic. Dkt. 71-1 at 4-5; *see also* Dkt. 74 at 22 (this Court noting that Mr. Worrell's claim that he was being "subject to a form of torture" had "no

basis in reality”); *id.* at 23 (this Court noting that it was “skeptical” of Mr. Worrell’s claims regarding the severity of his COVID infection).

In his August 11, 2021 Motion to Revoke Detention Order, Mr. Worrell claimed that he had been denied appointments for two biopsies that had been requested by his outside oncologist at Howard University Hospital. *See* Dkt. 81 at 6. In fact, Mr. Worrell had twice refused to attend these very biopsies for a variety of reasons unrelated to his medical care. *See* Dkt. 85 at 4-6. Mr. Worrell also complained that he had a cracked tooth that was untreated. Dkt. 81 at 6. In fact, he had already been seen by a dentist, who concluded that the tooth required a root canal or extraction—but again, Mr. Worrell refused the treatment, stating he “[w]ould like to try to save it” and did not want it “taken out at this time.” Dkt. 85 at 9. Mr. Worrell made several other unsubstantiated claims (or implied claims) of medical mistreatment that his medical records indicated were exaggerated or untrue. *See, e.g.*, Dkt. 85 at 8-9 (refuting Mr. Worrell’s claim that the D.C. Jail had done “nothing” to address his cancer and Mr. Worrell’s implied claim that he had an eye condition that was going untreated).

**B. Mr. Worrell’s pinky fracture.**

In his August motion, Mr. Worrell noted that he suffered a broken pinky finger after he fell while in custody on May 16, 2021, and that he had not yet had the surgery he had requested from Dr. Robert Wilson at Howard University Hospital on June 10, 2021. Mr. Worrell claimed that fracture was “untreated” and “quite painful” as of August 11, 2021. Dkt. 81 at 9, 10. In its October 13, 2021 hearing, this Court expressed serious concern about the fact that Mr. Worrell’s surgery had not been scheduled by early October, four months after the June 10, 2021 appointment.

In the last two days, the government has learned significant new information about Mr.

Worrell's injury that casts Mr. Worrell's motion in a new light. An overview of Mr. Worrell's injury is important given Mr. Worrell's claims regarding that injury.

On May 16, 2021, Mr. Worrell fell while in his cell. As a result of that fall, he fractured his pinky finger (fifth metacarpal). *See* Ex. 6 at 2. He was seen shortly thereafter, reported a high level of pain, and was brought to the emergency room, where x-rays were taken and Mr. Worrell's injury was treated with a closed reduction and a splint. *Id.* at 2-4, *id.* at 5 ("the patient was treated with closed reduction and application of a protective splint"). The doctors also noted that Mr. Worrell had a previous significant injury to the same fingers. *Id.* at 2. Upon his return from the hospital, just hours after the fracture, Mr. Worrell reported that he was not in pain. *Id.* at 1.

Mr. Worrell was then seen by Dr. Wilson, an orthopedic surgeon, at Howard University Hospital on June 10, 2021. Dr. Wilson concluded that Mr. Worrell had a pinky finger fracture. *Id.* at 5. He noted, however, that Mr. Worrell had "no significant pain" as of that date. *Id.* Moreover, Mr. Worrell had "removed the splint" given to him just over three weeks earlier. *Id.* The notes reflect an original recommendation of a cast with follow-up, but in a July 2021 addendum to his notes, Dr. Wilson stated that "[a]ctually, the patient has requested surgery for this injury," that "[s]urgery is indicated," and that Dr. Wilson's office would "begin the scheduling for this patient as soon as possible." *Id.* at 8.

On October 7, 2021, Dr. Eleni O'Donovan of DOC spoke to Dr. Wilson, who clarified that Mr. Worrell's surgery was not necessary, but that Mr. Worrell had insisted on surgery. Dr. Wilson and Dr. O'Donovan agreed that Dr. Wilson should review Mr. Worrell's fracture again, and so scheduled an October 14, 2021 follow-up visit. An x-ray of Mr. Worrell's pinky finger taken at DOC on October 13, 2021 indicated the fracture was "old" and "healing." *Id.* at 9.

In one set of handwritten notes from that October 14, 2021 visit, Dr. Wilson notes that he had a “[l]ong, contentious discussion” with Mr. Worrell; that “surgery indications are weak,” but that Mr. Worrell was “insistent” on surgery and was “UNWAVERING.” *Id.* at 10.<sup>1</sup> The more comprehensive notes state that on October 14—the day after this Court’s hearing—Mr. Worrell told his providers he had “no significant pain” other than “intermittent discomfort with making a fist,” but was “adamant that he needs surgery” because he was not “pleased that his bone is not straight.” Ex. 6 at 14-15. The fracture is described in the notes as “healed.” *Id.* at 15. Dr.

Wilson states:

Previously, I had agreed to treat surgically, although I was a bit hesitant due to the lack of indication at that time. I did decide to not proceed after careful consideration. Now, the patient presents with a persistent interest in surgery. . . . He has an emotional interest in having surgery. Despite the weak indications for surgery, . . . [w]e will proceed due to the patient’s insistence . . . He was informed that surgery has risks that may outweigh the benefits of a surgery. Although, we discussed the risks of infection, poor function, pain, etc. . . the patient’s beyond reason at this time. . . . We will proceed with extreme caution, since it is apparent that ulterior motives are at play. He will be booked for surgery ASAP.

*Id.* These notes—and the recommendation in Mr. Worrell’s case—appear to have been reviewed by two providers: Dr. Sean Williams and Dr. Wilson. *See id.*

In an interview with U.S. Marshals Service medical staff and the government on October 21, 2021, Dr. Wilson reiterated that he did not believe surgery was “necessary” after his initial examination in June 2021. Indeed, Dr. Wilson stated that treatment with a “closed reduction” and splint to allow healing of the fracture is a common treatment path, and that while surgery for this type of fracture is sometimes indicated, the circumstances in which such surgery would be appropriate were weakly present (if present at all) in Mr. Worrell’s case. Instead, Dr. Wilson

---

<sup>1</sup> During separate interviews with Dr. Wilson and Dr. O’Donovan at DOC last week, the government has confirmed that the handwritten notes at the bottom of this one-page “consultation request” form were created by Dr. Wilson. *See* Ex. 6 at 10. Any confusion over that issue may have arisen because those notes were also separately transcribed by DOC into Worrell’s electronic medical record. *See id.* at 11.

stated that Mr. Worrell had requested surgery, which Dr. Wilson described as “elective.”<sup>2</sup> When asked about the timing of that surgery, Dr. Wilson stated that there was “no urgency” in conducting the surgery and that it could occur now or in the future.

Dr. Wilson also confirmed that the fracture healed on its own (as fractures typically do), in a way that is “typical” for injuries of the type suffered by Mr. Worrell. He stated that Mr. Worrell had no loss of function, aside from mild restriction of motion in his pinky finger—but Dr. Wilson was clear that it would not interfere with any daily tasks like writing, holding a knife, or playing the piano. Dr. Wilson stated that Mr. Worrell had no pain while at rest, but described mild discomfort when moving the finger in question. But Dr. Wilson was clear that the fracture had already healed.

These notes, and Dr. Wilson’s evaluation of Mr. Worrell’s lack of pain and retention of ordinary function in the finger, are confirmed by other medical notes. On October 20, 2021, Mr. Worrell was seen by Dr. Crenshaw at DOC. The notes state: “[Mr. Worrell] reports that he has no functional limitations and has no difficulty writing, eating, or gripping things,” and only “occasional intermittent pain with certain movements,” but that he is “unhappy with the appearance of the deformity over the dorsal side of his hand,” that his hand “is ‘85% normal’ and hopes it can be ‘back to normal’ with surgery.” Ex. 6 at 18.

Dr. Wilson also confirmed that Mr. Worrell simply invented what he asserted in August 2021: that “Dr. Wilson informed Mr. Worrell” in June “that due to the jail’s delay the hand [would] require surgery rather than being reset in Dr. Wilson’s office.” Dkt. 81 at 6. Dr. Wilson

---

<sup>2</sup> Dr. Wilson’s June 2021 notes do not include his view that surgery was not necessary. But Dr. Wilson’s notes did state that the injury could be treated conservatively, and that Mr. Worrell had requested surgery. While Dr. Wilson stated at that time that surgery was “indicated,” he later made clear the indications were “weak” and “poor.” Ex. 6 at 10, 14. Given that Dr. Wilson was amenable to proceeding with the elective surgery at Mr. Worrell’s request, it is unsurprising that Dr. Wilson did not include in the notes a statement that surgery was not medically necessary. Certainly, the government has no reason to believe that Dr. Wilson is retroactively revising his medical assessment of Mr. Worrell’s pinky fracture.

stated in his interview that he never said anything of the sort, and that the comment Mr. Worrell attributes to him also “makes no sense.”

It is thus not true that Mr. Worrell’s injury was “untreated” as of August 2021. In fact, Mr. Worrell was given a “closed reduction” and splint cast for his fracture on May 17, 2021, when he visited the emergency room; he himself had removed the splint. His injury had likely healed over the summer, in a way that is typical for that type of injury. Certainly, it had healed by the time of this Court’s hearing on October 13, 2021. It is also untrue that Worrell was experiencing significant pain from this injury, at least according to both the evaluations of Dr. Wilson and Mr. Worrell’s statements to his providers. According to those records, Mr. Worrell was not experiencing significant pain at his first visit with Dr. Wilson in June 2021; and experienced only mild discomfort with certain movements of the pinky finger (but not at rest) by October 2021. And Mr. Worrell’s statements on October 20, 2021 indicate that he primarily was dissatisfied with the appearance of his pinky finger.

After all of this, and after the pinky fracture surgery was scheduled on a rush basis for October 25, 2021, Mr. Worrell then *declined* the surgery on October 20, 2021, stating that he wanted a second opinion. *See* Ex. 6 at 16. Mr. Worrell refused to sign the declination form that was offered to him, but there were two witnesses to the refusal. *Id.* (Another doctor was also told by Mr. Worrell that Mr. Worrell wanted “a second opinion before proceeding with surgery.” *Id.* at 19.) The government has asked for confirmation from Mr. Worrell that he is declining the surgery.

In the meantime, given that his fracture has healed, is not causing him ongoing significant pain or any functional limitations, and can be operated on in the future, Mr. Worrell’s pinky fracture is not an emergency medical condition. Indeed, the record suggests it had been treated

and may have healed by August 11, 2021, when Mr. Worrell filed his most recent motion seeking reconsideration of detention.

**C. Mr. Worrell's cancer treatment.**

With respect to his ongoing cancer treatment, Mr. Worrell had a follow-up visit with Dr. Ali, his outside oncologist, on September 29, 2021. At that visit, Dr. Ali recommended a six-month course of chemotherapy, and also recommended a lymph node biopsy after the needle aspiration biopsy that Mr. Worrell had in September showed no evidence of cancer. Dr. Ali also recommended follow-up with radiation oncology to determine whether radiation therapy was appropriate.

On October 19, 2021, Mr. Worrell told the government (through counsel) that he had had an appointment with radiology and that they told him “the cancer was too widespread throughout his body for radiation as part of the treatment plan.” But the medical records—from an outside provider (Dr. Nguyen at Howard University Hospital)—do not support Mr. Worrell’s stark claim. The radiology report states: “As B-cell lymphoma is very sensitive to chemotherapy, I will recommend chemotherapy instead of radiation. The radiation therapy may leave lasting skin changes over the face which may affect the patient [sic] cosmesis. In addition, he had radiation therapy in the past. There may be increased toxicity if there is any overlap with the previously irradiated area.” Ex. 6 at 22-23. Thus, radiation appears to have been rejected as the preferred treatment not because Mr. Worrell’s cancer was too widespread, but because chemotherapy is effective; the radiation might have cosmetic effects; and Mr. Worrell had had prior rounds of radiation.

According to the medical notes at DOC, Mr. Worrell then declined to pursue chemotherapy until an additional excisional lymph node biopsy, recommended by Dr. Ali, had

occurred. Ex. 6 at 21. Again, the government has asked for confirmation from Mr. Worrell that he is declining chemotherapy at this time. DOC has reported that the biopsy has been scheduled for November 1, 2021.

### CONCLUSION

Mr. Worrell's reports of his medical treatment have repeatedly been contradicted or unsubstantiated by the medical records of the providers who have seen him: the Charlotte County Jail's medical contractor staff, the D.C. Jail's medical contractor staff, and multiple outside specialists at Howard University Hospital. The government cannot assist in ensuring that Mr. Worrell is receiving proper treatment, nor make an informed decision regarding the impact of that medical status on his pretrial detention, if Mr. Worrell does not accurately relay the status of his medical conditions and his medical treatment.

Respectfully submitted,

CHANNING D. PHILLIPS  
Acting United States Attorney  
D.C. Bar No. 415793

/s/ William Dreher  
WILLIAM DREHER  
D.C. Bar No. 1033828  
Assistant United States Attorney (Detailed)  
700 Stewart Street, Suite 5220  
Seattle, WA 98101  
(206) 553-4579  
william.dreher@usdoj.gov

# Exhibit 6

**Central Detention Facility**

1901 D Street, SE Washington, DC 20003

Fax:

October 20, 2021

Page 1

Nursing Note

**CHRISTOPHER WORRELL**

Male DOB: [REDACTED]

377183

Home: 377183

**05/17/2021 - Nursing Note: Hospital return**

**Provider: Marcel Ngoh - RN**

**Location of Care: Correctional Treatment Facility**

**Vital Signs**

Height: **75** in.

Temperature: **97.8** degrees F

Temp Site: **Oral**

Pulse Rate: **77**

Rhythm: **Regular**

Blood Pressure: **116/87** mm Hg

(mm Hg)

Pulse Ox: **96%**

Hospital returned with hands right hand, 5th finger metacarpal neck fracture. patient has an AC wrap support on his right hand. He denies having any pain at this time before returning to his unit.

---

**Electronically Signed by Marcel Ngoh - RN on 05/17/2021 at 6:48 AM**

**Central Detention Facility**

1901 D Street, SE Washington, DC 20003  
Fax:

October 20, 2021

Page 1

Urgent Care

**CHRISTOPHER WORRELL**

Male DOB: [REDACTED]

377183

Home: 377183

**05/16/2021 - Urgent Care: Onjury Right Hand**

**Provider: Meena Kumar - NP**

**Location of Care: Correctional Treatment Facility**

**This document contains external references**

**Vital Signs**

Height: **75** in.

Temperature: **98.2** degrees F

Temp Site: **Oral**

Respirations: **18**

Pulse Rate: **93**

Rhythm: **Regular**

Blood Pressure: **120/78** mm Hg

(mm Hg)

Pulse Ox: 98%

**HPI**

HPI: 49 year old male came to Urgent care with officers to be seen,

C/O injury Right hand about half hour ago ,

Patient reproted slipped and fall while walking on unit and tried to break fall with Right hand,

Hx of injury and fracture with metal placed few years ago

C/O pain 9/10

**Previous TST: 0 (04/15/2021 10:01:56 PM)**

**Current Problems:**

EPIDERMOID CYST (ICD-706.2) (ICD10-L72.0)

URINARY HESITANCY (ICD-788.64) (ICD10-R39.11)

LOWER BACK PAIN (ICD-724.2) (ICD10-M54.5)

PREDIABETES (ICD-790.29) (ICD10-R73.03)

FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE (ICD-204.80) (ICD10-C85.10)

SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007 (ICD-199.1)

(ICD10-C80.1)

HX OF COVID-19 (ICD10-U07.1)

**Current Medications:**

METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE) Take 1 tab P.o bid.

First dose now; KOP

ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily. First dose now; KOP

ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL

CVS DRY EYE RELIEF 0.2-0.2-1 % OPHTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG 400) 1-2 gtt in eyes prn; Route: OPHTHALMIC

**Current Allergies:**

\* PERCOCET: HIVES (Critical)

**Central Detention Facility**  
1901 D Street, SE Washington, DC 20003  
Fax:

October 20, 2021  
Page 2  
Urgent Care

**CHRISTOPHER WORRELL**

Home: 377183

Male DOB: [REDACTED]

377183

### **Review of Systems**

**General:** Patient denies anorexia.

**Eyes:** Patient denies blurring.

**Ears/Nose/Throat:** Patient denies decreased hearing.

**Cardiovascular:** Patient denies chest pain.

**Respiratory:** Patient denies dyspnea.

**Gastrointestinal:** Patient denies nausea, vomiting.

**Musculoskeletal:** Patient complains of joint pain, joint swelling.

**Psychiatric:** Patient denies anxiety.

### **Physical Exam**

#### **General Appearance**

well developed, well nourished, well hydrated, in no acute distress

#### **Head**

**Inspection:** NC/AT

#### **Eyes**

**External:** conjunctivae and lids normal

**Pupils:** equal, round, reactive to light

#### **Ears/Nose/Throat**

**Hearing:** grossly intact

#### **Neck**

**Neck:** supple, no masses, trachea midline

#### **Respiratory**

**Effort:** no intercostal retractions or use of accessory muscles

**Auscultation:** no rales, rhonchi, or wheezes

#### **Cardiovascular**

**Auscultation:** S1 S2 +

#### **Musculoskeletal**

**Gait & Station:** normal, can undergo exercise testing and/or participate in exercise program

**Digits & Nails:** no clubbing, cyanosis, petechiae, or nodes

**Neck:** normal strength, no deformities

**Spine, Ribs, & Pelvis:** normal mobility,

#### **Extremities**

**RUE:** Right hand Palmer area

5th finger ( Pinky ) carpal and metacarpal area swelling with pain on movement ,  
previous surgical old well healed scar

**LUE:** normal ROM and strength, no joint enlargement or tenderness

**RLE:** normal ROM and strength, no joint enlargement or tenderness

**LLE:** normal ROM and strength, no joint enlargement or tenderness

#### **Neurological**

**Cranial Nerves:** II - XII grossly intact

**Reflexes:** 2+, symmetric, no pathological reflexes

**Sensation & Strength:** grossly intact

#### **Skin**

**Inspection:** no rashes, lesions, ulcerations, or erythema

**Central Detention Facility**

1901 D Street, SE Washington, DC 20003  
Fax:

October 20, 2021  
Page 3  
Urgent Care

**CHRISTOPHER WORRELL**

Male DOB: [REDACTED]

377183

Home: 377183

**Mental Status and Exam**

**Judgement:** intact

**Orientation:** oriented to time, place, and person

**Memory:** intact for recent and remote events

**Mood & Affect:** no depression, anxiety, or agitation

**Assessment and Plan**

General health and wellness, including healthy diet and aerobic exercise during recreational time, reviewed with the patient. Health hazards of tobacco, illicit drug use, and excessive alcohol intake discussed and patient advised to quit if using, or not to initiate if not already using.

**Assessment/Plan:**

UNSPECIFIED INJURY OF RIGHT WRIST, HAND AND FINGER(S), INITIAL ENCOUNTER -

Motrin 800 mg po x1 now- given , ice applied locally

? fracture - hx of previous injury and surgical repair and plate placement

will send patient to ER HUH via special conveyence trasportation for Xray and splint placement

Risks, benefits, and alternatives to treatment plan discussed.

Problems reviewed today.

Medications reviewed today.

Allergies reviewed today.

Directives reviewed today.

**Electronically Signed by Meena Kumar - NP on 05/16/2021 at 5:49 PM**

---



HOWARD UNIVERSITY

Faculty Practice Plan  
Orthopaedics and Rehabilitative Services

377183

RE: Christopher Worrell  
MRN: 3544810  
DOB: [REDACTED]

06/10/2021

**Chief Complaint**

- 1. Hand Problem

Pt. is present for a follow-up concerning his 5th Met (Right Hand)

**History of Present Illness**

HPI: Mr. Worrell suffered a right hand injury on 05/16/21. He was brought to the emergency room at age 2 H where radiographs confirmed a metacarpal diaphyseal fracture. The patient was treated with closed reduction and application of a protective splint. Patient now presents for initial evaluation and treatment in the clinic. He has no significant pain. He has removed the splint.

**Active Problems**

- 1. Follicular center nodal or systemic B-cell lymphoma with skin involvement (202.00)
- 2. History of chemotherapy (V87.41) (Z92.21)
- 3. History of head and neck cancer (V10.89) (Z85.89)

**Allergies**

- 1. Percocet TABS

**Physical Exam**

Constitutional: general appearance normal.

Musculoskeletal: normal gait and station.

Right Hand: Appearance: Moderate swelling dorsally, loss of knuckle prominence over 4th and 5th metacarpal heads, skin intact. Tenderness: diffuse dorsal aspect of the hand and metacarpal(s). Palpatory findings include no crepitus. (limited range of motion noted.)

Psychiatric: orientation to person, place, and time normal. normal mood and affect.

**Results/Data**

Views: of the right hand.

Findings:

5th metacarpal diaphyseal fracture, comminuted, dorsal angulation 70°, healed 4th metacarpal fracture with mild dorsal angulation, 5th CMC joint with moderate signs of degenerative wear.

**Assessment**

- 1. Fracture of shaft of fifth metacarpal bone of right hand (815.03) (S62.326A)

**Discussion/Summary**

The patient has a significant injury though we will treat conservatively. Patient agrees to an ulnar gutter cast. We will follow up in 3-4 weeks for re-evaluation.

Howard Faculty Practice Plan  
Orthopaedics and Rehabilitative Services  
204 J Georgia Avenue, NW  
Suite A, 1st Floor HUH  
Washington, DC 20060

Office: [REDACTED] Fax: (202) 865-3039

Christopher Worrell

2 of 2

06/10/2021

**Signatures**

Electronically signed by : Robert Wilson, MD; Jun 22 2021 6:58PM EST (Author)

Howard Faculty Practice Plan  
Orthopaedics and Rehabilitative Services  
2041 Georgia Avenue, NW  
Suite A, 1st Floor HUH  
Washington, DC 20060  
Office: ( ) Fax: (202) 865-3039

*Amended NDI  
377143*



**HOWARD UNIVERSITY**  
Faculty Practice Plan

Orthopaedics and Rehabilitative Services

RE: Christopher Warrell  
MRN: 3544810  
DOB: [REDACTED]

06/10/2021

**Chief Complaint**

- 1. Hand Problem

Pl. is present for a follow-up concerning his 5th Met (Right Hand)

**History of Present Illness**

HPI: Mr. Warrell suffered a right hand injury on 05/16/21, he was brought to the emergency room at age 2 H where radiographs confirmed a metacarpal diaphyseal fracture. The patient was treated with closed reduction and application of a protective splint. Patient now presents for initial evaluation and treatment in the clinic. He has no significant pain. He has removed the splint.

**Active Problems**

- 1. Follicular center nodal or systemic B-cell lymphoma with skin involvement (Z02.00)
- 2. History of chemotherapy (V07.41) (Z92.21)
- 3. History of head and neck cancer (V10.89) (Z85.89)

**Allergies**

- 1. Percocet TABS

**Physical Exam**

Constitutional: general appearance normal.

Musculoskeletal: normal gait and station.

Right Hand: Appearance: Moderate swelling dorsally, loss of knuckle prominence over 4th and 5th metacarpal heads, skin intact. Tenderness: diffuse dorsal aspect of the hand and metacarpal(s). Palpatory findings include no crepitus. (limited range of motion noted.)

Psychiatric: orientation to person, place, and time normal. normal mood and affect.

**Results/Data**

Views: of the right hand

Findings

5th metacarpal diaphyseal fracture, comminuted, dorsal angulation 70?, healed 4th metacarpal fracture with mild dorsal angulation, 5th CMC joint with moderate signs of degenerative wear.

**Assessment**

- 1. Fracture of shaft of fifth metacarpal bone of right hand (815.03) (S62.326A)

**Discussion/Summary**

the patient has a significant injury though we will treat conservatively. Patient agrees to an ulnar gutter cast. We will follow up in 3-4 weeks for re-evaluation. re-evaluation.

Howard Faculty Practice Plan  
Orthopaedics and Rehabilitative Services  
2041 Georgia Avenue, NW  
Suite A, 1st Floor HUH  
Washington, DC 20060

Office: [REDACTED] Fax: (202) 865-3039

Christopher Worrell  
06/26/1971

2 of 2

**ADDENDUM: 7/8/21**

*Actually, the patient has requested surgery for this injury. There has been a misunderstanding, noted in the initial documentation. Surgery is indicated. We will begin the scheduling for this patient as soon as possible.*

RHW

~~Amended By: Wilson, Robert: Jul 08 2021 2:05 PM EST~~

**Signatures**

~~Electronically signed by: Robert Wilson, MD, Jul 8 2021 2:10 PM EST (Author)~~

**Howard Faculty Practice Plan  
Orthopaedics and Rehabilitative Services  
2041 Georgia Avenue, NW  
Suite A, 1st Floor HUH  
Washington, DC 20060  
Office: [Redacted] Fax: (202) 865-3039**

**Central Detention Facility**

1901 D Street, SE Washington, DC 20003

Fax:

October 20, 2021

Page 1

Radiology

**CHRISTOPHER WORRELL**

Male DOB: [REDACTED]

377183

Home: 377183

**10/13/2021 - Radiology: Urgent, HAND RIGHT**

**Provider: Eleni O'Donovan - MD**

**Location of Care: Correctional Treatment Facility**

**Radiology Processing**

**X-Ray Type: Urgent, HAND RIGHT**

**X-Ray Group: UE**

**X-Ray Ordered: HAND RIGHT**

**Date Requested: 10/13/2021**

**Exam Status: Complete**

**Exam Date: 10/13/2021**

**Technologist: R. Douglas**

**Radiographic Report**

**Report Date: 10/13/2021**

**Exam: UE, HAND RIGHT**

**Findings: Clinical History: "Follow-up R 5th metacarpal neck fracture - 3V R hand hand and wrist - patient at CTF"**

Technique: Frontal, oblique and lateral views of the right hand were submitted for evaluation. No prior studies available for comparison.

Findings: There is deformity of the shaft of the fifth metacarpal bone compatible with old healing fracture. There is mild narrowing of the radiocarpal joint. The surrounding soft tissues are grossly unremarkable in appearance.

Impression: Old healing fracture deformity of the fifth metacarpal bone as stated above.

**Report Status: Complete**

**Radiologist: Bonnie Davis, MD**

**Electronically Signed by Eleni O'Donovan - MD on 10/15/2021 at 12:18 PM**

---

Urgent

10/14/21

**Unity Health Care Consultation Request**

Referring Provider Signature: [Signature] Date: 10/8/21

Referring Provider Name: M. Chenshaw, MD pager/phone # \_\_\_\_\_

(Stamp or print clinic name, address, telephone # and fax below.)

HCH Orthopedic Clinic

PATIENT NAME (LAST, FIRST): Warcell, Christopher

MEDICAID  MEDICARE ID NUMBER: 377183

OTHER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX:  MALE  FEMALE

ADDRESS (STREET, CITY, APT): \_\_\_\_\_ Fax # 202-546-4818

STATE, ZIP: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ MEDICAL RECORD #: \_\_\_\_\_

SPECIALIST NAME: HCH Ormo Wilson AUTHORIZATION # \_\_\_\_\_ NUMBER OF VISITS AUTHORIZED:  1  2  \_\_\_\_\_

SPECIALIST ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DIAGNOSIS: 1. (R) 5th metacarpal fx  INITIAL CONSULTATION  FOLLOW-UP EVALUATION

APPOINTMENT DATE: 10/14/21 APPOINTMENT TIME: 12:30 AM (PM)

REASON FOR REFERRAL: SO HHO M C fx of (R) 5th metacarpal, prev recommended for surgical repair but improving pain. Please eval / tx.

Please send back regular office note as well. Thank you

CONSULTANT'S REPORT: 50 yo ♂ (R) 5th metacarpal and malunion of 4/5 Metacarpals. Long, contentious discussion. Surgery indications are weak, though pt insistent on repair of malunion. Risks are moderate and chance of improving function limited. Pt is unwavering. Therefore, will proceed surgically and put best effort to improve. Pt agrees and demands that plan.

CONSULTANT SIGNATURE: [Signature] PROVIDER # \_\_\_\_\_ DATE: 10/13/21

FOR OFFICE USE ONLY:  Mail Referral to Pt.  Call Pt. to Pick Up Referral  Fax Referral to Consultant  Pt. Waiting \_\_\_\_\_

Patient Will Pick Up Referral on (date) \_\_\_\_\_ Other: \_\_\_\_\_

NOTE: Consultant, please mail all correspondence/ findings to the address listed above for the Health Center. Thank You!

All-4 Form 117 MR R04/02

White Copy - Consultant

Yellow Copy - Unity Chart

10/18/21  
cr

**Central Detention Facility**

1901 D Street, SE Washington, DC 20003

Fax:

October 20, 2021

Page 1

Urgent Care

**CHRISTOPHER WORRELL**

Male DOB: [REDACTED]

377183

Home: 377183

**10/14/2021 - Urgent Care: Patient Return: HUH Ortho clinic**

**Provider: Cheikhna Aidara - PA**

**Location of Care: Correctional Treatment Facility**

**This document contains external references**

**Patient Return**

Hospital: HUH

Return Type: Outside Consultation

Medications: No new meds.

Records Received: No

Comments: Only consult sheet received with following recommendations.

50 y/o male with right 4th and 5th ? arthritis and malunion of the 4/5 metacarpals. Long, contentious discussion. Surgery indication are weak, though patient insistent on repair of malunion. Risks are moderate and chances of regaining function limited. Patient is unwavering . Therefore, will proceed surgically and put best effort to repair. Patient agrees and demands that plan.

Referrals Written: Yes

Comments: Referral for surgery written.

Follow-Up: Chronic Care Clinic, Outside Clinic

Scheduled: Yes

Comments: Referral coordinator to schedule patient for surgery as recommended.

**Electronically Signed by Cheikhna Aidara - PA on 10/14/2021 at 6:07 PM**

**Electronically Signed by Margaret Crenshaw - MD on 10/15/2021 at 3:23 PM**

---



**HOWARD UNIVERSITY**  
Faculty Practice Plan  
Orthopaedics and Rehabilitative Services

RE: Christopher Worrell  
MRN: 3544810  
DOB: [REDACTED]

10/14/2021

**Chief Complaint**

- 1. Hand Problem

Patient is present for a follow up of the right hand.

**History of Present Illness**

HPI: Mr. Worrell suffered a right hand injury on 05/16/21. He was brought to the emergency room at age 2 H where radiographs confirmed a metacarpal diaphyseal fracture. The patient was treated with closed reduction and application of a protective splint. Patient now presents for follow up evaluation and treatment in the clinic. He has no significant pain. He is adamant that he needs surgery. No pleased that his bone is not straight.

**Review of Systems**

- Constitutional: negative.
- ENT: negative.
- Cardiovascular: negative.
- Respiratory: negative.
- Gastrointestinal: negative.
- Genitourinary: negative.
- Musculoskeletal: negative.
- Integumentary and Breasts: negative.
- Neurological: negative.

**Allergies**

- 1. Percocet TABS

**Physical Exam**

Constitutional: general appearance normal.

Musculoskeletal: normal gait and station.

Right Hand: Appearance: Moderate swelling dorsally, loss of knuckle prominence over 4th and 5th metacarpal heads, skin intact. Tenderness: not the diffuse dorsal aspect of the hand and not the metacarpals. Palpatory findings include no crepitus. (limited range of motion noted,)

Psychiatric: orientation to person, place, and time normal. normal mood and affect.

**Results/Data**

Views: of the right hand.

Findings:

5th metacarpal diaphyseal fracture, comminuted, dorsal angulation 70°, healed 4th metacarpal fracture with mild dorsal angulation. 5th CMC joint with moderate signs of degenerative wear.

**Howard Faculty Practice Plan**  
**Orthopaedics and Rehabilitative Services**  
2041 Georgia Avenue, NW  
Suite A, 1st Floor HUH  
Washington, DC 20060  
Office: [REDACTED] Fax: (202) 865-3039

Christopher Worrell

2 of 2

10/14/2021

**Discussion/Summary**

Mr. Worrell present for follow up of metacarpal fracture of right 5th digit. He has discomfort with certain movements. He is not pleased that is metacarpal is not straight. He was informed that surgery has risks that may outweigh the benefits of a surgery. Functionally he has no limitations. After all guidance patient was adamant about his need for surgery. He will be booked for surgery.

**Path Statement**

**PATH Statement:**

**PATH Statement:**

I examined and evaluated the patient. I discussed the case with Dr. Williams and agree with their findings and plan as documented in their note except as noted below or in the chart

**Signatures**

Electronically signed by : Sean Williams, M.D.; Oct 15 2021 8.59PM EST (Co-author)

**Howard Faculty Practice Plan  
Orthopaedics and Rehabilitative Services  
2041 Georgia Avenue, NW  
Suite A, 1st Floor HUH  
Washington, DC 20060  
Office: [Redacted] Fax: (202) 865-3039**



**HOWARD  
UNIVERSITY**  
Faculty Practice Plan

**Orthopaedics and Rehabilitative Services**

**RE: Christopher Worrell**

**MRN: 3544810**

**DOB: [REDACTED]**

**10/14/2021**

**Chief Complaint**

1. Hand Problem

Patient is present for a follow up of the right hand.

**History of Present Illness**

**HPI:** Mr. Worrell suffered a right hand injury on 05/16/21. He was brought to the emergency room where radiographs confirmed metacarpal diaphyseal fractures. The patient was treated with closed reduction and application of a protective splint. Previously, surgery had been discussed and planned, though I rescinded that after considering the poor indications. Patient now presents for follow up evaluation and treatment in the clinic. He has no significant pain. He is adamant that he needs surgery. No pleased that his bone is not straight.

**Review of Systems**

- Constitutional:** negative.
- ENT:** negative.
- Cardiovascular:** negative.
- Respiratory:** negative.
- Gastrointestinal:** negative.
- Genitourinary:** negative.
- Musculoskeletal:** negative.
- Integumentary and Breasts:** negative.
- Neurological:** negative.

**Allergies**

1. Percocet TABS

**Physical Exam**

**Constitutional:** general appearance normal.  
**Musculoskeletal:** normal gait and station

**Right Hand:** Appearance: Minimal swelling dorsally, loss of knuckle prominence over 4th and 5th metacarpal heads, healed dorsal laceration. Tenderness: not the diffuse dorsal aspect of the hand and not the metacarpals. Palpatory findings include no crepitus. Minimal diffuse. (MP flexion 0-80, 4th and 5th, full IP ROM, grip 4+/5)

**Cardiovascular:** no edema.  
**Neurologic:** no diminished sensation.  
**Psychiatric:** orientation to person, place, and time normal. Mood and Affect: agitated.

**Results/Data**

Views: of the right hand.  
Findings:

**Howard Faculty Practice Plan  
Orthopaedics and Rehabilitative Services  
2041 Georgia Avenue, NW  
Suite A, 1st Floor HUH  
Washington, DC 20060  
Office: [REDACTED] Fax: (202) 865-3039**

Christopher Worrell

2 of 2

10/14/2021

5th metacarpal diaphyseal healed, dorsal angulation 40 degrees, healed 4th metacarpal fracture with mild dorsal angulation, 5th CMC joint with severe signs of degenerative wear.

**Assessment**

1. Fracture of shaft of fifth metacarpal bone of right hand (815.03) (S62.326A)

**Discussion/Summary**

Mr. Worrell present for follow up of right 4th and 5th metacarpal fractures. He has the precondition of CMC arthritis and previous surgery. He has intermittent discomfort with making a fist. Previously, I had agreed to treat surgically, although I was a bit hesitant due to the lack of indication at that time. I did decide to not proceed after careful consideration. Now, the patient presents with a persistent interest in surgery. He is adamant about requesting surgery. We discussed the indications for surgery, for which he does not understand, are not necessarily present. He has an emotional interest in having surgery. Despite the weak indications for surgery, we will proceed with osteotomy of the 4th and 5th metacarpals. We will proceed due to the patient's insistence and clear psychological effects of the injury. He was informed that surgery has risks that may outweigh the benefits of a surgery. Although, we discussed the risks of infection, poor function, pain, etc... the patient's beyond reason at this time. I explained my concerns as a physician, though I will try to provide the best surgical results possible. We will proceed with extreme caution, since it is apparent that ulterior motives are at play. He will be booked for surgery ASAP.

**Path Statement****PATH Statement:****PATH Statement:**

I examined and evaluated the patient. I discussed the case with Dr. Williams and agree with their findings and plan as documented in their note except as noted below or in the chart

**Signatures**

Electronically signed by : Sean Williams, M.D.; Oct 15 2021 8:59PM EST (Co-author)

Electronically signed by : Robert Wilson, MD; Oct 19 2021 9:51AM EST (Author)

Howard Faculty Practice Plan  
Orthopaedics and Rehabilitative Services  
2041 Georgia Avenue, NW  
Suite A, 1st Floor HUH  
Washington, DC 20060  
Office: [REDACTED] Fax: (202) 865-3039

Unity Health Care Department of Corrections

Patient Refusal of Treatment

INMATE NAME Worrell, Christopher DCDC 377183  
LAST FIRST

I refuse the following Medical or Clinical service:

- Urgent Care Procedure/Visit
- Off-site Medical Appointment
- Chronic Care
- Medication
- Sick Call
- Laboratory/Imaging/Finger stick
- TST Placement/Reading
- Dental
- Mental Health
- Intake Medical Evaluation

Other: Surgery

I acknowledge that I have been informed of the risk and possible consequences of the refusal which include, but not limited to the following:

- Progressive worsening of acute/chronic condition to include blindness, coma, organ failure and possibly death.
- Can lead to reduced or loss of use of extremities.
- Can lead to worsening mental health condition.
- Can lead to worsening pain, swelling and infection.

Other risks/consequences: delay of care if surgery refused; date confirmed.

I hereby release Unity Health Care, DC Department of Correction and their employees, agents, and contractors from all responsibility for any and all effects which may result from such refusal.

-refused to sign-

INMATE/RESIDENT SIGNATURE: \_\_\_\_\_ DATE: 10/20/21

Date: \_\_\_\_\_

Time: ~ 1:30 pm

UHC Staff Member: Mark Mitchell, MD

Correctional Staff Witness: \_\_\_\_\_

Print \_\_\_\_\_

Print \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

**Central Detention Facility**

1901 D Street, SE Washington, DC 20003

Fax:

October 20, 2021

Page 1

Chronic Care Clinic

**CHRISTOPHER WORRELL**

Male DOB: [REDACTED]

377183

Home: 377183

**10/20/2021 - Chronic Care Clinic: f/u 5th MC Fx, cutaneous lymphoma, shoulder pain, etc**

**Provider: Margaret Crenshaw - MD**

**Location of Care: Correctional Treatment Facility**

**Chronic Care**

Current Medications: ACETAMINOPHEN 500 MG ORAL TABLET (ACETAMINOPHEN) Take 2 tabs po BID as needed for pain; Route: ORAL

NAPROXEN 500 MG ORAL TABLET (NAPROXEN) take one tab every 12 hours as needed for pain, take with food; Route: ORAL

CVS DRY EYE RELIEF 0.2-0.2-1 % OPTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG 400) Instill one drop on each eye every 6 hours Qdialy.; Route: OPTHALMIC

**HPI**

**Current Problems:**

OTHER SPECIFIED DISORDERS OF TEETH AND SUPPORTING STRUCTURES (ICD-525.8) (ICD10-K08.89)

IMPINGEMENT SYNDROME OF LEFT SHOULDER (ICD-726.2) (ICD10-M75.42)

BACK PAIN (ICD-724.5) (ICD10-M54.9)

RIGHT 5TH METACARPAL NECK FRACTURE (ICD-V54.12) (ICD10-S62.336D)

EPIDERMOID CYST (ICD-706.2) (ICD10-L72.0)

PREDIABETES (ICD-790.29) (ICD10-R73.03)

FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE (ICD-204.80) (ICD10-C85.10)

SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007 (ICD-199.1) (ICD10-C80.1)

HX OF COVID-19 (ICD10-U07.1)

HYPERTENSION (ICD-401.9) (ICD10-I10)

**Current Medications:**

ACETAMINOPHEN 500 MG ORAL TABLET (ACETAMINOPHEN) Take 2 tabs po BID as needed for pain; Route: ORAL

NAPROXEN 500 MG ORAL TABLET (NAPROXEN) take one tab every 12 hours as needed for pain, take with food; Route: ORAL

CVS DRY EYE RELIEF 0.2-0.2-1 % OPTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG 400) Instill one drop on each eye every 6 hours Qdialy.; Route: OPTHALMIC

**Current Allergies:**

\* PERCOCET: HIVES (Critical)

**Other HPI**

#. R 5th metacarpal fracture

-since last visit, pt was seen again by orthopecits for re-eval and recommendation was made for surgical management

-pre-op work up was recommended and OR date was set

-pt completed pre-op labs and CXR (WNL and reviewed w pt today)

-an EKG was done today (WNL and reviewed w pt)

**Central Detention Facility**  
1901 D Street, SE Washington, DC 20003  
Fax:

October 20, 2021  
Page 2  
Chronic Care Clinic

**CHRISTOPHER WORRELL**

Home: 377183

Male DOB: [REDACTED] 377183

- he reports that he has no functional limitations and has no difficulty writing, eating, or gripping things
- he does report occasional intermittent pain with certain movements
- he is also unhappy with the appearance of the deformity over the dorsal side of his hand
- he says he feels like the hand is "85% normal" and hopes it can be "back to normal" with surgery
- however, pt today states he would like to have a second opinion before proceeding with surgery

**#. Primary cutaneous follicular b cell lymphoma**

- recurrent, with lesions now on face, neck, and upper chest
- pt c/o persistent itching which did not improve with prior trial of antihistamine
- following with HUH oncology with recommendation for: repeat skin bx, bone marrow bx and PET/CT for interim staging --these have all been completed
- see previous notes for details of these results and prior history
- he was also recommended for evaluation by radiation oncology and was seen yesterday
- rad onc did not recommend radiation treatment but to proceed with chemo alone
- pt is also awaiting a follow up visit with ENT to be evaluated for excisional lymph node biopsy (prev completed FNA which showed no e/o metastatic carcinoma)

**#. Left shoulder pain**

- with a fall in 5/2021, normal xray
- completed 3 sessions of PT, in his 4th session, c/o increased pain and was not able to tolerate additional PT or modalities
- at last visit, offered eval for subacromial glucocorticoid injection
- pt was seen this week for the injection, but he refused
- reviewed w pt today who reports persistent intermittent pain but states he wants to talk with his own "outside doctor" before proceeding with injection

**#. Burn, healing**

- pt reports spilling water on his L great toe with resultant burn
- was seen by sick call with rx for topical abx ointment
- no longer draining anything
- pain improved

**#. HTN, h/o tachycardia**

- prev on metoprolol reported h/o HTN and tachycardia, this has been dc'd
- had an elevated pressure at visit earlier in the week but BP and HR today are WNL
- pt continues to be asymptomatic

**#. Lower back pain w radiation into right leg**

- pt c/o this at last visit and was rec'd for naproxen and stretching
- today's visit was focused on the above problems and pt did not c/o any back or leg pain today

**#. Left lower tooth pain**

- was prev seen by dental and recommended for an extraction but refused at the time
- at last visit, pt requested re-eval and was referred back to dental
- visit scheduled yesterday but was not seen as he was at outside medical

**Review of Systems**

**General:** Patient denies fatigue, malaise, sweats.

**Cardiovascular:** Patient denies chest pain, dyspnea on exertion.

**Gastrointestinal:** Patient denies abdominal pain.

**Central Detention Facility**  
1901 D Street, SE Washington, DC 20003  
Fax:

October 20, 2021  
Page 3  
Chronic Care Clinic

**CHRISTOPHER WORRELL**

Male DOB: [REDACTED]

377183

Home: 377183

**Vital Signs**

Height: 75 in.

Weight: 262 lbs.

BMI: 32.87

Temperature: 97.0 degrees F

Temp Site: Oral

Respirations: 16

Pulse Rate: 80

Rhythm: Regular

Blood Pressure: 126/86 mm Hg

(mm Hg)

Pulse Ox: 100%

EKG: Sinus Rhythm, HR 70, normal axis, normal intervals, no ST segment changes

---

**Physical Exam**

**General Appearance**

Comfortable, NAD

**Respiratory**

Effort: Normal

**Musculoskeletal**

Gait & Station: Normal

**Extremities**

RUE: Right hand: inspection: Pt observed to be using his hand normally to gesticulate throughout encounter, noted to have a well-healed incision over 4th metacarpal, no erythema or other skin changes. Does have mild deformity over dorsal aspect of 5th metacarpal. Palpation: no TTP, no crepitus. ROM: full ROM of thumb and all fingers, normal ROM at wrist, able to make a fist without difficulty or reported pain

**Skin**

Inspection: left great toe with scabbed patch on flexor surface of IP joint without any significant erythema. No TTP, warmth, or erythema

**Mental Status and Exam**

Mood & Affect: Normal

**Assessment and Plan**

**Assessment/Plan:**

RIGHT 5TH METACARPAL NECK FRACTURE - Improved.

-pt is concerned about appearance of dorsal deformity and persistent occ pain with certain movements although he reports no functional limitations

-he was recommended for surgical management which has been scheduled

-however, today pt states he does not want to proceed to the OR but would like to have a second opinion first

-reviewed w pt that this will delay any potential future surgery , pt expressed understanding

-referral generated for a second opinion

FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE - Unchanged.

**Central Detention Facility**

1901 D Street, SE Washington, DC 20003

Fax:

October 20, 2021

Page 4

Chronic Care Clinic

**CHRISTOPHER WORRELL**

Male DOB: [REDACTED]

377183

Home: 377183

- following with oncology with recommendation for treatment with gazyva and bendamustine
- seen by rad-onc with recommendation for no XRT but to proceed with chemo alone
- awaiting ENT re-eval for excisional lymph node biopsy
- discussed with referral coordinator who is awaiting a visit date and approval for visit

**IMPINGEMENT SYNDROME OF LEFT SHOULDER - Unchanged.**

- recommended for subacromial steroid injection with goal of improving pain to allow pt to fully participate with PT
- pt refused this when seen for it on Monday
- pt states he prefers to d/w his own doctor outside of the facility first
- has f/u pending for re-eval

**HYPERTENSION.**

- BP at goal off of medication

**BACK PAIN.**

- this issue was not addressed in todays visit and pt did not mention any persistent pain
- will re-eval next visit
- has naproxen ordered as needed

**OTHER SPECIFIED DISORDERS OF TEETH AND SUPPORTING STRUCTURES - Unchanged.**

- pt prev seen by dental with rec for extraction which he declined but he has requested re-eval
- message sent to dental to re-schedule visit which pt missed yesterday when at OSM

**BURN - Improved.**

- healed
- no further intervention needed

Risks, benefits, and alternatives to treatment plan discussed.

Follow-up: in 2 weeks.

Problems reviewed today.

Medications reviewed today.

Allergies reviewed today.

Directives reviewed today.

**Electronically Signed by Margaret Crenshaw - MD on 10/20/2021 at 2:32 PM**

---

**Central Detention Facility**

1901 D Street, SE Washington, DC 20003

Fax:

October 20, 2021

Page 1

Urgent Care

**CHRISTOPHER WORRELL**

Male DOB: [REDACTED]

377183

Home: 377183

**10/19/2021 - Urgent Care: Patient Return - HUH Radiation Oncology**

**Provider: Gayle Juenemann - NP**

**Location of Care: Correctional Treatment Facility**

**Patient Return**

Hospital: HUH - Radonc

Return Type: Outside Consultation

Records Received: Yes

Comments: Consultant's report: Recommend chemotherapy as soon as possible. No rad(next part of word illegible) at this time.

Referrals Written: Yes

Comments: Written consultation note provided (ppwk to be scanned in to view part of note containing HPI, ROS, and PE), see below for impression and plan.

-Impression: Cutaneous B-cell lymphoma with recurrence.

-Plan: I will obtain the radiation therapy record from Florida to evaluate the dose of radiation that he was given at that time. As B-cell lymphoma is very sensitive to chemotherapy, I will recommend chemotherapy instead of radiation. The radiation therapy may leave lasting skin changes over the face which may affect the patient's cosmesis. In addition, he had radiation therapy in the past. There may be increased toxicity if there is any overlap with the previously irradiated area. As the patient is very symptomatic from the pruritis, I recommend to start chemotherapy as soon as possible to alleviate his symptoms. The patient acknowledges his understanding."

Follow-Up: Chronic Care Clinic, Outside Clinic

Comments: Pt requesting that excisional biopsy be completed prior to starting chemotherapy. D/w pt that I will defer to his CC provider who is more familiar with his care re: ongoing treatment planning. Referral written for hemonc f/u, to be scheduled by referral coordinator.

**Electronically Signed by Gayle Juenemann - NP on 10/19/2021 at 5:30 PM**

---

**Howard University Hospital**

2041 Georgia Avenue NW  
 Washington, DC DC 20001  
 Phone: 2028656100

**Soarian© Chart Report - Consultation Note**

<b>Pt Name:</b>	CHRISTOPHER WORRELL	<b>MRN:</b>	1337101
<b>Pt ID:</b>	0101222965	<b>Acct No:</b>	49304785
<b>DOB:</b>	[REDACTED]	<b>Age/Sex:</b>	50Y/M
<b>Adm DTime:</b>	10/19/2021 12:58	<b>Atn Dr:</b>	Ahmed Ali, MD
<b>Nurs Sta:</b>		<b>Rm &amp; Bed:</b>	
<b>Dx:</b>			
<b>Alrg:</b>	Percocet		

**Oncology (Free Text Consult) - Consultation Note**

Collected On: 10/19/2021 15:23

**Note**

Radiation oncology consultation note.

Chief complaint: Itching of the face.

History of present illness:

This is a 50-year-old Caucasian gentleman had a history of base of tongue carcinoma which was treated with surgery followed by chemoradiation in Florida. The medical record is not available to us. The patient developed B cell cutaneous lymphoma in 2007 which was treated with Rituximab. However, the patient developed allergy to the medication and developed recurrence afterward. The patient complains of severe itching involving the face associated the rash for the past few months. The itching is intense. There is no history of fever, chills or weight loss. Biopsy of the skin lesion reveals recurrent cutaneous B-cell lymphoma. A bone marrow biopsy did not show any involvement of the bone marrow. The patient is scheduled to start on chemotherapy with bendamustine and Gazyva. He is now referred for radiotherapy evaluation. The patient past medical history is significant for of high blood pressure and COVID infection.

He is allergic to Percocet and hydrocodone.

Social history: The patient has a 20 pack history of smoking. He also drank heavily in the past.

Family history: There is no cancer in the family.

Review of the system:

General: The patient has no history of fever, chills or weight loss.

Head and neck: The patient complains of a rash over the face with severe itching. There is no history of blurring of the vision, hearing loss, sore throat, dysphagia or hoarseness of the voice.

Heart: The patient has no history of syncope or palpitation.

Lungs: The patient has no history of chest pain, shortness of breath, cough or hemoptysis.

Gastrointestinal: The patient has no history of abdominal pain, nausea, vomiting, constipation, diarrhea or gastrointestinal bleeding.

Genitourinary: The patient has no history hematuria or dysuria.

Skin: The patient complained of severe itching of the face. He also had a rash on his forehead.

Endocrine: The patient has no history of polyuria, polydipsia, excessive tremor or sweating.

Hematologic: The patient has no history of easy fatigue or bruising.

Neurologic: The patient has no history of seizure, numbness or weakness of the extremities.

On physical exam, the patient is alert and oriented. He is a well-developed.

Head and neck exam reveals no lesion of the oral cavity. The pupils are equal and reactive to light. There is no palpable cervical, supraclavicular or axillary adenopathy.

<b>Pt Name:</b>	CHRISTOPHER WORRELL	<b>MRN:</b>	1337101	Chart Report - Consultation Note
<b>Rm/ Bed:</b>			Page 1 of 2	ORE_0179_Modal rpt v2.00
				Printed By: Nguyen, Nam MD
				Printed On: 19-Oct-21 15:55

Copyright © Cerner Health Services, Inc. All rights reserved.  
 Crystal Reports © 2021 Business Objects SA. All rights reserved.

## Oncology (Free Text Consult) - Consultation Note

continued from previous page

Collected On: 10/19/2021 15:23

Auscultation of the heart reveals no gallop or murmur.

Auscultation of the lungs reveals no rale.

Abdomen is supple, nontender. There is no organomegaly. Bowel sounds are present.

Examination of the extremities reveals no cyanosis or pedal edema.

Examination of skin reveals a rash involving the right temple and forehead. The rash is diffuse, non tender to palpation. Palpation of the lymph nodes in the extremities reveals no abnormal nodule.

Neurologic exam reveals no focal motor or sensory deficit.

The right neck is indurated reading crease pigmentation from previous radiotherapy.

The rest of his exam is noncontributory. I do not perform the rectal exam.

Impression: Cutaneous B-cell lymphoma with recurrence.

Plan: I will obtain the of the radiation therapy record from Florida to evaluate the dose of radiation that was given at that time. As B-cell lymphoma is very sensitive to chemotherapy, I will recommend chemotherapy instead of radiation. The radiation therapy may leave lasting skin changes over the face which may affect the patient cosmesis.. In addition, he had radiation therapy in the past. There may be increased toxicity if there is any overlap with the previously irradiated area. As the patient is very symptomatic from the pruritus, I recommend to start chemotherapy as soon as possible to alleviate his symptoms. The patient acknowledges his understanding.

Electronically signed by Nam P. Nguyen, MD on 10/19/2021 15:55

---



---

 End of Report

Pt Name: CHRISTOPHER WORRELL

MRN: 1337101

Chart Report - Consultation Note

Rm/ Bed:

Page 2 of 2

ORE\_0179\_Modal.rpt v2.00

Copyright © Cerner Health Services, Inc. All rights reserved.  
 Crystal Reports © 2021 Business Objects SA. All rights reserved.

Printed By :Nguyen, Nam MD

Printed On: 19-Oct-21 15:55