
Patient: XXXXXX (F) **DOB:** XX/XX/XXXX **Physician:** Dr. XXXX, MD

Diagnosis: M54.16

Complaint: Brief clarifying examination reveals fall onto L knee in 2015 while running. States she tore the distal quadriceps muscle away from fascia (Morel-Lavallee lesion) with visible pocket above L patella. Ongoing complaints of pain along L medial and lateral fat pads. Reports June 27th, 2023 reports LBP and increased L knee pain. Denies any N/T B feet. Hodkin's Lymphoma 2008 with chemotherapy. Denies: DM, heart, lung, kidney, thyroid, auto immune, or exposure to hazardous chemicals. Physical Exam: MMT: L2-S2 5/5. MSR: PT and AT = B. Clonus neg B. Slump neg B. Hands and feet maintained at 31 and 29C respectively.

ELECTRONEUROMYOGRAPHIC SUMMARY

Nerve Conduction:

- L peroneal motor amplitude approaches the limit of comparable normal, but is WNL, with WNL B latencies and velocities. B tibial motors are WNL.
- B sural sensory and B sup peroneal sensory are WNL.
- L tibial H-Reflex amplitude is 53% reduced vs. R, which fails to meet the 60% comparable difference, but is approaching. B tibial H-Reflex latency are WNL. L peroneal F-Wave is WNL.

Electromyography:

- L: ant tib, post tib, peroneus longus, TFL and L5/S1 paraspinals demonstrate muscle membrane instability and in ventral primary rami innervated muscles larger than normal muscle motor units are recorded.
- All other muscles sampled in B lowers L2-S2 are WNL in insertional, resting, muscle unit morphology, and recruitment activities.

Impression: (Abnormal Study)

1. The evidence suggests an active / ongoing L L5/S1 lumbosacral radiculopathy.
2. There is not sufficient evidence to suggest any focal mononeuropathy, lumbosacral plexopathy, generalized polyneuropathy, or myopathy.

Thank you for the referral.

Nerve Conduction Studies

Anti Sensory Summary Table

Site	NR	Peak (ms)	Norm Peak (ms)	O-P* Amp (µV)	Norm O-P Amp	Site1	Site2	Delta-P (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Left Sup Peron Anti Sensory (Ant Lat Mall)											
14 cm		3.5	<4.2	5.0	>2.0	14 cm	Ant Lat Mall	3.5	14.0	40	
Right Sup Peron Anti Sensory (Ant Lat Mall)											
14 cm		3.5	<4.2	3.6	>2.0	14 cm	Ant Lat Mall	3.5	14.0	40	
Left Sural Anti Sensory (Lat Mall)											
Calf		3.1	<4.2	10.4	>5.0	Calf	Lat Mall	3.1	12.0	39	
Right Sural Anti Sensory (Lat Mall)											
Calf		3.1	<4.2	9.2	>5.0	Calf	Lat Mall	3.1	12.0	39	

Motor Summary Table

Site	NR	Onset (ms)	Norm Onset (ms)	O-P* Amp (mV)	Norm O-P Amp	Neg Dur (ms)	Site1	Site2	Delta-0 (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Left Peroneal Motor (Ext Dig Brev)												
Ankle 8cm		5.0	<6.2	2.7	>0.700	5.16	B Fib	Ankle 8cm	6.6	30.0	45	>38
B Fib		11.6		2.5		5.63	Poplt	B Fib	1.8	8.0	44	>39
Poplt		13.4		2.5		5.47						
Right Peroneal Motor (Ext Dig Brev)												
Ankle 8cm		4.1	<6.2	4.5	>0.700	5.47	B Fib	Ankle 8cm	6.5	30.5	47	>38
B Fib		10.6		4.4		5.94	Poplt	B Fib	1.6	8.0	50	>39
Poplt		12.2		3.8		5.94						
Left Peroneal TA Motor (Tib Ant)												
Fib Head		3.9		1.6		9.06	Poplit	Fib Head	1.7	8.0	47	>39
Poplit		5.6		1.5		8.75						
Left Tibial Motor (Abd Hall Brev)												
Ankle 8cm		4.4	<6.1	6.7	>2.8	5.78	Knee	Ankle 8cm	7.2	35.0	49	>38
Knee		11.6		6.4		6.41						
Right Tibial Motor (Abd Hall Brev)												
Ankle 8cm		4.1	<6.1	6.3	>2.8	6.09	Knee	Ankle 8cm	7.6	35.0	46	>38
Knee		11.7		4.9		6.72						

F Wave Studies

NR	F-Lat (ms)	Lat Norm (ms)	L-R F-Lat (ms)
Left Peroneal (Mrkrs) (EDB)			
	54.66	<60	

H Reflex Studies

NR	H-Lat (ms)	Lat Norm (ms)	L-R H-Lat (ms)	L-R Lat Norm	H-Amp (uV)	M-Amp (uV)
Left Tibial (Gastroc)						
	33.53	<36	0.00	2.0	684.78	83.85
Right Tibial (Gastroc)						
	33.53	<36	0.00	2.0	1663.04	177.02

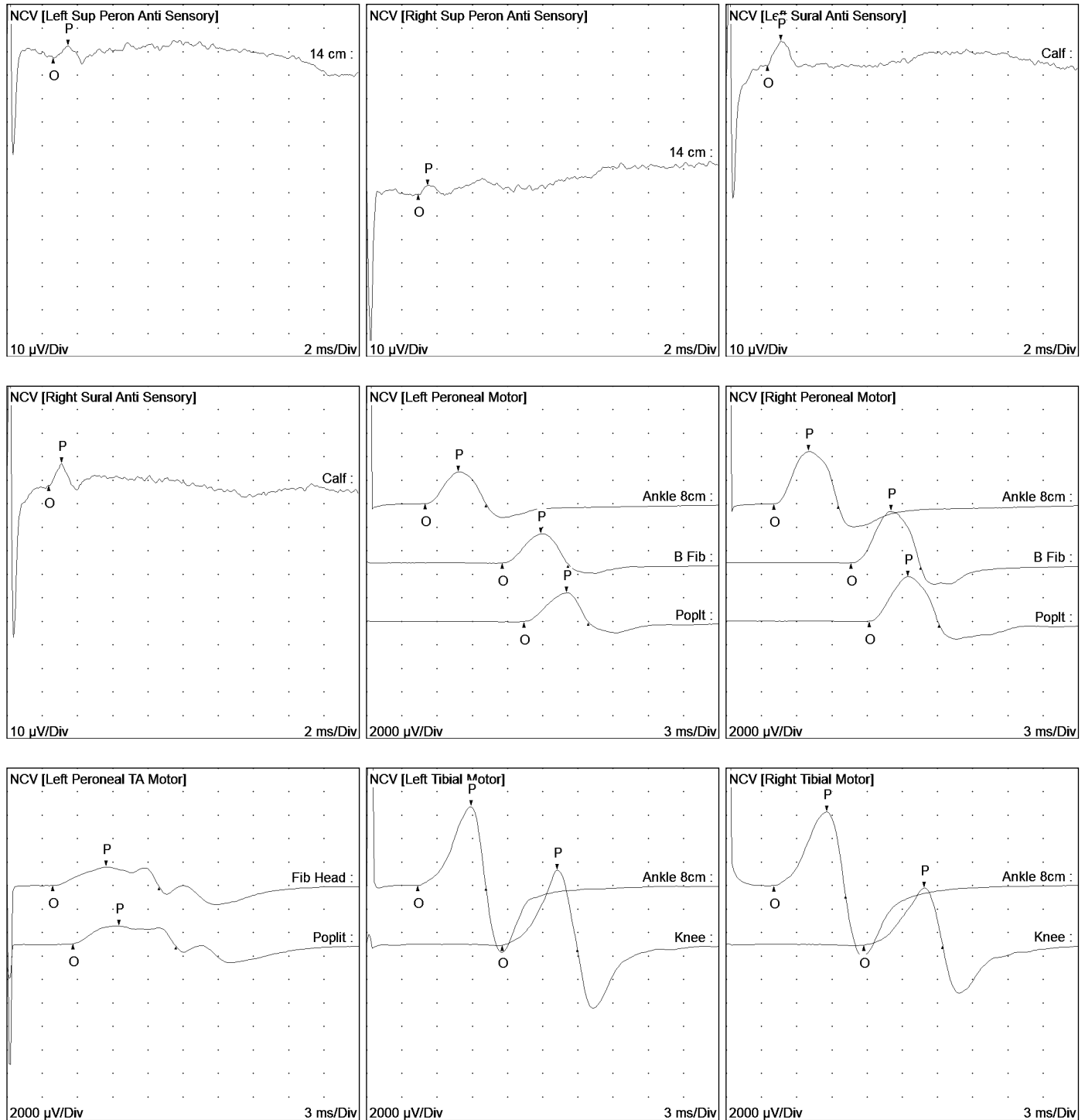
EMG

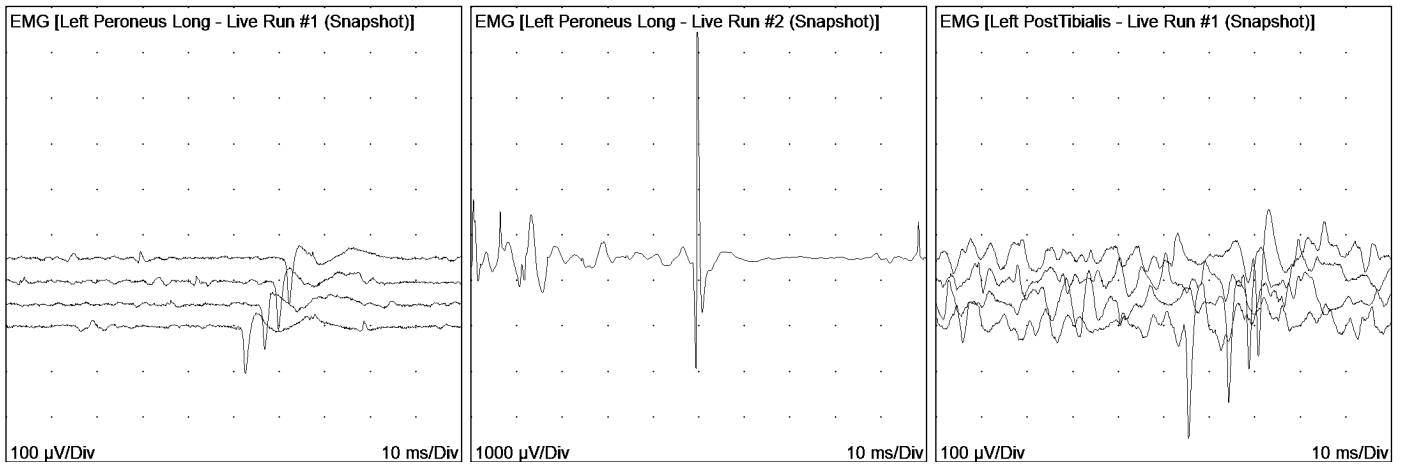
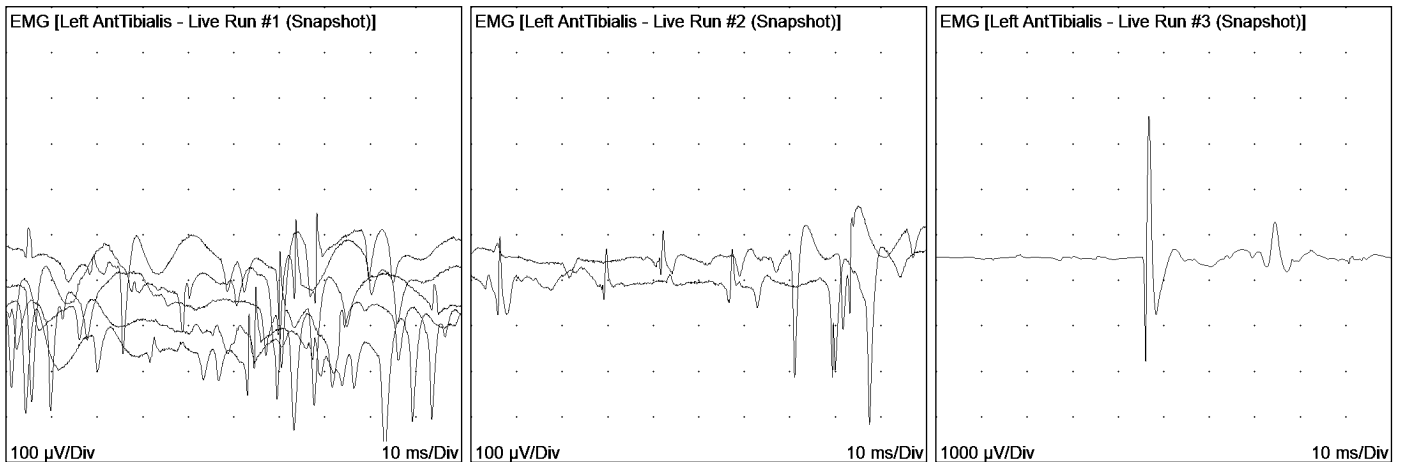
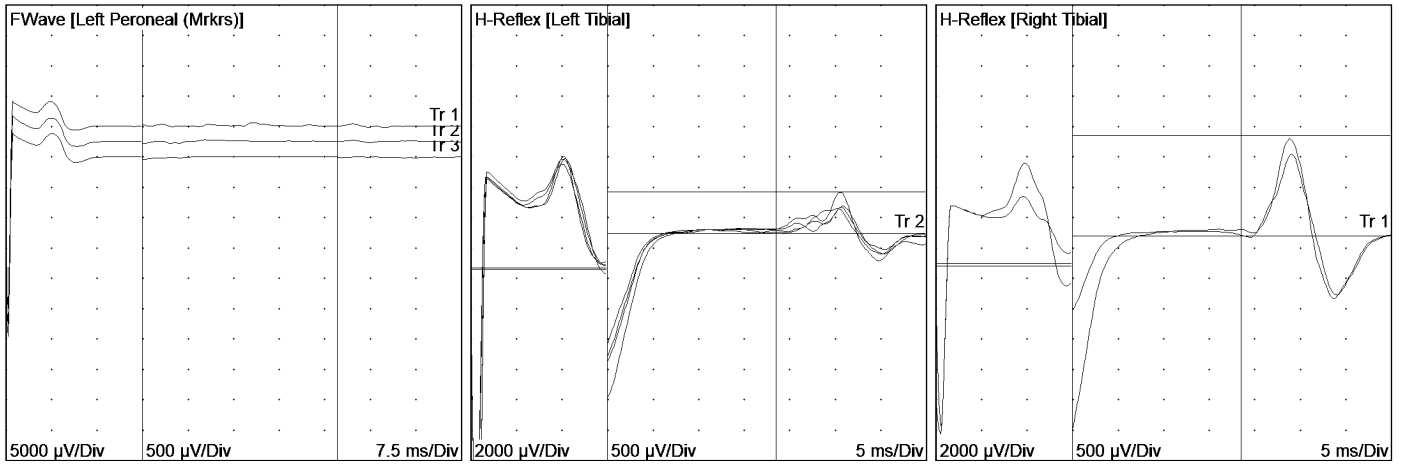
Side	Muscle	Nerve	Root	Ins Act	Fibs	Psw	Other	Amp	Dur	Poly	Recrt	Int Pat	Comment
Left	MedGastroc	Tibial	S1-2	Nml	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	AntTibialis	Dp Br Peron	L4-5	Incr	2+	2+	Nml	Incr	Nml	0	Nml	Nml	
Left	Peroneus Long	Sup Br Peron	L5-S1	Incr	2+	2+	Nml	Incr	Nml	0	Nml	Nml	
Left	VastusMed	Femoral	L2-4	Nml	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	RectFemoris	Femoral	L2-4	Nml	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	GluteusMed	SupGluteal	L4-S1	Nml	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	TensorFascLat	SupGluteal	L4-5, S1	Incr	2+	2+	Nml	Incr	Nml	0	Nml	Nml	
Right	MedGastroc	Tibial	S1-2	Nml	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	AntTibialis	Dp Br Peron	L4-5	Nml	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	VastusMed	Femoral	L2-4	Nml	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	PostTibialis	Tibial	L5, S1	Incr	2+	2+	Nml	Incr	Nml	0	Nml	Nml	

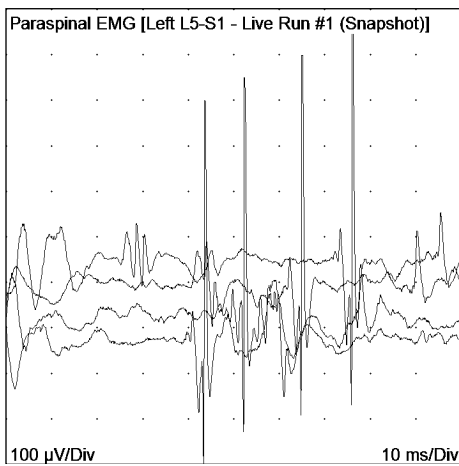
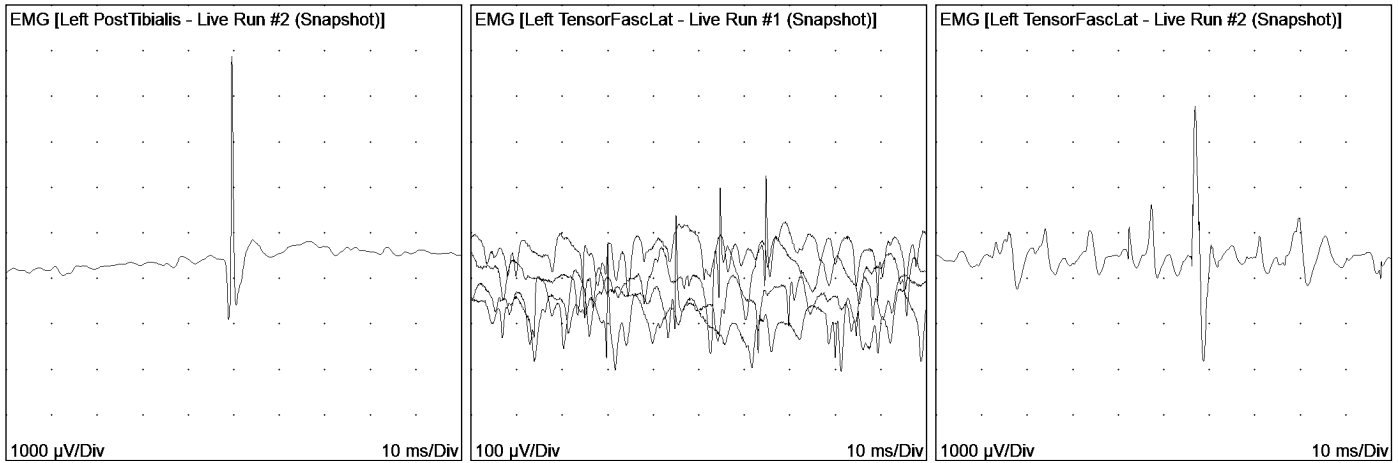
Paraspinal EMG

Side	Muscle	Nerve	Root	Ins Act	Fibs	Psw	Other	Amp	Dur	Poly	Recrt	Int Pat	Comment
Left	L3-4	DPR	L3-4	Nml	Nml	Nml	Nml	NT'd	NT'd	NT'd	NT'd	NT'd	
Left	L4-5	DPR	L4-5	Nml	Nml	Nml	Nml	NT'd	NT'd	NT'd	NT'd	NT'd	
Left	L5-S1	DPR	L5-S1	Incr	1+	1+	Nml	NT'd	NT'd	NT'd	NT'd	NT'd	

Waveforms:







	Units by Extremity		Description
	L	R	
95886 Upper			EMG Complete (5 or more muscles) each extremity; with or w/out paraspinals when performed with NCS
Lower	1		
95885 Upper			EMG Limited (<5 muscles) each extremity; with or w/out paraspinals when performed with NCS
Lower		1	
95907			Nerve conduction studies 1-2 tests
95908			Nerve conduction studies 3-4 tests
95909			Nerve conduction studies 5-6 tests
95910			Nerve conduction studies 7-8 tests
95911			Nerve conduction studies 9-10 tests
95912		1	Nerve conduction studies 11-12 tests
95913			Nerve conduction studies 13- tests

Common Modifiers used for EMG billing are: **XS, 59, LT & RT**