9/6/2013

Peter M. Gannon M.D.
545 E. Cleveland St. #B
Stockton, Ca. 95204
Neurology

Re: Tiffany Anderson
DOI: June 19, 2008
DOB: August 22, 1970
Claim number: variable
Referring physician: Gary Murata M.D.
DOS: September 6, 2013

Dear Dr. Murata:

Thank you for referring your patient for neurologic evaluation. She is a 43-year-old woman referred for neurologic evaluation relative to altered sensation and pain around the right knee. History is obtained from the patient and accompanying medical records which were reviewed. She apparently twisted her knee June 19, 2008 while working as a factor control worker mosquito a basement. She had increasing knee pain and swelling after climbing onto a truck as well as walking on uneven terrain. She also injured her knee when her knee struck a large metal T post June 2011 causing bruising in that area. She notes that the area of altered sensation around the right knee seemed to come on after the latter event. She had an arthroscopy performed September 2008 showing a lateral meniscus tear. She underwent partial lateral meniscectomy and chondroplasty of the medial femoral condyle. She also had arthroscopy of the right knee February 8, 2010 noted to have a grade IVchondromalacia of the medial femoral condyle, 1.5 cm circular lesion and recurrent lateral meniscus tear. She underwent partial lateral meniscectomy and microfracture. She also had arthroscopy right knee November 28, 2011 showing a complex recurrent tear of the lateral meniscus, stable chondromalacia of the medial femoral condyle. She underwent partial lateral meniscectomy. Patient notes she has ongoing pain in the right knee and some swelling. Her primary neurologic complaint relates to altered sensation around the medial aspect of the right knee extending down the medial leg to just above the ankle. She also notes altered sensation over the medial thigh. She apparently has not had any significant back or left leg symptoms. She states she sought neurologic evaluation as she is considering "settling" her case and wishes to clarify the degree to which there may be nerve injury involved.

PAST MEDICAL HISTORY: She has a history of headaches, asthma, and hearing problems.

MEDICATIONS: Norco 10 mg, Xanax

PAST SURGICAL HISTORY: See history of present illness

FAMILY HISTORY: Father is alive at 67. Coronary artery disease, CABG. Mother died age 63 of COPD.

SOCIAL HISTORY: No smoking, no alcohol.

PHYSICAL EXAMINATION: Well-developed, middle-aged woman in no acute distress

Blood Pressure: 130/80 Pulse: 70

HEAD: Normocephalic. Eyes, ears, nose and throat negative.

NECK: Nontender, good range of motion, no bruits

CHEST: Clear to A&P.

HEART: Regular rate and rhythm.

ABDOMEN: Soft, nontender.

BACK EXAM: Negative

EXTREMITIES: Tenderness right medial knee. She has excellent range of motion of the knee in extension, flexion. No obvious ligamentous laxity. Straight leg raising normal to 80° bilaterally range of motion of the hip normal.

NEUROLOGIC: The patient is alert, cooperative.

CRANIAL NERVES: II-Pupils are 2 mm and reactive. Visual fields are intact. Fundi show sharp discs. III, IV, and VI--Extraocular movements are full. There is no nystagmus. Corneal reflexes are intact. V-Facial sensation is normal. VII-Face moves symmetrically. IX-X-Palate moves in midline. Speech is normal. XI-Head turns with good strength. XII-Tongue protrudes in the midline.

CEREBELLAR: Finger-nose, heel shin, gait, Romberg, tandem walk normal. She is able to walk on her heels and her toes.

MOTOR: Bulk is intact. Tone is normal. Strength is 5/5

Re: Tiffany Anderson

SENSATION: Vaguely altered to light touch and pinprick over the right medial thigh from approximately halfway down the thigh to the lower medial shin. She states she can feel light touch and pinprick but it feels slightly different than the right.

REFLEXES: DTR's are +2 and symmetrical at the biceps, triceps, knees, ankles. Babinski is absent.

ASSESSMENT: Patient presents with altered sensations subsequent to blunt trauma over the right medial knee in 2011. Neurologic exam is basically normal with the exception of vague alteration of sensation over the medial right thigh and leg. Conceivably she may have injured the saphenous nerve at the level of the knee as a consequence of this injury resulting in sensory changes. The distribution of sensory changes however are inconsistent with the injury described in that she notes altered sensation proximal to the knee as well as distal. Nerve conduction and EMG study will be obtained to clarify underlying pathology.

Thank you for referring your patient for evaluation.

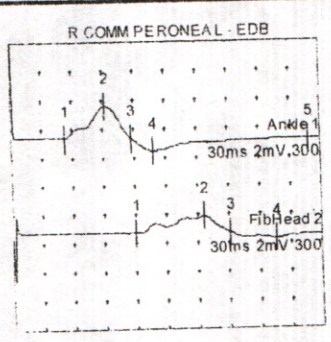
Sincerely,

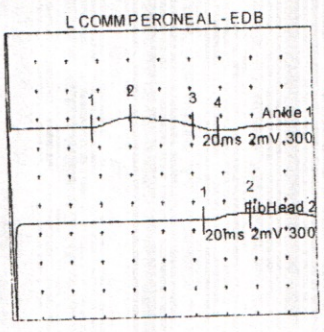
Peter M. Gannon MD

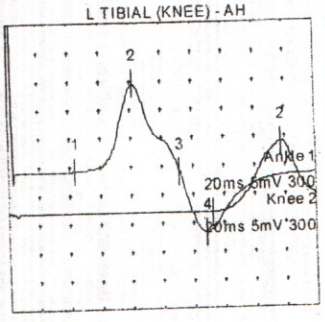
Patient: TIFFANY ANDERSON
Sex: Female
Date of Birth: 8/22/1970
Age: 43 Years 1 Months
Notes:
R KNEE INJURY, ALTERED SENSATION

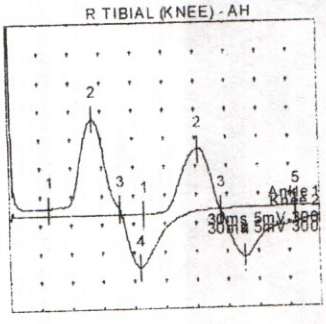
Motor NCS

Nerve / Sites	Rec. Site	Lat ms	Amp mV	Rel Amp %	Dist cm	Vel m/s
R COMM PERONEAL - EDB						
1. Ankle	EDB	5.35	2.3	100	8	
Ref.		6.50	2.0			
2. FibHead	EDB	12.00	1.3	54.6	30	45.1
L COMM PERONEAL - EDB						
1. Ankle	EDB	5.55	0.7	100	8	
Ref.		6.50	2.0			
2. FibHead	EDB	12.65	0.5	70.1	28.5	40.1
L TIBIAL (KNEE) - AH						
1. Ankle	AH	4.30	15.7	100	8	
Ref.		6.00				
2. Knee	AH	13.25	12.4	79.3	37	41.3
R TIBIAL (KNEE) - AH						
1. Ankle	AH	3.85	16.0	100	8	
Ref.		6.00				
2. Knee	AH	13.00	11.5	71.6	38.5	42.1



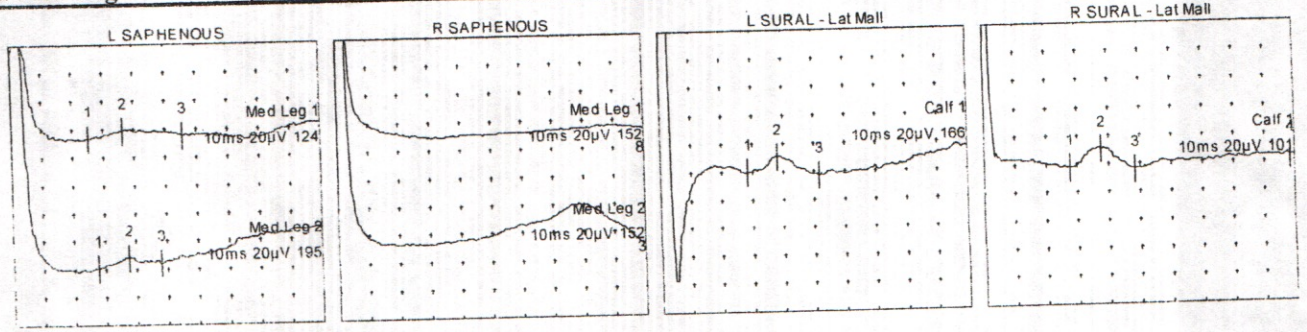






Sensory NCS

Nerve / Sites	Rec. Site	Resp	Onset ms	Peak ms	NP Amp µV	PP Amp µV	Temp °C	Dist cm	Vel m/s
L SURAL - Lat Mall									
1. Calf	Lat Mall		2.85	3.80	11.2	13.7	30	14	49.1
Ref.				4.00					
R SURAL - Lat Mall									
1. Calf	Lat Mall		2.75	3.75	13.1	14.5		14	50.9
Ref.				4.00					
L SAPHENOUS									
1. Med Leg	Foot		2.50	3.65	5.6	3.7		14	56.0
2. Med Leg	Foot		2.75	3.75	7.2	3.4		14	50.9
R SAPHENOUS									
1. Med Leg	Foot	No					30		
2. Med Leg	Foot								



F Wave

Nerve	Fmin ms
L TIBIAL ANKLE	56.05
R TIBIAL ANKLE	55.95