

**IPR CERTIFICATE OF MEDICAL NECESSITY**

**please fax to: (888) 395-3941**

**Name of Patient:** \_\_\_\_\_

**Date of Last Examination** \_\_\_\_\_

**Symptom Onset**  Sudden  Gradual **Duration** \_\_\_\_\_ **Accident/Injury**  Yes  No **Prior NCV/EMG/US Tests?**  Yes  No

	Arm/shoulder /elbow		Hand/Wrist		Thigh/knee Leg		Foot/Ankle	
	LT	RT	LT	RT	LT	RT	LT	RT
Coldness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Numbness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tingling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dermatomal Distribution

**COMPLETE FOR NERVE CONDUCTION STUDIES**

Each section must be checked

- Abnormal muscle stretch or superficial reflexes
- Loss of muscle power
- Loss of muscle tone
- Muscle atrophy
- Sensory loss
- Radiating Pain
- Is the patient using an anticoagulant (circle) yes or no**

**Generalized Neuropathy Exists or Is Suspected:**

- No  Yes (*Indicate disease below*)
- Diabetic  Alcoholic  Uremic  Ischemic
- Immune  \_\_\_\_\_

**Present Findings Indicate the Following Diagnosis (es)**

- Carpal tunnel/med. nerve 354.0  Plexopathy, brachial 353.0
- Neuropathy, median nerve 354.1  Plexopathy, lumbosacral 353.1
- Neuropathy, ulnar nerve 354.2  Thoracic outlet syndrome 353.0
- Neuropathy, radial nerve 354.3  Mononeuritis multiplex 354.5
- Neuropathy, sciatic 355.0  Neuroma, plantar 355.6
- Neuropathy, peroneal 355.3  Cervical Pain 7231
- Neuropathy, tibial 355.4  Radiculopathy, cervical 723.4
- Tarsal tunnel syndrome 355.5  Wrist drop 736.05
- Entrapment, sural nerve 355.7  Foot drop 736.79
- Abnormality of gait 781.2  Radiculopathy, lumbar 724.4
- Neuropathy, lower limb 355.8  Compression, nerve root 724.9
- Multiple Sclerosis 340.0  Diabetes (specify type) 250.60
- Lipoprotein Deficiency 272.5  Disturbance/skin sensation 782.0

*Diagnostic procedures include Nerve Conduction Velocity Studies and Somatosensory Evoked Potentials,*

- Upper Series  Lower Series  Full Series

*Diagnostic procedures include Musculoskeletal Ultrasound*

- Upper Series  Lower Series  Full Series

**Extremities** \_\_\_\_\_

Based on the patient's examination, history and diagnoses, it is my professional opinion that these tests are medically necessary for diagnosis and treatment.

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

Signature: \_\_\_\_\_

**COMPLETE FOR SPINAL/EXTREMITY ULTRASOUND**

**Neck Pain**  Dull  Sharp  Burning  Boring  
 Intermittent  Constant  Localized to Neck

- 721.0 Cervical spondylosis without myelopathy
- 721.1 Cervical spondylosis with myelopathy
- 723.1 Cervical Pain
- 723.0 Cervical Spinal Stenosis

**Back Pain**  Dull  Sharp  Burning  Boring  
 Intermittent  Constant  Localized to Back

- 721.2 Thoracic spondylosis without myelopathy
- 721.41 Thoracic spondylosis with myelopathy
- 724.1 Thoracic Pain
- 724.01 Thoracic spinal stenosis

- 721.3 Lumbar spondylosis without myelopathy
- 721.42 Lumbar spondylosis with myelopathy
- 724.2 Lumbar Pain
- 724.02 Lumbar spinal stenosis

**Extremities--- each icd-9 code = 76880**

- 720.2 Sacroillitis inflammation of S.I. Joint (S.I. Joint)
- 726.10 Supraspinatus syndrome (shoulder)
- 726.31 Medial epicondylitis (Elbow)
- 726.32 Lateral epicondylitis (Elbow)
- 726.4 Bursitis of hand or wrist (Wrist)
- 354.0 Carpal tunnel/med. nerve
- 726.5 Bursitis of hip (Hip)
- 726.61 Pes Anserinus tendonitis / bursitis (Knee)
- 726.62 Tibular / Collateral L bursitis (Knee)
- 726.63 Fibular/Collateral L bursitis (Knee)
- 726.64 Patellar tendonitis (Knee)
- 726.71 Achilles bursitis / tendonitis (Ankle)
- 726.72 Tibialis tendonitis (Ankle)
- 726.73 Calcaneal spur (Ankle)