REPORT OF MEDICAL NECESSITY

Patient Name: ______________________________ SSN#: ______________________
Last First
Date of Onset: ______________________

Chief Complaints:
- ❑ Neck Pain O Stiffness O
- ❑ Upper Back Pain O Stiffness O
- ❑ Mid Back Pain O Stiffness O
- ❑ Low Back Pain O Stiffness O

Difficulty In Excessive:
- ❑ Standing ❑ Bending
- ❑ Walking ❑ Lifting
- ❑ Sitting ❑ Kneeling

Paresthesia / Numbness In:
- ❑ Arms R O L O ❑ Legs R O L O
- ❑ Hands R O L O ❑ Feet R O L O
- ❑ Fingers R O L O ❑ Toes R O L O

Muscle Wasting / Atrophy In:
- ❑ Arms R O L O ❑ Legs R O L O
- ❑ Hands R O L O ❑ Feet R O L O
- ❑ Fingers R O L O ❑ Toes R O L O

Weakness of the Extremities:
- ❑ Arms R O L O
- ❑ Legs R O L O

Pain Radiating Into:
- ❑ Neck
- ❑ Shoulders R O L O
- ❑ Arms R O L O
- ❑ Elbow Pain R L
- ❑ Hands R O L O
- ❑ Low Back R O L O
- ❑ Hips R O L O
- ❑ Legs R O L O
- ❑ Knee Pain R O L O
- ❑ Heel Pain R O L O
- ❑ Feet R O L O

Other Symptoms Not Noted:

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Positive Subjective Findings:
- ❑ Cervical Compression
- ❑ Decreased Range of Motion
- ❑ Shoulder Depression
- ❑ Cervical Distraction
- ❑ Muscle Weakness- Upper Extremity
- ❑ Abnormal Sensory Pinwheel- Upper Extremity
- ❑ Phalen's Sign
- ❑ Soto Hall
- ❑ Upper Extremity Reflex
- ❑ Fabre's/Patrick
- ❑ Edema
- ❑ Valsalva Test
- ❑ Thoracic Outlet Syndrome
- ❑ Lumbar Range of Motion
- ❑ Lesague's
- ❑ Muscle Weakness- Lower Extremity
- ❑ Abnormal Sensory Pinwheel- Lower Extremity
- ❑ Braggard's
- ❑ Lower Extremity Reflex
- ❑ Kemps
- ❑ Thyroid
- ❑ Diabetic

Principal Rationale for Diagnostic Study:
- ❑ Evaluate for radiculopathy/isolate neurological dysfunction
- ❑ Evaluate for brachioplexopathy/Thoracic Outlet Syndrome
- ❑ Evaluate for entrapment syndrome in the extremity (i.e., Carpal Tunnel Syndrome, Tarsal Tunnel Syndrome, etc.)
- ❑ Further evaluate and study the patient's subjective findings. It is clinically mandatory and medically necessary to order further diagnostic evaluation.
- ❑ Due to the severity of the patient's symptoms, an aggressive treatment program cannot be administered until further diagnostic studies have been performed and a definitive diagnosis is rendered.
- ❑ Other ______________________________

Diagnosis:

UPPER EXTREMITIES

	Diagnosis	Code
❑	Neuropathy of Upper Limb	354.9
❑	Cervical Radiculopathy	723.4
❑	Brachial Plexopathy	353.0
❑	Median Nerve Neuropathy	354.1
❑	Nerve Root Compression	724.9
❑	Carpal Tunnel Compression of Medial Nerve	354.0
❑	Ulnar Nerve Neuropathy	354.2
❑	Cervical Myelopathy	721.1
❑	Wrist Drop	736.05
❑	Thoracic Outlet Syndrome	353.0
❑	Neuralgia/Neuritis/Radiculites	729.2
❑	Paresthesia	782.0
❑	Pain in the Extremities	729.5
❑	Shoulder Pain	719.41
❑	Peripheral Neuropathy	356.9
❑	Cervical Disc	722.91

LOWER EXTREMITIES

	Diagnosis	Code
❑	Lumbar Radiculopathy	724.4
❑	Lumbosacral Plexopathy	353.1
❑	Neuropathy Lower Limb	355.8
❑	Sciatic Neuropathy	355.3
❑	Tibial Neuropathy	355.4
❑	Tarsal Tunnel Syndrome	355.5
❑	Neuralgia/Neuritis/Radiculites	729.2
❑	Paresthesia	782.0
❑	Pain in the Extremities	729.5
❑	Foot Drop	736.79
❑	Thoracic Myelopathy	721.41
❑	Lumbar Myelopathy	721.42
❑	Peripheral Neuropathy	356.9
❑	Plantar Nerve Neuroma/Neuralgia	355.6
❑	Sural Nerve Entrapment	355.79
❑	Lumbosacral Disc	722.93
❑	Other	---------

Under penalty of perjury, I declare that the facts alleged are true to the best of my knowledge and belief, that treatment and services rendered were reasonable and necessary with respect to the patient's condition.

Doctor's Signature ______________________________

Print Name ______________________________

*Diagnostic Coordinator*______________________