

LETTER OF MEDICAL NECESSITY

Durable Medical Equipment Request

Name:	Diagnosis: T7 - paraplegia	M/R : 079007
Age:	Height:	Weight:
Physician:	Seating Specialist:	Vendor:

Date of last wheelchair purchase: at least 15 years old

Type: Manual (K0005) **Model:** Sunrise Medical quickie GP – 60 degree front end

Serial: N/A (worn off)

Place of service: Home

Est. Length of need: 99-Lifetime

<u>Diagnosis</u>	<u>Codes (ICD-9)</u>	<u>Type</u>
Paraplegia	344.1	
Injury to head/neck and vessels	900.9	
Pain in limb	729.5	
Lumbago	724.2	
Neuralgia/Neuritis Nos	729.2	

Pertinent Medical History:

Patient sustained gunshot in 1983 resulting injury in head and neck and secondary condition of paraplegia; History of grade 2 breakdown on foot; Also diagnosed with pain in shoulders secondary to arthritis; spasticity; lower back pain; lumbago, neuralgia/neuritis. Hemiparesis with right side weakness.

Pertinent Physical History:

Patient presents gross hypertonicity of both lower extremities with extensor spasticity; Upper extremity strength – fair; Right shoulder range impaired secondary to pain/arthritis; Lower extremity strength is absent. Patient hip, knee, ankle, and extremity passive range of motion – limitations secondary to spasticity/clonus. Patient is independent with all aspects of bed mobility. Independent with ADL's except for dressing. Patient is independent with squat pivot transfers from w/c to most similar

height surfaces, requiring minimal assist to higher uneven surfaces. Patient is independent with wheelchair mobility on level and uneven surfaces, including carpet, bricks and ramps. *****Without manual wheelchair, patient will be bed confined*****

Environmental/Caregiver Supports:

Patient has no home health aide. Lives with spouse and 3.0 year old daughter.

FUNCTIONAL STATUS

Sitting Balance: Fair – sits with arm support

Upper Ext. Function: Upper extremity status – Shoulder pain restricts him from elevation of his right arm and shoulder.

Transfers: Supervised squat transfers to higher surfaces

W/C Mobility: Uses manual wheelchair

Daily W/C Use: 16 hour per day

Ambulation: Non-Ambulatory

ADL: Independent; except for dressing

Transport: S.U.V. with hand controls

Living environment: accessible home with ramp entrance

Current Equipment: Quickie GP – 60 degree ramp

Serial #: N/A – scraped off

Age of Equipment: at least 15.0 years old

Problems with Current Equipment: Current quickie GP – 60 degree rigid frame and seating severe wear and rear secondary to the multiple hours of use per day for last 15 years. Serious safety considerations are considered due to frame integrity of the wheelchair and rust conditions. Long history of repairs to wheels, back canes, upholstery footrests and brakes. Totally non-ambulatory, upper neuromuscular extremities have weakened to the point that patient is becoming less and less capable of self-propelling his 28 lbs Quickie GP either in this residence or around his neighborhood. Without some form of power assisted mobility, Patient soon will no longer be able to move unassisted around his residence attending to his activities of daily living. Patient's psychological well-being may also suffer from the ensuing inactivity, isolation and increased dependence on others.

The appropriateness of a traditional powered wheelchair is in this case unclear given patient's particular condition and architectural layout of his home. Some form of exercise is also in this medical best interest given his long-standing pharmacological

treatment. The recommended E-motion power assist wheels, in this respect, supplement rather than eliminate the pushing stroke of a manual wheelchair.

The following recommendation of durable medical equipment is found to be the most cost effective system to meet this patient's postural support and mobility needs and it is made with recognition of this patient's potential for growth and/or change.

PRESCRIBED MANUAL MOBILITY and SEATING SYSTEM:

- **Tilite Aero R-K005 (16wx18d) Reinforced Frame with Emotion M15 Power Assist Push Rims and Handrim Rubber covers** (light weight, rigid frame that is easy for patient to propel with both upper extremities; more responsive turning, and easier to transport in/out of vehicle; Reinforced framed required to support Emotion wheels; short frame height requests for easy transfers secondary to lower extremity length and clearance off floor; adjustable axle plate allows for optimal hand position and allows appropriate frame height off floor for effective sliding transfers: **handrim covers** recommended easier mobility on floors/rougher terrain; easier handrims to grip more efficient propulsion..
- **Custom 60 degree two-bar tubular front** (proper position of both lower extremities and accommodate ankle contractures; custom 2-bar footplate to allow toes to lock in between both bars to counteract extensor spasticity; without 2-bar style, patient could fall out of chair)
- **Bolt-on push handles** (standard integrated push canes on back posts obstruct shoulder movements; bolt on push canes unobstructed patient and allow leverage for patient to hold onto when reach for things on the floor or out of reach)
- **Composite Scissor Brakes** (low mounted brakes underneath that are out of the way during sliding transfers)
- **5" Aluminum Casters** (front wheels required for Emotion systems; cannot use plastic casters)
- **Padded Swing Away Adult Armpads with ½" offset** (essential support of both upper extremities; support for both UE during sliding transfers; assists in preventing lateral lean and supports upper trunk; Customs offset for trunk clearance (wide chest cavity))
- **Custom Quad Removable side guards with Hole with ½" Spacers** (maintain proper hip alignments; protect clothes/skin from hitting wheels)
- **Plastic Coated Handrims** (easier mobility on floors/rougher terrain; easier handrims to grip for more efficient propulsion)
- **Tension Adjustable by straps** (= back support proper height to support tall truck secondary to poor trunk balance and provide optimum contact in lumbar/thoracic region)
- **2" Foam Seat cushion** (general use cushion necessary for support surface based on patient's cushion)

- **Rear Anti-tippers** (safety; prevent rearward flipping of wheelchair going up various surface grades)
- **Calf Strap – Velcro Adjustable** (to prevent feet from falling off footplate)

Justification for Prescribed Manual Wheelchair:

- Allow alteration in pressure distribution for skin integrity
- Allow increased sit time by decreasing discomfort and fatigue
- ADL/Safety in feeding
- Lightweight frame to permit independent management of wheelchair (indoors/outdoors)
- Lightweight rigid frame to permit transportation
- Narrow wheel base for increased accessibility in community and bathrooms
- Durability
- Allow optimal wheel access for functional propulsion
- Maintain optima postural alignment
- Insure patient’s safety

The above recommendations were made after careful considerations of this patients needs. Please do not hesitate to call if you need further assistance.

Your prompt attention to this matter would be greatly appreciated.

Submitted,

Affirmed,

Seating & Mobility Specialist

Physician:

RESNA Certified ATP:

Signature/NY Lic #

Signature/ Lic #

NPI #

NPI#