

LETTER OF MEDICAL NECESSITY

Durable Medical Equipment - Power Assist Unit

Date:

Supplier Information:

Patient Information:

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

Date of last wheelchair purchase: May, 1998

Type: Manual (K0005) **Model:** Sunrise Medical Quickie 2HP

Serial: #Q2-0216707

Place of service: 12 Home

Est. Length of need: 99-Lifetime

<u>Diagnosis</u>	<u>Codes (ICD-9)</u>
Paraplegia	344.1
Spina Bifida	741.90

Pertinent Medical History:

Spina Bifida; Paraplegia; COPD, Incontinent bowel/bladder; hypertension, asthma, hyperlidemia and left shoulder pain. Diagnosed with spina bifida for 59 years has shown marked decrease in endurance, progressive, persistent weakening of already compromised muscles and chronic pain in left shoulder.

Pertinent Physical History:

Patient presents with hyper tonicity of both lower extremities; Upper extremity strength – fair; Left shoulder range impaired secondary to pain/arthritis; Lower extremity strength is absent. Patient is independent with all aspects of bed mobility. Patient is independent (although less capable with seat pivot transfers from w/c to most similar height surfaces, requiring minimal assist to higher uneven surfaces. Patient is less capable with wheelchair mobility on level and uneven surfaces, including carpet, brick and ramps.

*****Without manual wheelchair, patient will be bed confined*****

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: Independent

W/C Mobility: Uses manual wheelchair

Daily W/C Use: 7 hour per day

Ambulation: Non-Ambulatory

ADL: Independent; minimum assist with hand control

Living environment: accessible home

Current Equipment: Quickie 2HP

Serial #: Q2-0216707

Age of Equipment: 8.0 years old

Problems with Current Equipment:

Current quickie 2HP folding frame and seating are structurally sound. Totally non-ambulatory, upper neuromuscular extremities have weakened to the point that patient is becoming less and less capable of self-propelling his 28.00 lbs Quickie 2HP either in his 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:

- **Emotion M15 Power Assist Drive Wheels**
- **24” Mag Rear wheels with Pneumatic Airless Insert Tires** (durable and maintenance free for multi-use environments; composites allow for easier propulsion and durability)
- **Rear Anti-tippers** (safety; prevent rearward flipping of wheelchair going up various surface grades)

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#

