

## SAMPLE LETTER OF MEDICAL NECESSITY

### Durable Medical Equipment Request

K0005 manual wheelchair with E0986 Power Assist

Name:	Diagnosis:	M/R
Age:	Height:	Weight:
Physician:	Seating Specialist:	Vendor:

**Date of last wheelchair purchase:** 2008

**Make:** Invacare      **Model:** TX-SP      **Serial:** (#08GE005268)

**Place of service:** Home      **Est. Length of need:** 99-Lifetime

<u>Diagnosis</u>	<u>Codes (ICD-9)</u>	<u>Type</u>
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Quadriplegia	344.00	
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Skin disturbance

**Pertinent Medical History:** Sustained C4-C% Quadriplegia as a result of motor vehicle accident – 8/9/07; s/p spinal stabilization surgery; existing grade 2 sore on spine; Hx of sacral decubiti ; s/p urinary tract infection; left shoulder has 3 pins;

#### **Pertinent Physical History:**

Patient presents gross hypo tonicity of both upper/lower extremities secondary to quadriplegia. Patient has a moderate correctible posterior pelvic tilt, moderate kyphosis with depressed shoulders, which in the upright position, places significant pressure loading on buttocks, scapulae, sacrum and tailbone. Noted moderate hip, knee, and ankle range limitations. Patient has severe upper extremity weakness and strength – patient has minimal active movement of right upper extremity to operate right mounted joystick; Patient has limited functional movement of left upper extremity. Noted severe limitations to right upper extremity with poor (-) upper extremity strength and ½ range. Patient has impaired sensation below cervical injury level to feet. Patient presents with poor head control. Patient is non-ambulatory, requires 1-2 personal carry transfers and positional changes, and requires total external support to safely maintain posture. Patient is dependent upon caregivers and cannot reposition body, which places him at great risk of skin breakdown and back discomfort.

**\*\*\*Without power wheelchair, patient would be bed confined.\*\*\***

## **FUNCTIONAL STATUS**

**Sitting Balance:** Poor – dependent on external support

**Upper Ext. Function:** Poor – severe upper extremity weakness

**Transfers:** 2 person carry transfers

**W/C Mobility:** Unable to functionally operate manual wheelchair – Patient will be bed confined without power wheelchair.

**Daily W/C Use:** 12 hours +

**Ambulation:** Non-Ambulatory

**ADL:** moderate – maximum personal assistance

**Transport:** Van

**Living environment:** accessible home private home

**Current Equipment:** owns no equipment

### **Clinical and Home MOBILITY TRIAL:**

Patient had successful trial with recommended power assist manual wheelchair during clinical trials at \_\_\_\_\_ Hospital. DME supplier performed home accessibility trial with patient to all essential areas and deemed accessible.

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 (16wx16d) Power Adaptable 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 depth and seat width required to accommodate proper leg length and hip width; 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 secondary to poor palmar grasp)
- **24” treaded Tires with Projection Handrims** (24” pneumatic tires with hand projections in the event there is a technical failure with emotion wheels; Patient is unable to push manual wheelchair without power assist)
- **Unilock Brakes with Brake extensions** (safety for transfers; recessed pull to lock brakes 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** (essential support of both upper extremities; support for both UE during sliding transfers; assists in preventing lateral lean and supports upper trunk)
- **Quad Removable side guards** (maintain proper hip alignments; protect clothes/skin from hitting wheels)
- **TAG – 2.0”** auto buckle seat belt (safety; maintain proper support of pelvis from sliding)
- **Varilite PAL Swingaway lateral Supports** (control lateral trunk lean secondary to poor trunk balance; swingaway feature necessary for clearance during slinging transfers)
- **Roho Quadtro Select Cushion (16x18)** (skin protection and positioning cushion necessary for support surface based on patients condition and history of skin breakdown)
- **Sunrise Medical Applewood Board (16x18)** (solid insert to prevent hammocking of cushion and level support for pelvis)
- **Bodypoint Chest Strap** (anterior chest support secondary to poor trunk balance and prevent lateral lean)
- **Rear Anti-tippers** (safety; prevent rearward flipping of wheelchair going up various surface grades)
- **Back Pack** (hold medical supplies – catheters, etc)
- **Seat Pouch** (hold ADL suppliers/Rx drugs)
- **Calf Strap – Velcro Adjustable** (to prevent feet from falling off footplate)
- (Neoprene Impact Guards (to protect skin integrity of lateral aspect of bilateral lower extremities)

**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
- ADL/Safety in feeling
- 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,**

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**Seating & Mobility Specialist**

**RESNA Certified ATP:**

\_\_\_\_\_

**Signature/NY Lic #**

**NPI #**

**Affirmed,**

\_\_\_\_\_

**Physician:**

\_\_\_\_\_

**Signature/ Lic #**

**NPI#**