

## Letter of Medical Necessity

**Client's Name:**

**DOB:**

**Height:**

**Weight:** 112lbs

To whom it may concern,

This letter is a request for funding for the equipment needs for  
The patient's primary diagnosis is Multiple Sclerosis, ICD-9 340.0.

**Patient History:**

PMHx: Secondary progressive MS, history of R toe fracture, neck pain.

Skin: No history of skin breakdown.

Falls: 1 fall December 2010 during a transfer – resulted in broken 2<sup>nd</sup> toe of R foot. Fall was due to LOB, even while using 4WW.

**Functional Assessment:**

Walker Mobility: Ambulates VERY short distances with 4WW, but uses power w/c in her house. She uses a 4WW, but gait is extremely slow and labored due to spasticity and weakness. Extremely poor gait quality due to spasticity as well as B foot drag, and inability to flex knees during swing phase, thus leading to foot drag and potential falls.

Wheelchair Propulsion Ability: Unable to propel a manual w/c due to MS related fatigue in her UE's and weakness. Though she tests out at 4+/5 in her arm strength, this is only INITIAL strength and does not represent her overall global strength, which fatigues quickly.

Ability to Perform Independent Functional Weight shift: Will need to stand and transfer for pressure relief, but this is dependent on her fatigue level.

Ambulation: EXTREMELY poor gait quality, even when using 4WW. Due to spasticity and weakness in her legs, her knees stay extended, unable to flex during swing phase, thus leading to B foot drag and risk for falls. B knees tend to hyperextend as well due to weakness of quads. Gait is extremely slow, and labored, expending quite a bit of energy for just a short walk. Pt also has c/o R foot pain when weight bearing through RLE.

TUG: 1 min 32 seconds (>13 seconds = fall risk)

TINETTI: Balance 6/16, Gait 3/12, Total 9/28 (high risk for falls)

Transferring abilities: able to perform stand pivot transfer with 4WW, CGA.

ADL's: Mostly independent with ADL's, but slow. Husband assists as needed.

Standing/Sitting Balance: Extremely poor standing balance. Unable to stand without UE support, veers in all directions needing mini-mod A to recover from LOB. Relies heavily of 4WW when standing. Sitting balance fair due to decreases trunk strength.

Tone/Spasticity: Present in both legs, Ashworth 2, uses Baclofen for tone management.

Pain Rating: Has c/o back pain, cannot lay completely supine. Also has c/o R knee pain due to chronic knee hyperextension. Also has c/o R foot pain from toe fracture as well as residual pain. Pain at rest 0/10, pain with movement 7-8/10 in foot.

Endurance: Poor, limited by fatigue. Only able to walk about 30feet with 4WW, but extremely slow and labored, thus fatigue worsens as she is expending more energy to walk.

Edema: Present in LE's due to being in a sitting dependent position all day.

Transportation: Has a wheelchair accessible van with hand controls.

Strength Levels and ROM:

ROM: BUE grossly WLF except for shoulder flexion/abduction ~120 degrees. BLE grossly WFL pain with and range in hips and knees and ankles.

STRENGTH: BUE grossly 4+/5, RLE 3+/5 except for 2/5 ankle DF and hip flexors. LLE 4/5 except for 2/5 ankles DF and hip flexors. Despite her 4+/5 UE strength, this is reflective of only initial muscle strength, this does not reflect endurance strength nor strength throughout the day.

Current Wheelchair and Seating System (If Applicable):

**Description of Chairs & Accessories:** She currently has a Jazzy 1103 power wheelchair that is over 5 years old.

**Is current wheelchair appropriate?** The chair does not allow her weight to shift or change her seated posture.

Patient Measurements (Inches):

Hip Width: 17"

Upper Leg Length: 19.5"

Lower Leg Length: 16"

Seat pan to Elbow Height: 8"

Equipment Recommendation:

Based on the above issues and physical exam the following equipment is required for independence and safety within their residence for completion their MRADL's.

**FDX Power Wheelchair:** A new power chair is required at this time due to the progression of her MS and to replace the current one that she has now. She currently sits in her power chair throughout the entire day in order to fulfill her employment duties and to remain active in her ADLs. The current chair does not have a pressure relieving cushion and it does not allow her to

change her seated positions. She does have complaints of back pain from sitting in the wheelchair 8-9 hours a day. She also has edema in her feet and ankles since her feet are positioned in a dependent position all day. The last time she independently walked to complete her ADLs was about 10 years ago. She now relies on her wheelchair for completion of her ADL's. Her ambulation now is limited to transfer, but depends on the day to day severity of her MS. She does have a manual wheelchair but cannot functionally use it or propel it and must be pushed if in it. A scooter would also not meet her mobility needs given the poor seating of a scooter and her decreased core thoracic strength. She now requires a chair that will allow for more functional activities and allow her to change her seated position throughout the day. The progressive nature of MS means she is totally dependent on a wheelchair that can meet her needs.

**Gel Batteries (2):** Required to power the chair and the seating system and offer a maintenance free system.

**Q-logic Expandable Electronics:** Required to operate all the power options of the chair; drive, standing, tilt, recline and power center mount foot platform. To allow all the features to independently work from each other.

**Electrical Harness:** The electrical connection is required to allow the controller to communicate with the joystick.

**Swing Away Joystick Mount:** Required to allow the joystick to be swung out of the way to keep her or others from accidentally turning on the chair mid transfer.

**Through Joystick Programming:** The through joystick function is required to keep all the drive functions and power seat functions at the joystick for her to operate at one location. With this feature she can use one hand and operate all the functions of the chair. She has limited hand dexterity, worse when fatigued and all functions and drive of the chair must be operable with her right hand.

**Vertical Standing Positioning System:** The standing feature is required to allow her to weight bear through her LE's and help prevent or reduce osteoporosis. Since being chair bound and not functionally weight bearing through her LE's, her osteoporosis has worsened and she is prone to fractures (already has one foot fracture last year). Being able to weight bear increases bone density strength to reduce the risk of fractures should she fall. The standing feature would also greatly help minimize the occurrence of UTI's by allowing the bladder to empty and minimize constipation as it would allow and encourage better gastrointestinal activity and motility with the assistance of gravity. Standing would also offer another means for weight shifting and pressure relief throughout the day. Standing would allow her to be more functional at work and home to allow her to perform her tasks and remain independent. At work she would be able to reach for things that are normally out of reach. There are times when she has to wait for assistance when assistance is not always available. There are other times she is not able to perform/complete her

clerical duties given her inability to get things that are out of reach. She would also feel like she could access the lunch room and interact with others at eye level rather than always being too short. The standing feature would also allow her to cook meals at home without the risk of burning herself or knocking things over while trying to reach over the counter. She cannot see when cooking meals in her current chair. The stander would allow her to still be able to drive while remain standing. This feature increases many more normal activities that are performed on a normal daily basis that are performed while standing rather than being chair bound. This would increase her social activities and her overall confidence as she will be eye level with the community.

**Power Tilt & Recline:** The ability to operate the power tilt and recline independently from the standing feature is critical for self care, pressure management and positioning. Being able to tilt in her wheelchair provides pressure relief that can be done throughout the day. The tilt feature can be used in conjunction with the power foot platform for LE edema management. Throughout the day, especially towards the afternoons and evening, she experiences times when she is unable to perform a reliable weight shift to relieve the pressures of sitting. She is often fatigued by the end of the day and does not have the energy to perform a weight shift. She states that her pain levels towards the end of the day can be as high as 8-9/10 and even higher on the buttocks depending on the day from not being able to functionally weight shift. Tilting and resting her head against the headrest will also relieve the tension and stress in her neck and shoulders secondary to muscle weakness from the MS. Tilting will also help assist her back into the seat, utilizing gravity to help her properly positioned. The recline feature is required to allow her to open up her hip angle to break the monotony of sitting in one position and alleviate the tone in her hips and low back. The recline is also required for independent self catheterization. By reclining back in the seat she is able to better and efficiently self cath. PT has noticed a significant amount of change in her MS and abilities to function. Having a chair that will assist in all positioning, weight shifting and self care will allow her to remain independent and functional with her medical and mobility needs.

**Power Elevating/Articulating Foot Platform:** The ability to elevate the leg independently from everything else is important to manage her levels of tone/spasticity. During the day she needs to stretch out to break the tone that she experiences. The ability to elevate her legs will also help manage the edema she experiences in her feet and ankles. Depending on the MS and her symptoms, the edema in her legs can vary on a daily basis. In utilizing the power tilt feature and the power foot platform she can get her legs and feet equal and higher than the level of her heart for true edema management.

**Padded Pelvic Belt:** Required to keep and hold the pelvis properly positioned at all times while driving and standing so as not to allow her to sacral sit or fall forward out of the chair.

**MaTRx-VI cushion:** Secondary to the MS, pt experiences high levels of pain while sitting in her chair throughout the day. The weakness and fatigue from the MS leaves her unable to

functionally perform a reliable weight shift throughout the day. The positioning aspects of the cushion is required to level out her seated posture and allow proper weight distribution. She normally sits with a left low pelvic obliquity and this cushion will allow for normalization of her posture and provide optimal seated position for comfort throughout the day.

**MaTRx High Back Backrest:** A contoured backrest is required to provide some lateral support to keep her from leaning to the left and provide spinal alignment and support while tilted, reclined or standing.

**Headrest:** Required to support the head and neck while in a dependent tilted and recline positions.

The provisions of this equipment for the above client is constant for patients with their medical conditions and is in the standards of good medical practice. It is not for the client's convenience. Thank you for your consideration of this request.

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Date

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This completes my face to face visit on 4/6/11 and I certify the need for above recommendations and plan of treatment while under my care.

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