**Physical Therapy Letter**

**Patient Name:**

**Date:**

**Patient lD:**

**Created By:**

**Referring Physician:**

**Diagnosis:**

To Whom It May Concern,

\_\_\_\_\_\_\_\_\_ is a 14 year old male with Duchenne muscular dystrophy who is receiving outpatient physical therapy services at \_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_ presented to physical therapy services as a self-referral initiated by his mother for a physical therapist-directed manual stretching program and to teach management skills to both the patient and his mother. A letter of medical necessity dated 1/18/2017 was sent to justify the medical necessity of components for a Numotion power wheelchair.

In a recent letter from BCBS of Illinois, several components of the Mr. \_\_\_\_\_\_\_’s power wheelchair, notably the E230 I power standing feature (with KO I 08 stander accessory), and E2300 power seat elevation system were denied on the basis that they were not of medical necessity. The purpose of this letter is to add further justification to the claims that these components would help the patient best maintain his independence as well as have proven health benefits.

The E2301 power standing feature is medically necessary as the use of a standing wheelchair is expected to prolong \_\_\_\_\_\_\_\_'s abilities by reducing the risk of secondary complications that result when boys with DMD become dependent on their wheelchair and are no longer able to achieve upright, vertical positioning. As discussed in the prior letter of medical necessity, it is expected that the Mr. \_\_\_\_\_\_\_ will continue to lose function as part of expected progression of his condition. It is anticipated that he would be unable to stand with appropriate postural alignment due to significant weakness and the negative effects of his progressive neuromuscular disease. Therefore, he will require a supportive standing device to:

reduce the risk/rate of further contracture development reduce the risk/rate of developing fmiher scoliosis promote improved cardiovascular function

promote improved respiratory function promote bone health

preserve muscle strength (avoiding over fatigue of muscles) reduce the risk of skin breakdown due to prolonged sitting provide psycho-social benefits of being upright

facilitate gastrointestinal motility

promote healthy bowel and bladder functions

Please refer to the cited RESNA Position on the Application of Wheelchair Standing Devices and the Consensus statement on standard of care for congenital muscular dystrophies for research to support this medical need.

Other options for supportive stander devices were considered in our assessment such as those offered by companies such as Rifton and Easystand. These devices would allow for the same health benefits listed above and were initially considered for this purpose. However, the E2301 stander function was selected as this wheelchair component would allow Joseph to be independent with his standing program and assist with energy conservation - requiring less transfers throughout the day, and to allow full independent access to his environment. Overuse of muscles is contraindicated in

DMD as this accelerates disease progression.

\_\_\_\_\_\_\_ will require the use of a £2300 seat elevation feature in order to allow for maximal independence with transfers. The seat elevation system would allow him the ability to adjust the height of the wheelchair seat to allow for efficient slide board transfers along a gravity assisted plane. In addition, the ability to adjust the seat height will allow for maximal independence for Joseph at various desks, tables and other seated surfaces as needed for ADLS and IADLS. The £2301 stander feature alone would not allow for safe or efficient transfers, as the equipment alone does not allow for such movements from the upright position as bracing is needed to ensure proper trunk control and safety in standing. Both components are necessary to ensure the patient's independence. Transfers will be necessary for the patient to dress, compete toileting, and other activities where he would need to leave his power wheelchair.

We are asking that you reconsider this decision, as the requested power wheelchair is the most appropriate and medically necessary means of making \_\_\_\_\_\_\_\_ independent with functional mobility, MRADLs, and managing the rate of disease progression/secondary complications of immobility. The extent of \_\_\_\_\_\_'s medical problems will continue to interfere with the attainment of independence in functional skills if this wheelchair (including power standing and elevation) is not approved.

\_\_\_\_\_\_\_ is at a critical stage in his disease and development whereby he needs to maintain function as long as possible. Making individuals with disabilities more dependent on others when interventions exist to allow them to be more independent is inappropriate and violates federal law and all existing standards of practice in the field of rehabilitation.

We are requesting that you reconsider payment of these items that have been denied. It is my professional judgment that \_\_\_\_\_\_\_\_'s condition requires these items to be independent and safe with daily functional age appropriate activities.

Please consider the impact that an absence of the requested power wheelchair with power standing and elevation will have on Patient's independence, overall quality of life, and most importantly - his life expectancy. Thank you for your prompt response to this urgent matter. If you have any questions or need additional information, please contact me.

 Sincerely,

 (Signature)

References:

I. Arva J, Paleg G, Lange M, et al. RESNA position on the application of wheelchair standing devices. Assist Technol. 2009;21 (3):161-8.

1. Wang CH, Bonnernann CG, Rutkowski A, et al. Consensus statement on standard of care for congenital muscular dystrophies. J Child Neural. 2010;25(12):1559-81.
2. Bushby, K., Finkel, R., Birnkrant, D. et al.Diagnosis and management of Duchenne muscular dystrophy, part 1: diagnosis, and phannacological and psychosocial management. The Lancet Neurology, 2010;9(1):77-93.