**Physician Letter (on institutional letterhead)**

Date

RE: Name

DOB: \_\_\_\_\_\_\_\_\_

To Whom It may Concern:

Appeal letter for denial for Group 4 power wc with standing and seat elevating function (name and specifications of equipment being requested)

\_\_\_\_\_\_\_\_\_\_ is a 15 year-old with a Duchenne muscular dystrophy with associated progressive weakness, end stage ambulation, and progressive contractures. \_\_\_\_\_\_\_ timed motor function measures, including a timed 30 foot walk and North Star Ambulatory Assessment, suggest that he only has 6 or less months of ambulation left. During this time he is not safe or able to walk out in the community. Even household ambulation runs a high risk of falls and serious injury. He has been utilizing a scooter for long distance mobility for ~ 9 years, and unfortunately it is now time for him to transition to a joy stick drive power chair.

I have had the opportunity to work in our Neuromuscular Clinic for over twenty years, which has allowed me to witness first-hand the progression of Duchenne muscular dystrophy, and it is well described in the literature. Without continued use of his muscles and relatively full extension of his joints, as is done with supported standing and reaching activities, \_\_\_\_\_\_\_\_will have a greater decline in his strength and much faster progression of his joint contractures. Specifically, without supported standing\_\_\_\_\_\_\_\_ will develop severe flexion contractures at his hips, knees and ankles typically within 1-2 years that are irreversible. This will further decrease his ability to move his legs for mobility in bed and make transfers and dressing more difficult and place him at very high risk for unnecessary pain, skin breakdown and falls. Without the seat elevating function he will have much less opportunity to use his arms for functional activities, due to his proximal weakness and him not being able to reach arms high enough for functional surfaces and objects, which will hasten both loss of strength and contracture development.

The CDC published an expert consensus statement that recommends the use of supported standing in boys with DMD who are end stage ambulators *(Bushby et al Lancet Neurology Vol9 2010 pgs*

*177-189)* and there are controlled studies that demonstrate the increased progression of disease in DMD

that occurs without functional use of arms, as would be the case with a wc that does not have a seat elvator. *(Jansen et al Neurorehabilitation Neural Recovery 2013 pgs 816-27.)*

It is my professional opinion that a wc with both a standing feature and seat elevator is medicaily necessary for \_\_\_\_\_\_\_\_ to decrease the progression of his disease, improve his independence and minimize pain and risk of falls.

Please feel free to call the office with questions at \_\_\_\_\_\_\_\_\_\_.

Sincerely,

(physician signature)