

**SAMPLE LETTER
MEDICAL JUSTIFICATION FOR A STANDING WHEELCHAIR**

Your Address
Your CSZ
Your email address

Date

Name
Address
CSZ

Re: John Doe's Request for Medicaid Prior Approval;
Power Wheelchair with Standing Feature and Accessories

To Whom It May Concern:

The purpose of this letter is to obtain Medicaid Prior Approval for a power wheelchair with a standing feature, seat elevator, tilt and recline positioning, and accessories for my patient John Doe, a 17-year-old male with Cerebral Palsy (CP).

I am a doctor of physical therapy, have been practicing for more than 20 years, and I am a RESNA-certified Assistive Technology Professional. I work primarily with adolescents in the 12 to 18 year age group. For the past 12 years I have worked at the Sheldon Institute, a school that focuses on the educational, social, and health needs of its students. I supervise the staff of physical therapists that work at the Sheldon Institute, monitor all staff CEU compliance, and train physical therapists at other schools on the integration of physical therapy into everyday activities of daily living in order to provide opportunities for the student to become independent in complying with his plan of care.

John Doe's Background and Medical Condition

I have worked with John Doe for the last five years as his physical therapist. John is 4 feet 11 inches tall and weighs 70 pounds. He is 17-years-old and cognitively on par with his peers. John was a premature baby and suffered with respiratory distress syndrome. John has CP with spastic tetraplegia, kyphoscoliosis, osteopenia, and hip and knee contractures. His left arm is

held in shoulder adduction, elbow flexion with pronation, wrist flexion, and finger flexion with thumb adduction when tone is elevated. His right arm is not as involved as his left, and he is able to complete functional activities of daily living within tonal patterns when properly positioned and supported. He exhibits an extensor thrust when moved or startled

John receives physical therapy three times a week for 30 minute sessions. During physical therapy John works on range of motion, balance, transfers, and positioning. Physical therapy services are pushed into his physical education courses. John also receives occupational therapy three times a week for 30 minute sessions. During occupational therapy, John works on hand-to-eye coordination, fine motor control, and numerous activities of daily living like feeding and grooming in order to be more independent. John also receives speech therapy for better communication skills. He receives speech three times a week for 30 minute sessions.

John has also been hospitalized for several bowel obstructions and repetitive urinary tract infections. Because of the amount of time he spends in his wheelchair, he is a likely candidate for skin breakdown and osteoporosis. He already has contractures that can be exacerbated by his inability to stretch on a frequent basis.

John is mainstreamed, in his junior year of high school, and is working with his guidance counselor for college placement. He is looking to major in political science and would like to be a policy analyst or a lobbyist for the disabled upon graduation. Presently, John belongs to the School Year Book Committee, the Home Coming Dance Committee, the school choir, and is the Vice President of the Student Council.

John lives in a wheelchair-accessible home with his mother, father, and 12-year-old sister. His father is a truck driver and is often on the road 60 to 80 hours a week. His mother works part-time while John and his sister are in school. Mom is 40-years-old, is 5 feet 2 inches tall, and weighs 100 pounds. John lives in a rural community and sidewalks are sporadic. John most often uses his wheelchair on the shoulder of the road, on gravel, or on dirt.

John is currently using a power wheelchair with tilt in space positioning, seat and back, and elevating legs rests. He received this wheelchair six years ago and he has outgrown it. Also, it is in constant disrepair. He uses a gait trainer in therapy for walking and a stander for stretching, in school. However, he must share these devices with others and therefore does not maintain the desired benefit of a prolonged stretch. John has a pediatric sit-to-stand stander at home that he has out grown. He receives no aide services outside of school.

It is my professional opinion that John needs a power wheelchair with a standing feature, seat elevator, tilt and recline positioning, and accessories to meet his medical needs caused by his CP, allowing him to fully participate in all of his activities of daily living, attain a functional level of independence and be able to participate in his own self-care.

John Needs a Power Wheelchair for Functional Mobility and has the Cognitive Capacity to Use a Power Wheelchair in a Safe and Effective Manner

As stated above, John is on par with his peers and participates in a number of extracurricular activities. He has appropriate social interactions with authority and his peers. He has the capability to be both self-directing and to follow directions. He has never exhibited any inappropriate behavior with his current wheelchair.

Medicaid granted prior approval for his current power wheelchair due to the loss of functional mobility. John was 11-years-old when he received his current power wheelchair, was 4 feet 2 inches, and weighed 65 pounds. He has grown significantly since then, and his current wheelchair has been grown as much as possible. John uses his current power wheelchair in all of his customary environments including, school, home, church, the mall, at the homes of other family members, scholastic field trips and activities, and family vacations. He is self-directing in his wheelchair and only receives cues from others when he is in new or unfamiliar situations or can't see his way in crowded situations.

In addition to John's growth, the current wheelchair is in a constant state of disrepair. The manufacturer has stated that it would be cost prohibitive to replace the motors on this model chair due to its age. The frame is showing signs of stress. It is becoming increasingly harder to find the necessary parts for replacement. John can get to certain neighborhood or scholastic activities on his own since they are in his immediate neighborhood, and he does not need to travel more than a block or two. However, now due to the condition of his wheelchair, there is no guarantee that John cannot get stuck somewhere by himself if his wheelchair breaks down. This would create a health and safety risk for John, especially in inclement weather.

This requested power wheelchair is medically necessary to replace the power wheelchair John currently owns. He will be able to remain fully integrated in his home, school and community.

John also has a Variety of Medical Needs Creating the Need to Have Continual Access to a Standing Device

When John was younger, his physical therapy included therapeutic ambulation. However, because he has now grown and developed contractures, therapeutic ambulation is no longer possible. John also has used a sit-to-stand stander. However, a sit-to-stand stander will no longer meet his medical needs because he does not have a sufficient amount of access to the stander to maintain or attain the necessary medical benefits of standing.

Bone density: Due to John's prolonged sitting in his wheelchair, approximately 12 to 16 hours daily, he is not using his long bones sufficiently for weight bearing. This can lead to osteoporosis. John has already been diagnosed with osteopenia. Frequently alternating between mechanical loading and periods of rest stimulate bone development. Weight bearing on the long bones in the legs leads to bone strengthening. By using a standing wheelchair, John will be able to independently achieve this frequent need for mechanical loading and weight bearing.

Sustained stretching: John is developing contractures. Contractures are a shortening of the muscles, (tendons and ligaments) necessary to provide movement. In certain situations, the contractures can become fixed and develop a mass of tissue that makes it impossible to stretch the limb. Often, surgeries such as ham string lengthening are used to mitigate the effect of the contracture, but without proper prolonged stretching, the contracture will redevelop. Although John receives physical therapy, this offers him a limited time for the necessary prolonged stretch his legs need to limit the effect of developing contractures. By incorporating a standing wheelchair into his care plan, John can participate in a standing program that will mitigate the effect of his contractures.

Communication: Because John sits constantly in his wheelchair and has kyphoscoliosis, his lungs and his diaphragm are constantly compressed. This causes his inability to take a sufficient amount of oxygen into his lungs. In a standing position, John will be able to inhale more oxygen into his lungs. With more oxygen in his lungs, he will be able to control his speech better. Better control of his ability to speak will allow for more effective communication.

Bowel and Bladder: The gut is a group of muscles and organs that work to extract nutrients and eliminate solid waste from the body. The bowel is part of this group. At the beginning and end of the bowel are sphincter muscles that normally maintain constriction controlling the release of waste. The bladder is an organ that collects fluid waste from the body and also contains a sphincter muscle. Because CP negatively affects all of the muscles in John's body, it also negatively affects the gut, bowel, and sphincter muscles, as well. With CP, the muscles of the gut and bowel will not be able to properly work waste away from the gut, through the bowel, and out through the sphincter for proper elimination. The same is true of the bladder. The effect of CP can be either a lack of control of bowel and bladder or constipation and urinary tract infections.

In John's case he has developed bowel obstructions from chronic bouts of constipation. He has also developed urinary tract infections from his failure to completely void urine from his bladder. For John, gravity can naturally assist with the downward movement of stool and urine so that food moves faster through the gut and urine is more efficiently voided from the bladder. Standing provides the natural position for gravity to assist the bowel and bladder for proper elimination and can help John maintain a more effective bowel program and limit the opportunity for recurring urinary tract infection.

Frequency and Duration Plan for Standing

Because John's CP is so involved, he needs a standing program for each of the effects of his CP. John's goal should be to fully incorporate his standing feature into as many activities during the day as possible. He should start slowly coming to a stand and standing for as often and as long as he is comfortable. As he gets stronger he should be standing as often as possible. All totaled, John should be attempting to stand for at least six hours every day. The following are the goals that I have set for him and they are dependent on his daily activities and his daily health. However, on any day that John can participate in standing, he should not do any less than what is listed below. Ultimately, the frequency and duration plan should be replaced by a natural repetition of standing similar to an individual without a disability.

Bone density - To start, John needs to stand and drive his wheelchair for at least three 15 minute sessions per day. He also needs to come to a stand, stand for five minutes and then sit at least once every hour over a six hour period. As he strengthens and tolerates more standing he should plan on driving his wheelchair in a standing position at least six 15 minute sessions per day and should mechanically load his hips, knee and ankle joints while standing 5 minute intervals for no less than once an hour for over a twelve hour period.

Muscle stretch and strengthening – John should start with a prolonged stretch at least four times per day for 15 minutes each time and add two additional 15 minute periods per week until he has acquired sufficient strength and endurance to tolerate standing for 30 minutes. Once John has reached this goal he should then strive to stand for no less than six 30-minute sessions throughout his day. For proper inspiration, John should stand every time he has an ongoing conversation with someone.

Regarding his bowel and urinary elimination, if John stands in accordance with the schedules above, he should more than meet the necessary time needed for proper elimination.

Less Costly Alternatives

When considering less costly alternatives, the agency should consider all the costs associated with John's healthcare and not only alternative pieces of equipment.

First, if the agency agrees with our position that John needs to stand, but believes that standing can be accomplished by purchasing him a stander and a power wheelchair; he will need a two-person lift. This will mean that the agency will need to purchase a lift that can be safely used with one person lifting John. The more sophisticated lifts, such as ceiling tract lifts, are safer to use but are more costly. A Hoyer lift is a two-person lift. One person operates the lift while another guides the patient into his wheelchair or the stander. In John's household there is only one person as primary caretaker so in order for his mother to use a Hoyer lift; the agency will need to provide aide services.

Second, if the agency agrees that John has a need to stand, they will also have to provide him with a vibrating plate since the stander does not move and therefore does not vibrate. Now the agency is paying for a power wheelchair, a stander, a lift system, a vibrating plate, and additional aide services.

Third, since contractures can develop and/or redevelop, most children are facing some type of surgery to release the contracted muscles. The goal of prolonged stretching would be to mitigate the need for surgery if at all possible, but if not, lengthen the amount of time between costly surgery and the amount of surgeries necessary to keep John's limbs at a maximum stretch.

Fourth, because of John's CP and its effect on his upper extremities, John cannot use a manual wheelchair nor can he use a manual wheelchair with a standing feature.

Therefore, based on my professional knowledge and my experience with John and seeing to his medical needs, I am requesting that Medicaid provide prior approval for the requested power wheelchair with standing feature, tilt and recline, and accessories.

Thank you.

Sincerely,

Signature

Name

Title/Credentials