

Letter of Medical Necessity #4

Date:

Jane Doe

Diagnosis:

Height: ICD-9 Code:

This prescription prepared by: Length of Need:

To Whom It May Concern:

I am writing to request funding for a medically necessary EasyStand _____ for my patient,

_____ is ___ year-old female. Her height is 5'1" and her weight is 80 lbs. She lives with her foster mother and father: her foster mother is her primary caregiver. She presents with a diagnosis of cerebral palsy, mental retardation, and developmental delay. She is fed via a feeding tube, and she is incontinent of bowel and bladder.

_____ does not purposely weight shift and is at risk for skin breakdown. Her only source of mobility is her wheelchair, for which she is dependent. At this time, her foster mother can transfer her from all surfaces to bed and wheelchair. However, this is becoming difficult, as _____ does not assist with the transfers. _____ (_____'s caregiver) cannot help _____ purposefully stand by holding her, as she is growing.

The stander requested will enable my patient to reach her goals of promoting skin integrity, preventing skin breakdown, and improving postural alignment - thereby preventing further surgery related to poor positioning and posture. Other goals for _____ that the EasyStand _____ will promote are improved circulation, decreased muscle spasms and atrophy of leg muscles, reduced disuse osteoporosis, and the promotion of bone integrity. Furthermore, the EasyStand will improve _____'s ability to interact with her environment.

The EasyStand best suits _____'s overall needs. It tolerates a one-person transfer, starting from a seated position and slowly raising to a standing position. This stander and its accessories accommodate _____'s shorter leg and externally rotated hip. Each place of the stander can be adjusted independently of one another. _____ tolerates the transfer without difficulty, and can stand for increasing periods of time. Her caregivers will be responsible for carrying out the stander program developed for _____. Compliance will be greater with the EasyStand because it tolerates a one-person transfer. With its use, _____ will receive the maximum benefits of standing.

_____ has been assessed using a variety of standing programs, the last involving a prone stander. This stander is not appropriate at this time, as it does not accommodate all of _____'s needs. She is resistant to quick position change and touch. _____ is sensitive to tactile stimuli - when touched, She pulls away, curling up her legs and arms, and rolling her hips from side to side. Additionally, she pulls her legs and arms into flexion. As a result, it takes three people to transfer _____. She fights not to be transferred to the prone stander. As one person holds her down, others must attempt to strap her legs in place, then strap her arms in while holding down her hips. She is at risk during this transfer for falls, bruises, and possible dislodging of her feeding tube. _____ is becoming taller - thus, it is difficult to transfer her from a seated wheelchair to a straight stander. Previous to the prone stander, a freedom stander was utilized. Neither of these standers is being used at this time, due to the problems they create. However, when these standers were viable, _____ was regularly placed in one of them. At this point, though, these standers do not provide the support _____ requires to be safe. She requires a chest support, hip guides, and other listed adaptations.

When _____ was participating in a standing program, she was providing Mod A with her transfers. She bore weight and reached with her arms for her wheelchair. Since _____ has not been able to stand for long periods of time, she is losing her ability to actively assist with weight bearing and transfer activities.

_____ 's standing program will include standing every day, starting with her baseline - assessed in the EasyStand as 20 minutes at an 80-degree incline - gradually increasing her tolerance over time. Her program will include standing 45 minutes to one hour at 90 degrees, 2 to 3 times daily. As _____ continues to participate in this standing program, the goals will induce increasing her active participation in stand and pivot transfers.

If you need additional information, please call me at (000) 000-0000. Thank you,

Sincerely,

_____ Therapist

_____ Physician