

## Letter of Justification for Durable Medical Equipment

### **Dear Medicare/Medicaid Administrator:**

Mark came to “ABC” Clinic and was evaluated for a new motorized wheelchair. The following information is provided in detail to demonstrate the medical necessity of the requested equipment.

### **Introduction:**

Mark is a 48-year-old, verbal, non-ambulatory male with a diagnosis of Cerebral Palsy. He resides at the “ABC” Residence. Mark is dependent upon his caregivers for all ADLs and MRADLs. His apartment is fully wheelchair accessible.

Mark was referred to the “ABC” Clinic for an evaluation of a new motorized wheelchair. Mark’s primary motorized 18”x18” Invacare Storm TDX3 wheelchair is in an ongoing state of disrepair. It has been unsuccessfully repaired multiple times. As a result, the motorized wheelchair was discarded and Mark remains positioned in his back up manual wheelchair. Mark is dependent with anything beyond very short distances of independent manual wheelchair mobility. His former motorized wheelchair was in very poor condition and no longer provided him with a reliable and safe mode of independent mobility. It was therefore deemed unavoidable to do anything other than discard the motorized wheelchair.

### **Clinical/Functional Status:**

Mark is non-ambulatory and requires a wheelchair for all mobility needs. He cannot use a cane or a walker. He is able to self-propel his manual wheelchair very short distances, and is dependent upon other in all areas of transfers, weight shifts, self care, and activities of daily living. He also has impaired cognitive status. Mark has a history of pressure sores as well as stage I ulcers throughout his lower extremities and buttocks.

Mark presents with increased muscle tone throughout his body with greater spasticity with his lower extremities. He has severe fixed contractures throughout the lower extremities. His bilateral upper extremities have limitations due to weakness and spasticity.

Mark will need a new motorized tilt-in-space wheelchair in good working order to improve his postural positioning and trunk support in order to maximize his functional independence.

### **Equipment Recommendations:**

**Biodynamics Positioning Back with depth adjustable hardware:** Proper positioning of his back is necessary to support the trunk and provide optimal postural alignment. This is necessary as Mark presents significant postural asymmetries with poor trunk control and risk of scoliosis. Depth adjustable hardware will be necessary to achieve proper

positioning and modify as his condition changes. A less expensive back would not accommodate his deformities and positioning needs.

**Biodynamics Positioning Seat Cushion:** This seat cushion will help to evenly distribute pressure, reduce sacral sitting, and assist in proper postural positioning and provide pressure relief. Solid seat support required for mounting of the seating cushion. Mark presents with significant postural asymmetries. A less expensive seat cushion would not provide him with adequate pressure reduction and/or postural stability.

**Biodynamics Hip Guides:** This will allow for midline and neutral hip alignment in order to promote midline trunk positioning and prevent hip dislocation.

**Biodynamics Lateral Trunk Supports:** This will help maintain Mark's trunk in neutral alignment in order to prevent skeletal deformities.

**Biodynamics Curved headrest:** The headrest will provide adequate head and neck support as well as safety during transportation to prevent neck injury.

**Narration of medical necessity:**

Mark demonstrates a profound need for a new motorized wheelchair. Prior to discarding his primary motorized wheelchair and it was functioning properly, Mark demonstrated proficiency by independently maneuvering his motorized wheelchair at his residence and in the community. Mark would greatly benefit from a new motorized wheelchair due to his limited functional status. A motorized wheelchair will provide him with optimal positioning and safety at school, home, during transportation, as well as in the community. He will be using the chair for approximately 8-10 hours per day. The chair will be used for positioning at school and home to allow for increased participation and safety during daily activities. The chair will provide him with appropriate positioning needs, as it will facilitate proper postural alignment and trunk stability thereby increasing function. In addition, the chair will be used to attend all necessary medical appointments.

Thank you for your consideration of this request.

Sincerely,