

April 9, 2013

Letter of Necessity/Equipment Prescription

Client name: T.G.

Birthdate: 12.10.61

Address: Saginaw, MI

Health Insurance: Medicaid

Medicaid #: xxxxxxxx

Wheelchair Serial Number: xxx-xx-xxxx

To Whom It May Concern:

The following equipment is required for the above named client after an evaluation done by her therapists.

Diagnosis and Background: T.G. is a 51 year-old female with a primary diagnosis of Axis III Cerebral Palsy and Congenital Hemiplegia. The client also experiences a secondary diagnosis of Axis II Mild Mental Retardation. Her medical history includes a recent 2 week hospitalization due to an E-coli infection that caused a decline in physical mobility. T.G. reported having a superficial quarter-sized decubitus ulcer located to the left of her coccyx and is only able to relieve pressure by being transferred to her bed. T.G. is dependent with transfers, requiring a 2 person maximum assist. Once transferred to bed, T.G. experiences difficulty re-positioning with use of the bed rails and the hang bar due to right upper extremity rigidity. T.G. is independent with eating and drinking with set-up, independent with upper body dressing, and requires varying degrees of assistance with bathing, dressing, and grooming. She uses a portable shower chair that is able to be repositioned over the stool for toileting. T.G. requires assistance for participation in household tasks, money and time management. She is able to identify community safety signs and indicates she would call 911 to give personal information given a hypothetical emergency situation. T.G. is also able to identify time on a clock.

T.G. currently uses a standard manual wheelchair 4 hours or more each day. The wheelchair is 3 weeks old and showing signs of wear and tear. The wheelchair was never fitted to T.G.'s body stature; the seat is currently too high at 18" and is rolled down at the front; there are no foot rests; the sling seat and back are not supporting her body in a functional position. T.G. attended the evaluation in her standard manual wheelchair, utilizing the hemiplegic drive and fatiguing with the effort of holding her feet up off of the ground. The manual wheelchair creates a barrier to independent completion of ADLs, as the client fatigues quickly while attempting to maneuver the hemi-drive manual wheelchair across thresholds and carpeting within the home; therefore, the client requires consistent assistance of caregivers to accomplish daily ADLs. Additionally, the client requires assistance from caregivers to propel the manual wheelchair distances greater than 60 feet, which limits the client's participation in the day program she attends.

T.G. tested and was able to drive a powered wheelchair independently 120', turn around, maneuver the chair to table, bed, and toilet, and maneuver on rugs and over doorsills (negotiating at least a minimum of a 3% grade). She is unable to accomplish these same goals with use of her current manual wheelchair.

Orthopaedic Deformities/Concerns: T.G. presents with her head slightly flexed, chin toward chest. Her left trunk and shoulder maintains an anterior rotation, while her spine presents with kyphosis, thoracic lordosis, and scoliosis. Specifically, her thoracic spine is s-curved, convexly, to the right. T.G.'s hips maintain an abducted position, her pelvis is posteriorly tilted, with the right aspect rotated anteriorly and the left aspect elevated (fixed). She experiences hypertonia of the right upper extremity and hypotonia of the cervical spine. This current body posturing is further hindering the client's ability to function independently within the home and at the day program. Without the standard manual wheelchair, T.G. uses her UE for balance relative to static functional ability and requires contact guard relative to dynamic functional ability. T.G.'s AROM and grip/pinch strength is as follows:

	RIGHT	LEFT	TONE
SHOULDER			
- Flexion	5°	156°	Hypertonia
- Abduction	10°	110°	
- Internal Rotation	0°	84°	
- External Rotation	42°	42°	
ELBOW			
- Flexion	140°	130°	Hypertonia
- Extension	-100°	-12°	
- Pronation	0° (AROM 90° is dependent position)	80°	
- Supination	0°	60°	
WRIST			
- Flexion	80°	40°	Hypertonia
- Extension	35°	44°	
HAND			
- Grip Strength	0#	17#	N/A
- Pinch Strength	4#	12#	
KNEE			
- Flexion	62°	80°	N/A
- Extension	-40°	-44°	

T.G. experiences rigidity of her RUE allowing very minimal shoulder flexion (5 degrees), abduction (10 degrees) and internal rotation (0 degrees); causing fixed flexion of the right elbow at 90 degrees and a dependent position of forearm pronation at 90 degrees, along with left elbow full extension lacking by 12 degrees; and causing gravity assisted right wrist flexion and very limited left side wrist flexion and extension.

Equipment/Device: We are recommending that T.G. receive an Invacare TDX SP with Formula CG Powered Seating. This wheelchair allows for energy conservation, promotes independent functional mobility, provides customized support to position T.G.'s body for increased independence in completion of ADLs and to prevent further orthopaedic deformity; and allows for independent pressure relief. We recommend the following customizations: PinDot Series ContourU Seat Cushion and CountourU Back Cushion, Trunk and hip lateral components; Adjustable height arm rests; Headrest; and Angle adjusted

footplates and foot positioners, Push button seat belt, and Group 24 gel cell batteries. The PinDot Series ContourU Seat Cushion and CountourU Back Cushion, as well as the trunk and hip lateral components, will provide T.G. with the support needed for upright optimal positioning of her trunk and pelvis. They will also assist in preventing further progression of her current scoliosis and/or orthopaedic deformities. The ContourU Seat Cushion will be customized to correct the left pelvic obliquity by raising the right side of the pelvis. Planar seating does not provide enough support or contour to adequately support T.G. and may continue to cause tissue breakdown in the coccyx region. The lateral supports will work to prevent abduction of T.G.'s hips from neutral. The adjustable height arm rests are necessary since T.G.'s right arm is dependently elevated due to hypertonia in comparison to her left arm. Additionally, lowering the arms allows T.G. to position her wheelchair close to the table for dinner with her family. The right arm trough will be used to support and prevent injury of her right spastic arm. Adjustable angle footplates and a foot positioner are recommended in order to appropriately position T.G.'s legs and feet into allowable neutral positions for maximum comfort and for prevention of further orthopaedic deformity. The Group 24 gel cell batteries are needed to run the power functions of the chair. The push button seat belt will assist in keeping T.G.'s pelvis securely positioned in the seat.

Functional Outcome for Equipment: It is anticipated that T.G. will use this power wheelchair with seating for years to come or until her size or condition change to warrant a new one. This power wheelchair will allow for energy conservation and help to provide increased independence in completion of ADLs while also helping to prevent further orthopaedic deformities.

Economical Alternatives Considered: We chose this power wheelchair as it is comparable to the Permobil M300 Corpus 3G and the Quantum Edge Q6 in durability, but is more economical in cost.

Thank you for your consideration of this much-needed equipment.

Physician's Signature _____ Date: _____

Print Physician's Name: Dr. _____

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Therapists' Signatures _____
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