

Sample Clinical Reasoning Form – Rifton E-Pacer



Sample letters of medical necessity are not intended to provide exact guidance on how to apply for funding for any product or service. Every patient is unique, with their own individual needs. Ultimately, health care providers should undertake a robust clinical assessment of each patient and make an informed clinical decision regarding the appropriateness of a particular product for that patient. Applications to any funding source must be factually accurate and accurately reflect the individual needs of the applicant patient.

Jiraffe cannot guarantee the success in obtaining insurance or third-party funding of any kind.

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Seating

Standing

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Therapy

Mobility

Bathroom

Describe who you are, what you want, and beneficiary's name:

As John Doe's therapist, I am requesting funding authorization for a Rifton E-Pacer gait trainer.

Establish your credentials, experience in the field, and relationship to beneficiary:

I have worked in the school system as a physical therapist since I graduated in _____, providing services including specifying and fitting adaptive equipment for children and young adults with disabilities. Five years ago I became certified by the APTA as a paediatric specialist. Since I am also a certified Assistive Technology Professional (ATP), I provide staff seminars on using assistive technology in the school setting. I have been John's physical therapist for the last two years seeing him bi-weekly.

Explain the beneficiary's condition, including diagnosis, or nature of injury:

John has a diagnosis of quadriplegic cerebral palsy. His quadriplegia is accompanied by spasticity of the upper and lower extremities with poor controlled movements and muscular weakness in the trunk, arms, and legs. He has flexion contractures in his right hip and knee and a small pressure ulcer under the right buttock. Because he cannot support himself in standing, his primary means of mobility is a custom powered wheelchair. As John is a growing teenager, performing sit-to-stand pivot transfers to reach a mat changing table or to get into bed requires the assistance of two people. John can bear about 25% of his weight during sit-to-stand pivot transfers. Except for these transfers, John spends most of his day in his wheelchair. [Further describe John's ability to sit, stand, and walk including amount of assistance needed for each activity.]

Discuss the impact on the beneficiary's and caregiver's life. Note both the limitations and abilities without the requested equipment:

Because of his diagnosis and impairments, John spends most of his day in a wheelchair. Without adequate support and positioning he is unable to assume an upright position to learn mobility skills. With continued dependence on his wheelchair, John is progressively losing what little functional abilities he does have. Currently he has the capacity to bear 25% of his own weight but has no support for continued practice of this skill or any ambulation skills. To date we have not been successful in our attempts to enable John to be up and moving to his greatest functional potential. This has impacted him both therapeutically and medically. Prolonged positioning in a wheelchair has resulted in flexion contractures at hips and knees requiring corrective surgeries and increased therapy interventions and he is now at risk for worsening pressure ulcers and osteoporosis. As John grows larger and heavier his transfers are becoming more difficult, increasing the risk of back injuries for his caregivers which, in turn, places John at greater risk of falls or other injuries. These are costly and cyclical problems that can be improved by providing the proper equipment that supports being upright and gives opportunities for independent mobility and transfer practice.

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Without the requested equipment John will regress, becoming fully dependent for all transfers and functional mobility. As he grows in height and weight, this factor becomes significantly more important to his caregivers. Research tells us that even the most significantly involved person, given enough repetitions, can learn new skills, but there must be many opportunities to practice movements.

State the type of equipment and components being requested:

For these reasons I am requesting a Rifton E-Pacer gait trainer for John with arm prompts, a pelvic support, a scale, and odometer. The E-Pacer will support even the most significantly involved individual for a sit-to-stand transfer into an upright position while allowing for lower extremity movement that is both therapeutic and comfortable.

Describe equipment, adjustments for growth, and psychological benefits:

The Rifton Pacer will support even the most significantly involved child in an upright position while allowing for lower extremity movement that is comfortable and therapeutic in many ways. This includes weight-bearing, ambulation and transfer skills practice. Being upright and mobile also improves respiration, digestion, circulation, bowel/bladder function, and provides the opportunity for gravity-assisted stretching, self-initiated joint ROM,

and bone development. When children are at eye level with their peers, their social, emotional, and psychological development is enhanced—all necessary for the growth of a well-rounded and healthy child. Inclusion with peers is a profound motivator for movement. Because of the prompt system of supports on the Pacer, John Doe will have many opportunities to practice walking skills and be out of his wheelchair. As John Doe progresses, supports can be lowered or taken away, further improving overall muscle strength and control. The Pacer is also adjustable for growth and is modular in design, allowing for easy transport.

Describe why the device is medically necessary. Show how the requested equipment will result in an increase of function and other physical benefits:

The Rifton E-Pacer is medically necessary for John because it will not only give him the much needed support for transfer to the upright position, but will also enable John to participate in these transfers and to practice standing and gait. These are important functional skills for John to work on and maintain especially as he continues to grow heavier.

Being upright and mobile for transfers, weight-bearing, and ambulation practice improves respiration, digestion, circulation, bowel/bladder function, and provides the opportunity for gravity-assisted stretching, self-initiated joint ROM, and bone development. Additionally, when people are at eye level with their peers, their social, emotional, and psychological development is enhanced—all necessary for the growth of a well-rounded and healthy individual. Inclusion with peers is a profound motivator for movement. Because of the system of supports on the E-Pacer, John

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will have many opportunities to practice walking skills and be out of his wheelchair. As he progresses, accessory supports can be lowered or taken away, further improving overall muscle strength and control.

Since John is receiving services under the Individuals with Disabilities Education Act he needs reliable measurements to show that both weight bearing and distance parameters on his IEP are being met. The scale on the E-Pacer not only records John's weight but can be quickly programmed to show how much weight John is bearing through his lower extremities. This will provide his caregivers a simple and accurate method to measure progress in his interventions for improved strength and weight bearing ability. The scale can be connected via Bluetooth to Rifton's Gait Tracker app (available free of charge on the iTunes app store) for ease of recording data and thus ensuring compliance for John's gait training program. The odometer on the E-Pacer's caster can be quickly re-set to show how far John ambulates in a gait training session. This will provide his caregivers a simple and accurate method to measure progress in his interventions for improved step-taking. The odometer makes it easier to record data and document improvement in walking endurance, ensuring compliance with John's gait training program.

In his wheelchair, John depends on the arm rests to help stabilize his trunk and head, supporting his shoulder girdle so he can keep his body aligned and his head upright. The E-Pacer provides the same support. John will require the arm prompts to help stabilize his trunk and head during transfers, standing, and gait. The arm prompts will also help control the spastic movements of his upper extremities allowing him to fully concentrate on participating in his mobility tasks.

When supported in a gait training device, John has shown the ability to take a few steps. He requires the weight bearing assistance of the pelvic support on the E-Pacer for this purpose. The pelvic support can be adjusted initially to support his full weight with the option of progressively diminishing this support as his weight bearing ability improves, allowing John to become more independent in gait.

Since the spasticity in John's upper and lower extremities will cause his gait to be jerky and not well controlled, he will need the unique casters available on the E-Pacer base which are designed to allow for easier steering and control of the device during ambulation: the swivel lock keeps the movement of the E-Pacer in a straight line, avoiding collisions with the walls of the hall or with other pedestrians. Adjustable resistance slows movement when necessary such as when going down a ramp or when John will benefit from greater exertion from the increased resistance. And the forward-only lock prevents unintended backwards movement, which is also needed in John's case due to his spastic muscle tone and difficulty with motor control.

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Make the person real including goals:

The motivation to walk is strong within the human spirit. For John, this motivation is particularly high as he looks toward the future when he will no longer be eligible for school therapy services and depend on maintaining his skills in a group home or day habilitation facility. Trying to build muscle strength with mat table or chair exercises has not been successful in the past as it is difficult to be motivated to progress in these positions. Therefore, John's

immediate goals for this semester are twofold: to bear 30% of his weight during transfers and initiate steps for ambulation. He cannot achieve these goals while dependent on a wheelchair. With the E-Pacer, John will have the opportunities he needs to be upright, out of his wheelchair, and to practice transfer and walking skills.

Use descriptions of medical necessity below to assist with the clinical need in relation to the client, delete items as appropriate.

Itemisation of the Rifton E-Pacer:

(Delete items as required)

Item	Description of Medical Necessity
E-Pacer frame 	The E-Pacer frame allows for safe sit-to-stand transfers and gait practice. Features include the battery-operated telescoping lift column for zero-lifting on the part of the caregiver. The expansion handle permits widening the base to access larger wheelchairs and furniture prior to transfer. The built-in body support system offers safety and support for individuals with poor trunk control. The features of the 5.5" casters include swivel-lock, forward-only lock, drag, and brake options. These caster settings substantially improve gait control for the more involved client. (Note: This device can also provide seat-to-seat transfers and/or positioning for upright toileting in certain environments.)
Arm prompts 	Arm prompts allow for shoulder/arm positioning to assist weight-bearing, enables forward-lean during transfers and gait, improves strength/endurance of shoulder girdle to assist head control. Selection of arm prompts is based on size: Padded surface area: small: 4½" x 7" large: 5" x 8½"; range of adjustment (elbow to fist): small: 8"–12½" large: 10½"–16".

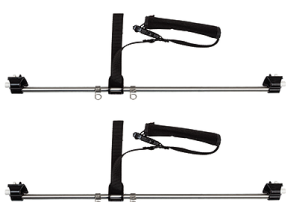
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Arm platforms 	Arm platforms allow for shoulder/arm positioning to assist weight-bearing, enables forward-lean during transfers and gait, improves strength/endurance of shoulder girdle to assist head control.
Pelvic support 	Pelvic Support provides safety, support, and weight-bearing assist while allowing for movement during sit-to-stand transfers and walking. Selection of pelvic support is based on thigh size: Half of thigh circumference: small: 6"–10" medium: 8"–14" large: 10"–18". (All saddles are approved for clients up to 350lb maximum weight.)
Hip positioner 	Hip positioner provides safety and support while allowing for movement during walking. Selection of hip positioner is based on size: Length of hip positioner (without pad): small 9", large 11".
Ankle prompts 	Ankle prompts prevent legs from crossing and control stride length, all of which encourages good body alignment.
Odometer 	Odometer caster measures the distance ambulated in a gait training session; shows progress in step-taking and walking endurance.

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Scale and Gait Tracker app 	Scale and Gait Tracker app allow for weighing the client easily during a seated transfer. The scale can also measure how much weight a person is bearing through their lower extremities while in standing, allowing the caregiver to measure and track weight bearing capability and progress. The scale can be connected via Bluetooth to Rifton's Gait Tracker app, for purposes of recording data and ensuring compliance with the client's gait training program.
Thigh straps 	Thigh straps are required when using the E-Pacer for seated transfers; straps are attached to the E-Pacer's color-coded clips. Additional straps are available as needed for safe, secure, transfer. Selection of thigh straps is based on size: Thigh strap width: narrow 5" wide 7".
Switch pole 	The switch pole allows raising and lowering the E-Pacer by either the client or the caregiver.
Caregiver handle 	The caregiver handle is required when caregiver is relied on to control E-Pacer movement and/or position during transfer and gait.
Additional battery 	Additional battery is necessary for a heavily used E-Pacer, allowing one battery to charge while the other one is in use.

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Describe other equipment previously trialled and why it didn't work:

We have trialed alternatives but determined that none could adequately meet John's needs. Our attempts to transfer him into the alternate pieces of equipment were simply too dangerous. The two caregivers performing the transfers could not safely hold John in an upright position long enough for him to be secured in the device, putting John at risk for falls and increasing the caregivers' risk for injury. In the Rifton E-Pacer however, John can be safely transferred and can safely ambulate for longer distances, increasing his walking endurance while improving caregiver safety. The E-Pacer is user friendly and staff persons who typically would need repeated instructions have demonstrated competence in use of the E-Pacer with minimal verbal cues after only one demonstration.

Make the person real, including goals:

The E-Pacer will save on costly medical interventions that become inevitable as muscles contract when one is confined to a wheelchair. Expensive surgeries and increased hospitalizations can be avoided as the E-Pacer will assist in maintaining functional skills and overall health of the user through upright movement. Most importantly, the E-Pacer will allow John to work toward becoming more independent rather than being totally dependent on caregivers for the rest of his life.

Because of the built-in transfer functionality, the use of the E-Pacer generally requires only one caregiver to assist with all transfer and mobility functions. More importantly, caregiver injury can be reduced because the E-Pacer, a zero-lift device, has been known to reduce back injuries caused by lifting and transfer. This provides significant cost savings in the long term. Considering the above, the E-Pacer will not only meet the needs of John Doe, his family, and caregivers, but will also be the most cost effective to the insurer. By combining transfer and gait training in one device, in my opinion, the E-Pacer is the least costly alternative. To my knowledge there is no other similar device available on the market.

Concluding paragraph restating the main points of the report:

Based on my evaluation of John Doe and the equipment trials we have conducted, I believe that the Rifton E-Pacer gait trainer offers John the safest and most effective ambulation practice and transfer assistance at the lowest cost. In addition this device offers health benefits that are otherwise unavailable to him, providing further cost savings in his medical care.



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Don't forget to include pictures of Rifton E-Pacer:



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