

Letters of Medical Necessity

Sample 3: This sample can help you get reimbursed from your insurance; modify it as needed.

Date:
Re: car safety restraint
DOB:
Insurance:

To Whom it May Concern:

_____ is almost 10 and has a diagnosis of spastic quadriplegic cerebral palsy. The patient is unable to sit in a standard child safety restraint (booster seat) because of her decreased head and trunk control, and decreased postural support. _____ also demonstrates excessive extensor thrust, making it difficult to position her in a car seat. She has been traveling in a standard forward-facing child restraint despite being over the weight limit for harness use (40 pound limit — she is 45 pounds), or using a tumbleforms positioning seat, which is not a car seat and cannot be installed in the vehicle.

_____ is therefore in need of a Snug seat Traveller Plus car seat to provide her with additional support. This specialty restraint is made specifically for children who need harness restraint beyond the standard 40 pounds weight limit, providing a five-point harness for children up to 105 pounds. The restraint is also tethered to the back seat of the car for additional safety. Instruction was given to the parents on installation and positioning. The family has tried this restraint on a loaner basis and has had success with this positioning.

The child's need for safety has not previously been met and the child cannot be properly secured in the car without the prescribed car safety restraint. The patient's extremely poor head and trunk control make it unsafe for her to use a standard vehicle restraint or a standard booster seat. Therefore, the Snug Seat Traveller Plus car seat with a seat depth extender (for growth) is medically necessary for this patient's care.

Sincerely,

OTR/L
MD



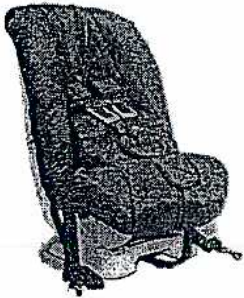
A Starter Kit for Special Needs Children – Presented by the Trauma Services Department
Undivided Attention. Unsurpassed Care.

Car Safety: If your child has a spica cast



Spelcast

Snug Seat Spelcast I



Snug Seat Hippo



E-Z-ON modified vest



Nania Airway

Spelcast I

Your child may require a spica cast to correct developmental dysplasia of the hip, hip instability due to Down syndrome, or a femur or pelvic fracture from a traumatic injury.

The Spelcast I is a car seat that may be used rear-facing and semi-reclined, for infants 10 to 20 pounds casted weight and up to 26 inches in length. It can also be used forward-facing, upright or semi-reclined, for children 20 to 40 pounds casted weight and up to 40 inches in height.

The Spelcast I is sometimes available as a loaner from the hospital where surgery is performed. It is no longer manufactured by Snug Seat, but was replaced by Britax in March 2006 with the Hippo.

Hippo

The Hippo is a car seat that may be used rear-facing, semi-reclined, for a child who is between 5 and 33* pounds or forward-facing for a child who is over one year of age and between 20 and 65* pounds and a maximum of 49 inches in height. The Hippo must be installed forward-facing in the upright position if the child's weight is between 34 and 65* pounds, but may be installed forward-facing in the semi-reclined position for children less than 33* pounds. This seat must be tethered if the child is 40 pounds or more. It cannot be tethered in the rear-facing position like other Britax products. The Hippo is available at www.snugseat.com, and www.adaptivemall.com. (*Upper weight limit refers to casted weight)

E-Z-ON vest

Another option for children in spica casts is called the modified E-Z-ON vest. This vest is for children aged 2 to 12 and weighing from 20 to 100 pounds. The 101M2 fits children better who are 5-12 years old, 65-100 pounds. The M203-XS fits snugger on children 2-5 years of age, 20-65 pounds. When using the modified E-Z-ON vest, your child must travel lying down in the rear seat of the vehicle. See www.ezonpro.com for referral to a distributor in your area.

Hospitals or other institutions may purchase the Hippo and the modified E-Z-ON vest from Prevention Alternatives: 517-927-7731.

If your child's surgery is scheduled in advance, you'll have time to arrange transportation ahead of time. Call your orthopedic surgeon or the surgeon's staff to set up safe transport home.

The surgeon is usually able to tell you the approximate size of the cast, that is, how wide it will be, and how much it will bend at the knees. Children in spica casts often fit in a conventional car seat.

One option, for example, may be the Nania Airway; it can semi-recline and has low sides. This car seat unfortunately will be discontinued by the end of 2006. Any convertible seat with lower sides and a wider front may work. The hospital should have a variety of seats to try. You may want to look at the Britax Regent (formerly called the Husky), Roundabout, Marathon and Boulevard (formerly called the Wizard), the Dorel Alpha-Omega, the Combi Victoria or the Combi Avatar. Sometimes a small baby may fit into a car bed, depending on how their cast is made.



GLOSSARY OF COMMON MEDICAL TERMS



ABDUCTION (the opposite of <i>adduction</i>)	Movement of an arm or a leg away from the middle of the body.
ACTIVE RANGE OF MOTION (AROM)	The range in which the child or individual is able to move the joint themselves.
ACTIVITIES OF DAILY LIVING (ADLs)	The activities that individuals engage in to care for themselves on a daily basis (e.g.: self-care, dressing, hygiene, feeding, etc.).
ADDUCTION (the opposite of <i>abduction</i>)	Movement of an arm or leg toward the middle of the body or midline.
ANESTHESIOLOGIST	A physician specializing in anesthesiology (pain control and surgery sleep)
ANKLE-FOOT ORTHOSIS (AFO)	A brace worn on the lower leg and foot to support the ankle, hold the foot and ankle in the correct position.
ASYMMETRICAL MOVEMENTS (the opposite of <i>symmetrical movements</i>)	Moving corresponding parts of the body at different times in different directions.
ATNR (Asymmetrical Tonic Neck Reflex)	A reflex where turning of the head to one side causes the arm and leg of that side to straighten and the opposite arm and leg to bend. Present at birth.
BILATERAL	Affecting both sides of the body.
CEREBRAL PALSY	A general diagnostic term for non-progressive neurological disorders that cause physical disability.
CHRONOLOGICAL AGE	Elapsed time from the child's birth age.
DIPLEGIA	Physical disability affecting one part of the body and the corresponding part on the other side of the body (e.g.: both legs).
DORSIFLEXION	Toes and ankles pointed upward toward the head ("foot flexed").
DURABLE MEDICAL EQUIPMENT (DME)	Equipment items such as braces, barrier vests, wheelchairs, bath equipment, walkers, toileting equipment, etc.
EXTENSION (the opposite of <i>flexion</i>)	The unbending or straightening movement around a joint of the limb such as the knee or elbow.

EXTENSOR THRUST	Strong extension of one or more limbs in response to stimulus.
EXTREMITY	A limb of the body, especially a hand or foot.
FINE MOTOR	The area of development concerned with using hands, eyes, and hands and eyes together (e.g. reaching grasping). Usually refers to the "finer" or smaller muscle movements.
FLACCID	Weak, soft, flabby; lacking normal muscle tone.
FLEXION (the opposite of <i>extension</i>)	Decreasing the angle or bending of the joint.
GASTROSTOMY TUBE (G-TUBE)	A latex or plastic tube inserted in a surgical opening in the stomach to provide nourishment.
GROSS MOTOR	The area of development concerned with how a child controls his/her larger body movements (e.g. head control, sitting, crawling, walking).
HEMIPARESIS	Muscular weakness or partial paralysis affecting one side of the body only.
HEMIPLEGIA	A condition affecting one side of the body.
HIP-KNEE-ANKLE-FOOT ORTHOSIS (HKAFO)	A brace worn on the lower leg and foot to support the hip, knee, ankle, and hold the foot in the correct position.
HYPERTONIA (the opposite of <i>hypotonia</i>)	Increased tension (tightness) of muscles which can make movements more difficult. Sometimes referred to as "tight muscles" or "increased muscle tones".
HYPOTONIA (the opposite of <i>hypertonia</i>)	Excessive limpness in any body part making upright postures difficult to hold. Low muscle tone. Sometimes referred to as "floppy" or "decreased muscle tone".
KNEE-ANKLE-FOOT ORTHOSIS (KAFO)	A brace worn on the lower leg and foot to support the knee, ankle, hold the foot and ankle in the correct position.
MIDLINE	An imaginary line down the center of the body, separating right and left sides.
OSTEOPENIA	Osteopenia refers to bone mineral density (BMD) that is lower than normal, but not low enough to be classified as osteoporosis.

OSTEOTOMY	An osteotomy is a surgical operation whereby a bone is cut to shorten, lengthen, or change its alignment.
PARALYSIS/PARALYSES	Abnormal condition characterized by loss of muscle function, tone, or sensation.
PASSIVE RANGE OF MOTION (PROM)	The range in which another individual (such as the therapist or caregiver) is able to move the joint without the assistance of the child or the individual.
PLANTAR FLEXION	The toes and ankles pointed downward.
PROGNOSIS	A prediction of the probable outcome of a disease.
PRONATION (the opposite of <i>supination</i>)	The hand, wrist, or forearm is turned so the palm faces downward.
PRONE (the opposite of <i>supine</i>)	Lying face down on the stomach. "Tummy time".
PROTECTIVE REACTIONS	Automatic response to prevent falling (e.g.: if your child is pushed to the side when s/he is sitting, s/he may put his arms out to the side to prevent a fall).
QUADRIPLEGIA (also known as <i>tetraplegia</i>)	Physical disability affecting all four limbs of the body.
RADIAL	The thumb side of the forearm and hand.
RAKING	Picking up a small object using the whole hand, fingers against the palm, but not the thumb.
REACTION	A reflex which appears in infancy or childhood which remains through life and are necessary for protection, balance, and equilibrium.
RECIPROCAL	Moving one arm or leg at a time in alternation (opposite of) the other arm or leg.
REFLEX	Activity performed automatically without conscious volition. They are the raw material from which the central nervous system may build volitional movements.
RIGIDITY	A condition of hardness, stiffness, or inflexibility.
SCOLIOSIS	Lateral (sideways) curvature of the spine.

SCOLIOSIS BRACE	A total contact body shell to prevent progressive spinal deformity.
SEDATION	Induced state of quiet, calmness, or sleep by means of hypnosis or medication.
SIDE-LYING	Lying on the side, typically in fetal position.
SPASTICITY	Tightness of muscles (hypertonicity) causing stiff and awkward movements.
SPINA BIFIDA	A developmental birth defect involving the neural tube, which is an incomplete closure that results in an incompletely formed spinal cord.
SPINAL FUSION	Surgical procedure used to correct problems with the bones (vertebrae) of the back (spine). The spine is stabilized by fusing together two or more vertebrae, using bone grafts and metal rods and screws.
SUPINATION (The opposite of <i>pronation</i>)	Turning the forearm with arm upward.
SUPINE (The opposite of <i>prone</i>)	Lying on the back.
SUPRAMALLEOLAR ORTHOSIS (SMO)	A brace worn on the foot to place the foot in the correct position.
SYMMETRICAL MOVEMENTS	Moving corresponding parts of the body as the same time and in the same direction.
TENDON ACHILLES LENGTHENING (TAL)	Lengthening of the Achilles tendon: a tendon that joins the muscles in the calf of the leg to the bone of the heel.
TENOTOMY	A surgical procedure that cuts the tendon of a contracted muscle to allow lengthening.
TONE	The state of muscle tension. Normal tone is that which is high enough to resist the effects of gravity in both pressure and movement, yet low enough to allow freedom of movement.
UNILATERAL	Affecting or occurring on only one side of the body.
WITHIN NORMAL LIMITS(WNL)	Within the range of typical for that particular age child.