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6 **Seating & Mobility Evaluation and Recommendation for Replacement Ultra
7 lightweight manual wheelchair**

8 **Date:** 11/26/2012 and 2/7/13

Comment [LJC1]: Descriptive label of what this document includes

Comment [LJC2]: Includes multiple dates of service to complete evaluation, trial and recommendations.

10 **Client Information**

Client Name Anne Jones

Gender Female

Date of Birth 05/18/1964

Height 66 inches

Weight 194 lbs.

Prognosis Good

Comment [LJC3]: Accurate and recent height

Comment [LJC4]: Accurate and recent weight. It is not uncommon that patients who use WCs have not been weighed in many years. Frequently it is necessary to take the time during evaluation to document actual weight especially if approaching weight capacity of equipment.

Comment [LJC5]: May add – “Good provided recommended replacement equipment”

Comment [LJC6]: Concise summary of history of mobility disorder, course of progression and overall summary of pertinent history related to seating/mobility issues.

Clearly states reason for evaluation and specifies fact that seeking replacement of ‘like’ equipment she has been using for past 36 years.

12 **Medical History**

General Narrative Anne is a 48 y/o female who presents with thoracic paraplegia secondary to a spinal cord injury at age 12. She has undergone two spinal rod stabilization surgeries. She is functionally paraplegic with absent motor and sensory function below level of injury, neurogenic bowel and bladder and mild distal lower extremity hyperreflexia. She is unable to stand or ambulate. PMH reviewed showed a medical history of: GERD, hypertension, hypothyroidism, s/p sacral and left ischial wounds, bilateral shoulder pain, obesity and inflammatory arthritis. The objective of Anne’e evaluation was to identify an appropriate replacement ultra- lightweight manual wheelchair. She has currently used a manual wheelchair for 36 years.

Diagnosis 1 Thoracic paraplegia 344.1

Diagnosis 2 s/p left ischial wound 707.0

Diagnosis 3 Right girdlestone procedure

Diagnosis 4 s/p right tibia fracture

Diagnosis 5 Inflammatory arthritis with intermittent shoulder pain, fatigue.

Diagnosis 6 Obesity

Hx / Progression No progression of her spinal cord injury. She has had secondary medical challenges with lower extremity fractures, a right girdlestone procedure and a right tibia fracture that is well healed. She is also reporting bilateral shoulder pain at the end of day with an increase in discomfort sleeping as well.

Comment [LJC7]: Concise and specific to hx progression of mobility impairment and diagnoses that impact seating/mobility

Relevant / Planned Surgeries She has been seen by home health nursing for wound care and does not appear to need surgical closure of her wound.

Comment [LJC8]: Answers pertinent question that her IT/sacral wounds are healing and will not likely require surgery

Cardio-Respiratory Intact

Takes Medication? Yes

Medication 1: Baclofen, Robaxin, Plaqueril, Atenolol, Levothyroxine, acetaminophen

Latex Allergy? No

Respiratory Concerns None

14 **Insurance**

Primary Medicare xxxxxxxxx

Secondary Medicaid xxxxxxxxx

15 **Team Information**

Clinician XXXXXX XXXXXX, PT, ATP/SMS
Physician XXXXXX XXXXXX, MD

16 **Current Equipment**

17 **Invacare K0005 Action Extra Ultra-lightweight wheelchair**

18
Serial Number 94L34560
Condition Not Serviceable
Date of Service 11/08/1998
Original Vendor XXXXXX XXXXXXXXXX Supply
Original Payer Medicare
Width 18 inches
Depth 16 inches

Comments Anne had been found clinically appropriate for use of an ultra-lightweight wheelchair and she used her current wheelchair since 1998; using it for 14 years prior to the frame cracking. This is an irreparable fracture in the frame of her wheelchair and is currently unusable. She has been using a loaner ultra-lightweight wheelchair since hers broke and requires replacement of her wheelchair to allow optimum and safe fit and function in her home for access to her small bathroom and bedroom area and to prevent further shoulder pain and dysfunction related to long term wheelchair use. Her previous ultra-lightweight wheelchair was set up with an 18 x 16" wheelchair seat size, a 19 1/2" front STF height and 18 1/2" rear seat to floor height (STF). 70 swing away footrests with 2" taper, standard backrest upholstery, a high profile ROHO cushion, 8" front casters, pneumatic rear wheels and side guards.

Comment [LJC9]: Excellent example of concise detailed information pertaining to current equipment and detailed information about base and seating. This information is typically the responsibility of the supplier as part of the Technology Assessment. While it may be included in the clinical evaluation it is important that it is also included in the suppliers' documentation.

Comment [LJC10]: May want to include make/model of loaner equipment. All reviewers may not recognize or understand the terminology or distinctions between ultralightweight, lightweight etc. They may be only familiar with K codes. Being descriptive is valuable. A make/model allows them to look it up and see a visual of what exactly she has used in the past, on loan and what is recommended/requested so they can see they are comparable.

Recommend rather than using terminology ultralightweight that the make/model is also used.

Comment [LJC11]: Invacare Action

Comment [LJC12]: Good use of make/model – not using vague coding descriptions- positioning and pressure relieving cushion. More specific which can be more meaningful to the reviewer.

19 **Home Environment**

Home Type Apartment
Home Companionship Alone
Entrance Type Level
Entrance Width 36.0
Wheelchair Accessible Rooms Apartment accessible but small.
Bathroom Accessible? Yes
Bathroom Adapted Equipment Required? Yes

Bathroom Equipment/Comments Anne has a very small bathroom and and bedroom and can only access it functionally in the smaller configuration/foot print of a K0005 ultra lightweight adjustable wheelchair. She needs to be able to bring the rear wheel position forward as much as possible which allows a small turning radius to be able to maneuver in and out of the door, turn in her bedroom and allow access to her refrigerator, and kitchen sink.

Comments See attached home evaluation for Anne Jones.

Comment [LJC13]: Good example of concise comment to describe issue. May want to include measurements if available (overall length of frame with footrests current frame, K0004 and recommended frame). This may be considered the responsibility of the supplier and therefore included on the supplier home assessment documentation and comments

Comment [LJC14]: Referring to another document is fine. Be sure it is included in the final packet submitted.

20 **Community ADL**

21 **Transportation Type** Public Transportation and self propulsion.

Comment [LJC15]: In other instances it is pertinent to be more detailed here. Patient uses paratransit services, lives where s/he has access to public "accessible" transportation (describe how far and what terrain they encounter to get to the public transportation). Describe if ride as passenger in the mobility device or transfer to vehicle seat. Describe occupant restraint system and WC securement system. If loading/unloading WC describe method, where it is stowed, who stows it (self/caregiver), number of transfers/day into/out of vehicle, etc.

22 **Abilities Status**

Cognitive Status WNL
Comments Anne presents with a potentially mild intellectual disability which is not

| | | |
|-----------------------------|--------------------------------------|---------------------------------|
| Behavioral Concerns | None | documented in Physician's note. |
| Communication Skills | Expressive: Verbal Receptive: WNL | |
| Memory Skills | Intact | |
| Problem Solving | Intact | |
| Judgment | Intact | |
| Attention | Intact | |
| Vision | Intact | |
| Hearing | Intact | |

23 **ADL Status**

| | Status | Comments |
|-----------------|---|---|
| Dressing | Independent | Anne requires her manual wheelchair to access her clothes. She dresses herself independently from supine in bed and/or sitting in her wheelchair. |
| | Requires mobility assistive equipment (MAE) to perform. | |
| Grooming | Independent | Anne is independent in self-care and hygiene by using her manual wheelchair to access her bathroom. |
| | Requires MAE to perform. | |
| Bathing | Assist/Setup | Anne reports she can transfer independently but appreciates assistance at times due to the tight fit of her bathroom. She has to transfer from wheelchair to toilet and then to bath bench to get in to the shower. Once in the shower, she reports independence with shower routine. This additional number of slide board transfers puts Anne at risk of shoulder and wrist injury even with assistance. Her caregiver moves her wheelchair following transfer to the toilet and stands by while Anne initiates slide board transfer to the shower. |
| Feeding | Independent | Anne lives alone and has assistance only for occasional showers and homemaking/grocery shopping. She requires her manual wheelchair to allow her to access her kitchen to get food on her own. Anne requires the use of an ultra lightweight wheelchair to access her entire refrigerator. She did trial both a K0004 (Quickie Breezy) and a K0005 (TiLite Aero Z). She is able to access her entire refrigerator in the K0005 but is unable to get close enough in the K0004. See attached photos. |
| | Requires MAE to perform. | Anne sits while eating in her wheelchair. |

Comment [LJC16]: Excellent description of linking ADL to how/why mobility base is needed to accomplish it.

Comment [LJC17]: Very descriptive and useful information as to how/why WC access is problem

Comment [LJC18]: Valuable description of why the lower level MWC is problematic.

| | | |
|---------------------------|---|---|
| Meal Prep | Independent | Anne reports she does not cook anything substantial in general. She does simple meal prep and eats ready to eat foods often. Her weekend assistance occasionally prepares meals for her per her report. |
| | Requires MAE to perform. | |
| Home Management | Assist/Setup | Anne requires assistance to keep her home clean and picked up. She has someone that comes three times per week and every other weekend to assist her as necessary. |
| | Requires MAE to perform. | |
| Toileting | Independent Toileting Method: Assistive Device Device: Not specified | Anne has a urostomy and is independent in managing her catheter by using her manual wheelchair to access her small bathroom. She has to reverse/back out of the bathroom due to small size. |
| Bowel Management | Bowel Program | Anne manages her own bowel program on the toilet. |
| Bladder Management | Continent Requires MAE to perform. | Anne manages her catheter independently by emptying it on her own. She requires the use of her ultra-lightweight manual wheelchair to access the bathroom. |

Comment [LJC19]: Again focuses on how MWC accessibility is an issue for ADLs.

24 **Mobility Skills**

| | Status | Comments |
|-------------------------------------|--------------------------------|--|
| Ambulation | Unable | |
| Wheelchair-Bed Transfer | Independent | Using a Beezy slide board since recent left ischial wound. She previously used a standard slide board. Anne does basically 4 transfers per day independently and states that if she has incontinence, this increases. |
| Wheelchair-Commode Transfer | Independent | She uses a scoot pivot type transfer to a bed side commode sitting over her toilet. The bathroom is so small that there is a sink and then the side of the bathtub to hold on to as she scoots to the toilet. |
| Manual Wheelchair Propulsion | Independent(Ultra-Lightweight) | Anne is successful self- propelling her ultra-lightweight manual wheelchair in her home due to the decreased overall length and maneuverability of the K0005 wheelchair. She uses both a semi- circular pattern for long straight areas and an arc style of propulsion in small areas. When she is propelling longer distances, i.e. going to her front door down the hallway, she demonstrates an appropriate semi-circular pattern that she learned in rehab. She was noted to have significant forward motion of her wheelchair after propelling a K0005 wheelchair. She is independent going out |

Comment [LJC20]: Descriptive comment is valuable instead of ONLY a checkbox that says independent.

Comment [LJC21]: Same as above

her apartment door and the building door as she is able to self-propel over the door threshold in her current wheelchair in the K0005 wheelchair. Further evaluation was done with a Quickie Breezy (18 x16) K0004). In this wheelchair, with the non-adjustable position of the rear wheels, Anne was only able to use a small arcing style on all surfaces and all distances. There was no glide or roll of the wheelchair after self-propulsion requiring almost twice as many strokes. In a trial with the K0005 it took her four semi-circular strokes to go 10 meters while it took her 7 strokes to go the same distance in the K0004.

Operate Power Wheelchair w/ Std. Joystick N/A
 Operate Power Wheelchair w/ Alt. Controls N/A

Comment [LJC22]: Descriptive and important baseline for how Anne functioning in current equipment and when comparing to lower level device.

25 **Skin Integrity**

| | | |
|--|---|--------------------------------------|
| Risk for Skin Breakdown | Moderate | |
| Skin Breakdown History | Yes | |
| Location 1 | Sacrum | Status: Well healed. |
| Location 2 | Left ischial tuberosity | Status: Only recently healed. |
| Sensation Status | Absent | |
| Braden Scale Score | 14 | |
| Risk Factor 1 | Previous skin breakdown, absent sensation, lack of optimal pressure relief, long periods in sitting | |
| Ability to Perform Weight Shifts While Seated | Independent | |
| Manual Weight Shift Type(s) | Side leans or press ups | |
| Pressure Relief Regimen | Anne does not report a set pressure relief program. She does a push up when she feels pressure/discomfort but does not hold it for required length of time. She requires education regarding optimal pressure releases. | |
| Hours in Wheelchair Per Day | 10 | |
| Seated Weight Bearing Surface | Bony | |

Comment [LJC23]: Albeit brief this description gives reader a good amount of detail of skin issues

Comment [LJC24]: Description of what she has been doing is important vs "unable to do an effective weight relief"

Comment [LJC25]: Careful to be consistent throughout document

26 **Assessment Questions**

27
 28 **Does your client have a mobility limitation that impairs participation in Mobility Required Activities of Daily Living (MRADLs) in the home?**

29 **Answer** Yes
Comments Anne sustained a spinal cord injury at age 12. She is functionally paraplegic and is not able to stand or ambulate. She has emerging shoulder over use challenges.

30 **Can their limitations be compensated by the addition of Mobility Assistive Equipment (MAE) to improve the ability to participate in MRADLs in the home?**

31 **Answer** Yes
Comments Anne has lived alone and is quite independent with the assistance of her ultra-lightweight wheelchair.

32 **Is your client or their caregiver capable and willing to operate the MAE safely in the home?**

Answer Yes

Comments Anne is more than eager to have a new wheelchair as she is currently using one that is too narrow for her.

33 **Can their mobility deficit be safely resolved by a cane or walker?**

Answer No

Comments She is non-ambulatory.

34 **Does your client's home environment support the use of the recommended equipment? (Home**
35 **assessment to be completed by Medical Equipment Supplier)**

Answer Yes

Comments See home assessment. Anne's home is only accessible, in her bedroom and bathroom, by a small adjustable wheelchair frame wheelchair that allows the rear wheels to be moved forward to decrease overall turning radius and foot print. In a comparison evaluation, Anne had difficult turning the Quickie Breezy (K0004) in her bedroom because of its overall length (she has to turn around to transfer from her right side and allow her wheelchair to be out of her way to complete bringing her feet in to bed). She had no difficulty turning in the K0005. The shorter frame size (length), due to a tighter front footrest area and the rear wheels in a more forward position, gives her significantly more room and ability to turn. Please see attached photos. She also is safer and more functional approaching her sink and refrigerator in the K0005 vs the K0004.

36 **Does your client have the upper extremity function to safely propel a manual wheelchair to**
37 **participate in MRADLs in the home?**

Answer Yes

Comments Anne has emerging overuse syndrome in both shoulders and decreased grip strength bilaterally. She requires the lightest wheelchair possible to preserve her independence with her MRADL's and her UE function. The presence of even mild pain and decreased grip strength indicates a decrease in Anne's UE function putting her at risk of further incapacitating UE pain. She is able to self-propel a K0004 but it required twice the number of strokes on a smooth level surface which is the easiest surface to evaluate her functional abilities.

Comment [LJC26]: Note detailed comment- important to detail why lower level equipment is not effective

38 **Does your client have sufficient strength and trunk stability to operate a Power Operated Vehicle**
39 **(POV) in the home?**

Answer No

Comments Not applicable.

Comment [LJC27]: Details pertinent to Anne using quantitative information (twice the number of strokes- described in greater detail elsewhere in document).

40 **Is your client able to safely utilize the recommended equipment within their home?**

Answer Yes

Comments Anne has lived in the same apartment for years and has safely used her previous folding K0005 and her current loaned K0005 wheelchair in her home.

Comment [LJC28]: Explains her current living environment is unchanged. May want to add if there is potential for modifications (reasonable accommodations) or if that is impossible.

41 **Does your client have a medical condition that requires the provision of upgraded or optional**
42 **features on the recommended device in order to participate in MRADLs in the home?**

Answer Yes

Comments Anne has shoulder pain, postural asymmetry and decreased grip strength bilaterally requiring the use of an adjustable optimally configured wheelchair frame. With the extensive documentation of studies demonstrating overuse syndrome in individuals with SCI, especially after an extended period of time, her UE function is of clinical relevance.

Comment [LJC29]: Specific findings to Anne

43 **Is your client able to safely maneuver the recommended power wheelchair in the home?**

Answer No

Comments Not applicable.

44 **Head & Neck**

Neck Posture Neutral/Flexible

Head Control Good

45

46 **Upper Extremity**

47 **Shoulders**

| | Left | Right |
|-----------------|--|-------|
| Function | WFL | WFL |
| R.O.M. | WFL | WFL |
| Strength | 4 | 4 |
| Comments | Anne has emerging shoulder pain bilaterally. She required back support to complete manual muscle testing due to lack of spinal stability in sitting out of her wheelchair. | |

48 **Elbows**

| | Left | Right |
|-----------------|------|-------|
| Function | WFL | WFL |
| R.O.M. | WFL | WFL |
| Strength | 5 | 5 |



49 **Wrist & Hand**

| | Left | Right |
|-----------------|---|---------|
| Function | Limited | Limited |
| R.O.M. | WFL | WFL |
| Strength | 4+ | 4+ |
| Comments | Anne shows diminished grip strength bilaterally for her age group. Grip strength on the right is 50# and on the left is 45#. Grip strength norms for a female adult Anne's age is 62.2# on the right and 56# on the left. | |

Comment [LJC30]: UE strength ranges from 4-5/5. This does not appear to be significantly "impaired". Recommend talking about the fact that the MMT is a one repetition "break" test and focus on muscular endurance with prolonged activity, pain, etc. One piece of information taken out of context can be reason for a denial- explanation is required.

50 **Spine & Pelvis**

51 **Trunk**

| | Status | Flexibility |
|-------------------------|--|------------------------------------|
| Sagittal Plane | Increased Thoracic Kyphosis  | Partly flexible towards correction |
| Coronal Plane | Convex Right  | Partly flexible towards correction |
| Transverse Plane | Left Shoulder Forward | Partly flexible towards correction |

52 **Pelvis**

| | Status | Flexibility |
|--|--|-------------|
| Anterior/Posterior (Lateral View) | Posterior  | |

Obliquity (Frontal View) Right Lower Partly flexible towards correction



Rotation Left Partly flexible towards correction



Comments Anne was unaware of her postural asymmetries. Her right pelvic obliquity is related to her Girdlestone procedure. She has a secondary spinal curve with lengthening on the right side and shortening on the left side of her spine. She has a right posterior rib cage rotation and her abdomen has shifted to the right as well.

Comment [LJC31]: Detailed postural examination is vital if you are recommending seating/positioning. Synthesis of findings is helpful in a brief comment.

53 **Hips**
54 Measured in most neutral orientation of the pelvis.

Orientation Neutral **Flexibility**



Windswept Neutral



R.O.M. Left WFL for sitting
R.O.M. Right WFL for sitting

55 **Lower Extremity**

56 **Knees**
57 Measured in sitting with most neutral orientation of the pelvis.

Extension **Left** Greater than 70 degrees knee extension
Right Greater than 70 degrees knee extension

Comment [LJC32]: This is a very important measurement that is recorded differently and frequently missing from reports. It relates to the seat to footrest angle and is critical to matching the person to the technology. This can be done in sitting or supine with most neutral orientation of pelvis possible.

58 **Ankles**

Dorsiflexion **Left** Neutral or more
Right Neutral or more

Comment [LJC33]: If requesting angle adjustable footrests this should be reflected in the available ankle ROM. If it is not than feature not necessary.

59 **Lower Extremity**
Function non weight bearing - paraplegia

60
61
62

63 **Neuro-Muscular**

| | Status | Comments |
|----------------------------|------------|--|
| Tone/Movement | Hypertonic | |
| Reflexive Responses | None | |
| Proprioception | Impaired | As noted by unawareness of her postural asymmetry. |

64

Additional Comments Increased tone noted in lower extremities and most distally with increased response to quick stretch both ankles.

65 **Summary and Recommendations**

66

Client: Anne Jones

67

D.O.B.: 05/18/1964

68

69

70 During the initial clinical assessment, it was determined that Anne continues to meet medical and
71 Medicare criteria for continued use of an adjustable and ultra- lightweight wheelchair to continue to be
72 safe, stable, allow access to the smaller areas of her home and to continue to be independent in her
73 MRADL's. She would not be able to move in these areas of her home in a K0003 or K0004 wheelchair
74 due to the size and inability to be adjusted with regard to rear wheel position. She also requires the
75 continued use of a K0005 ultra-lightweight manual wheelchair due to the need for minimized effort of self-
76 propulsion to prevent an increase in her shoulder pain. The horizontally adjustable center of gravity
77 (available ONLY on a K0005) allows for configuration to decrease force of propulsion thus decreasing
78 wear on her shoulders by bringing the rear wheel in line with her shoulders. Primarily, due to the size
79 limitations in her home, trials of appropriate K0005 wheelchairs included a Quickie II, an Invacare Pro
80 Spin and the Ti Lite Aero X folding ultra- lightweight wheelchairs. Anne felt the TiLite was the easiest to
81 self -propel which matches her need for preservation of upper extremity function through optimal base of
82 self-propulsion.

83

84 **2/7/13 After request for additional documentation in initial Medicare ADMC, Anne was trialed in a**
85 **K0004 high strength lightweight manual wheelchair in her home environment. She trialed an 18" x**
86 **16" Quickie Breezy which is not adjustable so only required use of her ROHO cushion and foot**
87 **rest height. While she was able to do basic self-propulsion in an abbreviated fashion (shorter**
88 **roll/glide of the wheelchair post stroke of the wheel), she had difficulty propelling at a functional**
89 **walking speed down the hallway of her apartment building. She had difficulty turning the**
90 **wheelchair in her bedroom and difficult accessing her kitchen sink and her refrigerator. As she**
91 **spends most of the day alone, ability to access her entire home is considered a medical necessity**
92 **to allow her to perform her MRADL's safely and in a timely manner. A comparison of her body**
93 **position in both chairs showed a significant different in the placement of the rear axle when**
94 **compared to her shoulder joint. The position of the rear axle of the wheelchair is the primary**
95 **adjustment required to preserve and protect the UE's of an individual with paraplegia. It is**
96 **medically unsafe, with Anne's current age, time spent in a wheelchair, body weight and length of**
97 **time in wheelchair daily, to increase the stress and demand on her shoulders. She has intermittent**
98 **shoulder pain and fatigue, will self-propel up to six miles at a time and spends 11-13 hours in her**
99 **chair daily when healthy.**

100

101 **Due to the considerable functional improvement in the K0005 versus K0004 wheelchair, the**
102 **following replacement folding K0005 wheelchair is requested at this time:**

103

104 **Ti Lite Aero X Ultra Lightweight Wheelchair (K0005)**

105

Anne requires an ultra-lightweight wheelchair to accomplish the following activities:

106

* Dressing

107

* Grooming/Hygiene

108

* Bathing

109

* Feeding

110

* Meal Prep

111

Comment [LJC34]: Clear summary- recommend laying out a logical argument that brings the reader along to reach the same conclusion you have reached in your recommendation.

First focus on what the patient's problems are, goals and what features are needed. Specifically explain why the lower level K0004 is inadequate.

Comment [LJC35]: Be specific Invacare Action

Comment [LJC36]: Conclusion reached presented first-

Comment [LJC37]: Such as a LX or LXI etc.

Comment [LJC38]: Not all K0005's are created equally it is important to be specific about make/model you are considering/recommending.

Comment [LJC39]: Ease may not = medical necessity. Need to be precise in terminology- efficient?

Comment [LJC40]: Not adjustable how compared to K0005? Need to describe explicitly what K0004 cannot do that K0005 can do (fixed tilt, seat to back angle, horizontal and vertical axle position

Comment [LJC41]: Valuable and useful information to rule out K0004.

Consider presenting all of this information first to help bring reader along to the conclusion reached for the recommendation of why the K0005 is the only viable solution.

- 112 * Toileting
- 113 * Bowel Management
- 114 * Bladder Management
- 115 * Mobility in general.

116
117 Anne lives without personal care assistance and requires a fully adjustable ultra-light wheelchair to
118 access her bathroom, her kitchen and her bedroom. She has minimal room to turn in her bedroom and
119 the kitchen so must use a wheelchair that is configured for a smaller turning radius and easy access in
120 tight spaces. The ability to taper the front leg rests with 80* footrest hangers on a folding frame allows
121 Anne to have a small, very lightweight and adjustable frame to access her bathroom for showering, bowel
122 management, toileting and hygiene. She requires this same maneuverable wheelchair style to access her
123 kitchen for simple meal prep and eating. She requires a very small frame to allow access to her bed for
124 independent transfers to bed and to allow her to independently get her clothing for dressing. She spends
125 most of her time alone.

Comment [LJC42]: Description of why this is needed is detailed and specific to Anne.

126
127 Anne requires that her wheelchair be adjusted to increase her ability to accomplish ADLs. Standard
128 (K0002- K0007), and lightweight wheelchairs (K0003), and highstrength lightweight wheelchair (K0004)
129 will not adjust to meet Anne's specific need for adjustability in the following areas:

Comment [LJC43]: Do not assume that the reviewer understands the difference between standard, lightweight, ultralightweight, high strength ultralightweight MWCs. Describe and spell out.

- 130
- 131 * Center of Gravity (axle position)
- 132 * Seat Slope
- 133 * Back Angle
- 134 * 80* footrest angle with tapered leg rests
- 135

136 Anne is unable to ambulate/stand to accomplish her mobility related ADL's. She is unable to use any
137 ambulatory assistive device (walker/cane) to accomplish these activities safely. She is able to use a
138 K0005 (Invacare Action) ultra-lightweight manual wheelchair sufficiently to accomplish these types of
139 tasks while in a seated position. A standard wheelchair (K0002- K0007) and high strength lightweight
140 wheelchair (K0004) cannot be used for these activities because they are not adjustable enough to
141 accommodate her self-propulsion and accessibility needs and are too heavy with her emerging shoulder
142 pain and decreased distal hand strength.. The weight of the standard or lightweight chair combined with
143 her body weight exceeds her ability to propel herself on a daily basis without limiting her independence
144 and increasing her risk for overuse injuries to her shoulders. She will be fully independent, moving at a
145 functional walking speed, with an ultra-lightweight wheelchair as she will be using the chair for all of her
146 activities each day. She requires an adjustable seat to floor height to facilitate transfers and the seat will
147 need to be sloped to promote upright posture. Anne feels more stable with the 1" of seat slope in her trial
148 wheelchairs. The center of gravity will need to be adjusted to balance the chair for greatest propelling
149 efficiency allowing the front wheels to be off loaded to allow independent mobility through doorways, on
150 carpet and in all environments. No other type of wheelchair will accommodate this level of activity. These
151 accommodations cannot be made in a less adjustable chair. An ultra-lightweight (K0005) wheelchair will
152 enable Anne to be able to accomplish her mobility related ADL's and continue to live independently.
153 Please see additional attached references for the medical justification of an adjustable center of gravity
154 and the health benefits with the use of an optimally adjustable wheelchair that is as lightweight as
155 possible. It is medical irresponsible to provide Anne shoulder injuries which would occur with daily use of
156 a K0004. Anne was unable to use a safe semi-circular propulsion pattern in the Quickie Breezy (K0004)
157 which was significantly harder to push. Despite having intact ROM, Anne displays intermittent shoulder
158 pain and fatigue which are the initial signs of overuse and put Anne in a position of being at significant
159 risk for further shoulder injury. Ease of propulsion is a medical necessity when considering a highly active
160 individual such as Anne. She is in her wheelchair for 11-13 hours daily, self-propels long distances as
161 noted and would be considered a highly active user despite her age and weight.

Comment [LJC44]: Consider making a goal section and rewording these statements as goals of equipment intervention.

Comment [LJC45]: Reword as goal

Comment [LJC46]: Reword as goal

162 The new pending LCD for ultra- lightweight wheelchairs will be in effect on 3/1/13:

Comment [LJC47]: Referring to the policy is useful for the therapist to focus documentation and to also ensure all eligibility criteria are sufficiently addressed. Using this format may be useful in the event of an appeal as in this case but is not recommended for initial evaluations.

163
164 An ultra- lightweight manual wheelchair (K0005) is covered for a beneficiary who meets all of the
165 following criteria:
1661. The beneficiary must be a highly active, full-time manual wheelchair user. **Anne is a highly active
167 individual when you consider the distances she self-propels, her lack of caregiver assistance and
168 the very long days she spends on her own in her wheelchair. It is unclear what parameters makes
169 one a highly active user but a 13 hour day in a wheelchair and independent self-propulsion for**

Comment [LJC48]: Differs from time in wheelchair in evaluation section above- reviewers look for inconsistencies.

170 **long distances on a regular basis, as well as independence with self- cares, appears to qualify**
171 **Anne as a highly active full time user.**

172. The beneficiary must require individualized fitting and optimal adjustments for multiple features that
173 include axle configuration, wheel camber, and seat and back angles, in addition to ongoing critical
174 support. **Anne requires an adjustable rear wheel position to minimize her shoulder pain and**
175 **fatigue. The effect of rear wheel position on shoulder function, muscular demand and potential**
176 **for rotator cuff injury is well documented. See above justification for K0005 wheelchair.**

177. The beneficiary must have a specialty evaluation that was performed by a licensed/certified medical
178 professional (LCMP), such as a PT or OT, or physician who has specific training and experience in
179 rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its
180 special features (see Documentation Requirements section). The LCMP may have no financial
181 relationship with the supplier. **This has been done.**

182. The wheelchair is provided by a Rehabilitative Technology Supplier (RTS) that employs a RESNA-
183 certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-
184 person involvement in the wheelchair selection for the patient. **This has been done.**

185
186 **Ti Lite Adjustable Angle and height Backrest (K0108)**

187 Anne requires an adjustable angle back on her wheelchair to accommodate a sitting position that allows
188 for modifications due to her changing spinal alignment. She demonstrates a scoliosis with surgically
189 imposed pelvic obliquity and a rotation in her rib cage. **The angle adjustable backrest is recommended to**
190 **allow modifications for optimal spinal alignment now and in the future as needed.**

191
192 **Ti Lite 80* footrest hanger angle with 2" taper (K0108)**

193 Anne requires the tapered 80 degree front end set up on her wheelchair to optimize access in her small
194 bedroom, bathroom and kitchen area. She is only able to move in these places with the narrower front
195 end. She trialed several ultra-lightweight wheelchairs and found she had best access with her feet as far
196 under her as her wheelchair would allow. She lives alone so being able to reach everything is critical for
197 her independence.

198
199 **TiLite 5" x 1.5" front casters (K0108)**

200 Anne has had difficulty with the narrower front casters on her current wheelchair as they have gotten
201 stuck at times in cracks, going across doorway thresholds and have also dug in on soft surfaces. The
202 wider front caster is recommended to allow for increasing the surface contact of the front caster wheel
203 with the ground which will decrease the tendency for the problems noted above.

204
205 **TiLite 24" solid rear tire (E2220)**

206 Anne requires the use of the standard 24" rear wheel for ease of propulsion over multiple surfaces. This
207 size rear wheel allows optimal hand contact during propulsion of her wheelchair and alignment of her
208 shoulder/hand with the rear axle of the wheelchair. Anne requires the use of a solid type rear wheel as it
209 allows her to function without the need to maintain air in her tires which she has had difficulty doing. She,
210 as noted, spends a considerable time alone; travels most places in her wheelchair alone and is at risk of
211 injury if she sustains a flat tire.

212
213 **Ti Lite Tension adjustable seat upholstery (E2611)**

214 Ti Sport does not provide a standard non-adjustable upholstery on their wheelchair. Tension adjustable
215 upholstery will provide Anne with some postural adjustment as she refuses to trial a firmer backrest at this
216 time. She requires adjustment to allow her spine to be fully supported and accommodate her posterior rib
217 cage rotation on the right side.

218
219 **Ti Lite Arm rest, swing away tubular (E0973)**

220 An ultra-lightweight wheelchair does not come standard with arm rests. Anne requires and meets
221 Medicare criteria for arm rests due to her long periods of time in her wheelchair and her need for support
222 during transfers.

223
224 **Ti Lite anti -tippers (E0971)**

225 Anti tippers are recommended for Anne as she has never used a wheelchair without anti tippers and
226 feels they are necessary for safety in all environments.

227

Comment [LJC49]: These adjustments are not available on any other lower level manual wheelchair. (Stating explicitly is useful).

Comment [LJC50]: It would be useful to specify the seat to back angle she requires now.

XXXXXXXX, PT, ATP/SMS Date
 License # YYYYYY
 Phone: ZZZZZZ
 Fax: AAAAAAA
 *I have no financial relationship with XXXXX Medical.

I have read the above report and agree with the medical justification for the ultra-lightweight adjustable wheelchair for Anne at this time.

Dr. S. XXXXXX Date:



229
 230 **Picture 1:** Anne Jones sitting in a Quickie Breezy K0004 manual wheelchair. The rear axle placement is
 231 well behind her shoulder joint. Most of her rear tire is behind her giving her less rear wheel to use and
 232 increased shoulder strain.

Comment [LJC51]: Picture says a thousand words. May want to label picture



233
 234 **Photo 2:** Anne sitting in an Invacare Crossfire T7A K0005. The rear axle is adjustable and is
 235 below her shoulder joint as is optimal for minimizing injury to her shoulders and wrists. Note
 236 more of the rear wheel is in front of her hand.



237
238 **Picture 3:** Anne in her bedroom (bed behind her, bookcase at her toes. She is trying to turn her
239 wheelchair with limited room available with the Quickie Breezy K0004 wheelchair.



240
241 **Picture 4:** Anne turning in same space in the Invacare Crossfire T7A K0005 wheelchair. Anne has to turn
242 when she pulls in to her bedroom as she backs in beside her bed allowing her to transfer to her right side.
243

244 **Appendix A: Research and Resources**

245
246 **Resna** [http://resna.org/resnaresources/1997-guidelines-for-knowledge-and-skills-for-provision-of-the-](http://resna.org/resnaresources/1997-guidelines-for-knowledge-and-skills-for-provision-of-the-specialty-technology-se)
247 [specialty-technology-se](http://resna.org/resnaresources/1997-guidelines-for-knowledge-and-skills-for-provision-of-the-specialty-technology-se)

248
249 **Preservation of Upper Limb Function Following Spinal Cord Injury**
250 <http://www.pva.org/site/News2?page=NewsArticle&id=7641>

251
252 **Proper Propulsion** <http://www.rehabpub.com/features/72003/3.asp>
253
254

255 **ADMC Region D DME MAC (Noridian Administrative Services)**

256
257 "Documentation does not support the medical necessity for a K0005 Ultralight manual and the
258 requirements as addressed in L11454. According to the L11454 in order for an ultralight K0005 to be
259 covered the ultralight K0005 must be compared to the K004 for use in the home.

- 260 • What medical conditions or problems exist that this patient cannot use a K0004 and an
261 ultralight is medically necessary?
262

263 Medical necessity is not supported with ease of propulsion, increased propulsion, maneuverability and
264 efficiency due to the adjustability of the axle plates, dump positioning or positioning of rear wheels forward
265 for easier propulsion, less rolling resistance and more efficient propulsion.
266

267 The documentation that was submitted for review does not indicate that the patient has concerns or
268 issues with upper body ROM or strength ability therefore the difference in the weight of the wheelchairs
269 would not be a factor for use within the home.
270

271 Medical necessity is determined by the patient's current condition and not by speculation of future
272 deterioration or need.
273

- 274 • According to the Program Integrity Manual (PIM) 5.9: A claim of therapeutic effectiveness or
275 benefit based on speculation or theory alone cannot be accepted.
276

277 Please note: that is not medically necessary or appropriate for a beneficiary to obtain a wheelchair
278 narrower than their hip width for ease of maneuverability as this may further contribute to this
279 beneficiary's ongoing issues with skin breakdown and pressure ulcers.
280

281 Requests for items received without the documentation required, will be denied as not medically
282 necessary per the guidelines established by Medicare. (Reference PIM 5.16.3). There for the wheelchair
283 base requested has been denied.
284

- 285 • K0005- Tilite Aero X Swing Away ultralightweight manual wheelchair.
286
287