Appendix 6:

Letter of Medical Necessity (Sample)

LETTER OF MEDICAL NECESSITY — SAMPLE

OMNIBUS Rehab, PC 14 Park Rd. New Haven, CT 06511 (203) 222-6868

June 9, 2011

To Whom It May Concern:

Alexander Potter (D.O.B. -04/3/2009) is a 2-year, 2 month-old little boy with a diagnosis of Spastic Diplegia. Alexander presents with increased muscle tone in bilateral lower extremities and decreased muscle tone in his trunk, which impairs his ability to move about his home independently.

Alexander recently learned how to crawl on hands and knees however this requires much effort to move from one room to another. He is pulling to stand at a stable object or with support from his parent and is cruising along the couch and walks short distances with both hands held. He wears bilateral solid ankle dynamic foot orthoses to provide proper support and positioning to his ankles and feet to improve his ability to properly bear weight and help prevent orthopedic abnormalities. A pediatric walker has been introduced during his visits and has been loaned to Alexander to promote independent use of the walker in his home for functional mobility.

The Kaye Child's Walker4 with front swivel wheels, size Small, has proven successful for Alexander in walking short, functional distances in his home. Alexander is preparing to transition to preschool where it will be imperative that he have age appropriate mobility.

The **front swivel wheels** of the walker will allow Alexander to safely turn the walker to the right or left and navigate around obstacles in his path. He is unable to safely pick up and move a walker to turn right or left due to decreased muscle tone in his trunk and increased muscle tone in both legs which in combination impairs his balance and equilibrium reactions.

The above equipment will allow Alexander to be at eye level with his peers, which will benefit his social/ emotional developmental. The ability to bear weight through his extremities will assist with bone growth and an upright posture will also benefit his bowel and bladder function and respiratory status.

If there are any questions regarding this request and prescription for durable medical equipment, please do not hesitate to contact me.

Thank you for your consideration in this matter.

Deborah Willey, RPT Physical Therapist

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