



UPMC Presbyterian

Center for Assistive Technology

Forbes Tower, Suite 3010
3600 Forbes Avenue at Atwood
Pittsburgh, PA 15213
412-647-1310
TDD: 412-647-1325
FAX: 412-647-1322

December 11, 2007

To the Medical Insurance Company of Tony M Buffer:

RE: MR# 4321

We had the pleasure of seeing Tony J Buffer for a wheeled mobility and seating evaluation. He is a 27 year old male with a medical history significant for a TBI [854.00] 5 years ago resulting in right sided hemiparesis [342.11]. He currently uses a Group 2 / K0011 power wheelchair which is in disrepair therefore he is currently in a manual wheelchair which he cannot propel effectively. He is 6'1" and 220lbs and has a very unsteady assisted stand-pivot transfer. He also cannot effectively shift his weight or reposition himself and has significant pain management issues.

Our interdisciplinary team assessment of Tony's seating and mobility needs determined that the XYZ group 3 power wheelchair with multiple power seat functions of power tilt-in-space and power seat elevator is the most reasonable and cost effective alternative in meeting his needs. This equipment was chosen because Tony preferred the operation and maneuverability of the device as compared to other devices tried. This equipment is needed for the following reasons:

He is unable to ambulate even with the use of assistive devices due to his TBI where he has increased spasticity and LE weakness.

He is unable to propel any type of manual wheelchair due to UE paralysis and spasticity.

He is not a candidate for a scooter as he would not be able to safely transfer into a scooter seating system nor operate the tiller driving system effectively.

Therefore, the use of a power wheelchair is necessary to significantly improve Tony's ability to participate in mobility related activities of daily living.

Power tilt-in-space is necessary as Tony is at high risk for development of pressure ulcers as he sits in his wheelchair for 10+ hours a day and is

unable to perform a functional weight shift. He is also unable to independently transfer from the wheelchair to bed and the tilt-in-space is needed to manage his increased tone and spasticity

A seat elevator is needed as it will allow Tony to transfer more safely and efficiently by raising the seat to stand pivot or use a transfer in a downward direction. Likewise, it will also allow him to reach and carry out tasks at different surface heights given he has limited reach. His need for a seat elevator is also consistent with the Rehabilitation Engineering & Assistive Technology Society of North America's (RESNA) Position Paper on Seat Elevating Devices.

Please refer to the attached report for details as needed. Also attached is a copy of the detailed product specifications from Johnny Doright, ATS, CRTS of Able Mobility with a prescription and letter of medical necessity for this device.

Without this device Tony will have no safe, effective, or independent means of mobility or function either within his home or in the community. He would therefore be at risk for decreased ability to participate in any meaningful mobility related activities of daily living such as getting to the kitchen for meals with his family, and maneuvering into his bathroom for hygiene and bathing activities. Also without the use of this device Tony will be at significant risk for further slouching, pressure sores, discomfort and pain resulting in a decreased quality of life. There are no other treatment alternatives for addressing these seating and mobility needs that we are aware of.

Please give careful consideration in reviewing these recommendations and do not hesitate to contact us should you need clarification of his needs or have any further questions.

Sincerely,

Mark R. Schmeler, Ph.D., OTR/L, ATP
Occupational Therapist / Assistive Technology Practitioner
Instructor, Dept. of Rehabilitation Sciences & Technology

Alice Jones, MD
Assistant Professor,
Department of Physical Medicine & Rehabilitation

Cc: George J. Smith, MD Primary Care Physician
Tony M Buffer - Client
Johnny Doright, ATS, CRTS of Able Mobility

UPMC Health System

**CENTER FOR ASSISTIVE TECHNOLOGY
CLIENT EVALUATION & IN-TAKE FORM**

Therapy Evaluation Date: November 9, 2007
Physician Face to Face Evaluation Date: November 9, 2007
Home Evaluation Date: November 18, 2007
Date Specifications Received: December 1, 2007
Date Report Completed: December 11, 2007

1. PRE-ASSESSMENT SCREENING:

NAME: Tony J Buffer
ADDRESS: 1412 Washington St
Pittsburgh, PA 15555
TELEPHONE NUMBER: 412-555-5545 (home)
DATE OF BIRTH: 11/1/1981
AGE: 26 year old
DIAGNOSES: Brain injury due to MVA; sleep apnea; right Achilles tendon release 2 years ago; Baclofen pump filled every 3 mos.
INSURANCE #1: Medicare
REFERRAL SOURCE: PCP and South Side Rehab - Dr. Jones
PRIMARY CARE PHYSICIAN & ADDRESS: SMITH, GEORGE J, MD
UNIVERSITY OF PITTSBURGH PHYSICIANS, DEPARTMENT OF MEDICINE
5230 CENTRE AVENUE
SHEA MEDICAL CENTER, SUITE 509
PITTSBURGH, PA 15232

REASON FOR REFERRAL: New Mobility Assistive Equipment
TYPE OF CURRENT MOBILITY ASSISTIVE EQUIPMENT: Group 2 power wheelchair and a highstrength manual wheelchair
HOURS PER DAY IN WHEELCHAIR: 9-12 hours a day
AGE OF CHAIR: power wheelchair +6 years, manual wheelchair +3 years
PROBLEMS WITH CURRENT WHEELCHAIR: The power wheelchair is currently in disrepair due to age and Tony cannot functionally propel a manual wheelchair due to his hemiparesis and general UE weakness
HEIGHT: 6' 1"
WEIGHT: 220 lbs.
PREFERRED SUPPLIER: Johnny Doright, ATS, CRTS of Able Mobility

TRANSPORTATION RESOURCES: Accessible van with a lift and tie-downs. Driven by his father. **EDUCATION/EMPLOYMENT:** Not working
LIVING SITUATION: Lives in split level home with Mom and Dad

2. THERAPY ASSESSMENT:

ADL STATUS: Tony reports that he needs assistance with his ADL's.
Bathing: Assistance with modified shower stall
Toileting: needs assistance using grab bar and elevated toilet seat
Hygiene: Assistance at WC level

Dressing: Assistance at WC level

Self-Feeding: Feeds self at WC level

Instrumental ADL Status: Tony's father reports that he is dependent on his IADLs as he has no current reliable or independent means of mobility.

Meal Preparation: dependent

Housecleaning: dependent

Laundry: Dependent

TRANSFER STATUS: stand pivot with max assistance

Weight Shift Status: Limited due right sided paralysis and his size. Reports issues with back pain.

Functional Mobility: Walks with upright walker with max assistance.

Walking is only for therapeutic purposes and is not functional.

Community Mobility: Pushed by family in manual chair

Cognition: intact, dysarthric speech.

Leisure Interests: Previously enjoyed bowling and photography

Home Accessibility: Ramp to enter house; ramp to go downstairs

3. PHYSICAL MOTOR ASSESSMENT:

UPPER EXTREMITY FUNCTION: Left: Full AROM with 5/5 strength. Right: less than 90 degrees shoulder flexion and adduction with 3/5 strength, full AROM elbow 4/5, 4/5 grip.

LOWER EXTREMITY FUNCTION: Left: full AROM with 5/5 strength. Right: hip 4/5, knee 4/5, wears AFO on the right foot.

POSTURE (SITTING & SUPINE): Sits symmetrically with hemiparesis on the right. Reports back pain and on Lidocaine. Slouches in wheelchair and has difficulty repositioning himself due to his size and limited use of right upper extremity.

4. GOALS FOR A NEW SEATING & MOBILITY DEVICE:

1. maneuverability
2. comfort
3. Indoor mobility

5. PHYSICIAN ASSESSMENT:

Tony J Buffer is a 26 year old male with s/p TBI and resulted right hemiparesis due to MVA who presents for a new wheelchair evaluation.

PMSx - sleep apnea on CPAP, baclofen pump

SHx - denied smoking or ETOH

FHx - diabetes, HTN, hypercholesterol

Functional History - Needs help with ADL's.

Tony J Buffer is presently using a manual wheelchair for mobility. He is in wheelchair for 12 hours/day

Review of Symptoms:

Bowel/Bladder: incontinence

Skin: negative

All others negative.

Prior treatment options have been Physical Therapy.

Medications reviewed.

Physical Examination:

Tony J Buffer is a alert and obese appearing male in no acute distress. His speech is dysarthric. He follow all directions and has appropriate behavior. Manual muscle testing reveals 5/5 on the left side, 2/5 in the right UE, 3/5 right HF, 5/5 quads, 2/5 DF. Tone is increased in the right side, UE > LE. Sensation is intact. Lungs are clear. Cardiac examination reveals S1,S2 RRR. The abdomen is normal soft, obese, nontender and with positive bowel sounds. There is no peripheral edema noted. Peripheral pulses are intact bilaterally.

Assessment: Tony J Buffer is a 26 year old male who is in need of a new power wheelchair with seat elevation and tilt in space seat. This is needed because it will enable him to be more independent. He is presently being pushed around by his father in the manual wheelchair. His right UE paralysis and spasticity precludes him from being an efficient manual wheelchair user. He will benefit from a seat elevator so that he can be safely transferred especially since he is over 6' and will require a long distance to go from sit to stand for his transfer. Easier transfers will prevent risk for falls. His length of need will be 99 months.

6. EVALUATION PROCEDURES:

CLINICAL TRIALS/SIMULATION:

Devices Tried: Tony was provided with an opportunity to try an ABC and XYZ Group 3 power wheelchairs with power seat functions. He was able to drive the system in a safe and effective manner within the clinic, corridors as well as maneuver in tight spaces such as the bathroom and elevator.

Client Impressions: Tony reported that he was satisfied with the performance of the XYZ power wheelchair with power seat functions and wishes to pursue it as a reasonable alternative for safe and effective mobility within the home and community.

Home Assessment: A visit to the home was conducted by Johnny Doright, ATS, CRTS of Able Mobility on November 18, 2007. Reports from the visit include:

He has a Group 2 front wheel drive power wheelchair now and it is in severe disrepair, for the home evaluation we used a XYZ power wheelchair. He lives with his Father in a split level home, access to upper floor is thru front door, which is 30" wide and ramped from street level 30' long for 12" rise. Once inside a stairglide travels up 8 steps. Egress to lower floor is down driveway through garage door, Once inside there is one door to living area is 29" wide. Long range plans are, TRCIL is helping them get wheelchair lift for rear entrance so he can have one wheelchair for access to entire home. His bedroom door is 29" wide and he has hospital bed and Oxygen set-up. His bathroom has been remodeled with a pocket door and has a 34" opening. The kitchen is large and connects to dining room with open access to all areas. The electrical outlets are all grounded for safe battery charging. Smoke alarms are present in home on both levels and Tony also wears a first Alert button.

7. RECOMMENDATIONS:

Mobility Assistive Equipment: XYZ Group 3 power wheelchair with power tilt-in-space and power seat elevator

Supplier: Johnny Doright, ATS, CRTS of Able Mobility

Estimated Length of Need: 99 months/lifetime

INTERVENTION & SPECIFICATION	JUSTIFICATION
Seat- Ergonomic seat and back	Provide appropriate base support and pelvic positioning.
Seat Frame – power Tilt-in-space seating system	Provide for gravitational postural realignment to reduce further development of collapsing spinal deformities. Allow for weight shifts to reduce the potential for pressure sores.
Seat Frame - Power seat elevator	Necessary to allow Tony to be able to transfer more safely and independently as well as reach objects from different surface heights due to limited reach.
Lap Belt- push-button pelvic belt	Provide safety and stability when operating wheelchair.
Leg /Foot Support- Manual elevating foot platform with footrest extension kit	Provide appropriate foot support due to lower extremity measurement

Head Support- headrest and removable headrest mounting hardware	Provide head support when tilted back.
Arm Support- desk-length flip-up height adjustable armrests and armpads	Provide appropriate arm support and additional trunk stability through weight bearing in the upper extremities.
Tires /Casters- standard tires and casters with flat free inserts	Standard options. Flat free inserts are necessary as Tony does not have the physical capability or resources to repair a flat tire and could become stranded.
Wheel-Locks /Anti-tippers- front anti-tippers	Provide safety and stability of the device.
Tie Downs- Standard transportation anchor points	Provide safety and securement of the device when being transported in a vehicle.
Controller- Programmable proportional joystick mounted on the right with swing-away mounting hardware with expandable controller and multiple seat function control kit	Necessary to operate device. Programmable to configure the driving parameters specific to Tony's needs due to limited function.
Batteries- Group 24 gel cell batteries and charger	Necessary to power device.

IMPLEMENTATION PLAN: The specifications of this prescription will be submitted to Tony J Buffer's primary care physician and insurance carrier for authorization. Upon approval the specifications will be provided by Johnny Doright, ATS, CRTS of Able Mobility and delivered to the Center for Assistive Technology for fitting and delivery. Upon delivery, Tony will be trained in the use of the mobility device and will demonstrate safe and effective use. In addition, he will be given information about its maintenance. Follow-up appointments will be scheduled as needed to modify the equipment as well as to verify that it continues to meet his needs.

This completes the face-to-face examination and we are in agreement with the recommendation.

Alice Jones, MD
Assistant Professor,
Department of Physical Medicine & Rehabilitation

Mark R. Schmeler, Ph.D., OTR/L, ATP
Occupational Therapist / Assistive Technology Practitioner
Instructor, Dept. of Rehabilitation Sciences & Technology

Cc: CAT Medical Records
George J. Smith, MD - Primary Care Physician
Tony M Buffer - Client
Johnny Dorigt, ATS, CRTS of Able Mobility