The Rifton E-Pacer

A Sample Letter of Medical Necessity for use in Adult Rehabilitation

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Components of a Letter of Medical Necessity

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

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

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

I am a physical therapist in an outpatient rehabilitation facility taking referrals from XX Rehabilitation Hospital. I am a board-certified neurological specialist with the APTA with experience in assistive technology provision. I have been Jane's physical therapist for the past 2 months.

Explain beneficiary's condition, including diagnosis or nature of injury, physical presentation and functional status:

Jane is a 47 year old woman with a diagnosis of high functioning incomplete spinal cord injury at the mid-thoracic level resulting from a motor vehicle accident 6 months ago. She has weakness, discoordination and spastic hypertonia of the lower extremities with impaired neuromuscular synergies. She has good use of both her arms, but poor trunk control and balance. Jane's past medical history is significant for cardiovascular disease, pressure ulcers and frequent urinary tract infections from catheterization.

[Describe ability to sit, stand, and walk including the amount of assistance needed for each activity].

Jane currently can bear 70 percent of her weight and requires maximum assistance of one caregiver to transfer from sit to stand. Because of her poor balance, Jane is a high fall risk and requires maximum support of two caregivers for walking. She can walk up to 200 feet when fully supported. Jane typically uses a Rifton E-Pacer in the clinic to safely meet her gait training goals.

Describe beneficiary's limitations and safety concerns without the appropriate durable medical equipment:

Jane's fall risk status, weakness, and coordination issues make transfers into the upright position for walking and gait training increasingly difficult and unsafe. Current literature suggests that no caregiver should lift more than 35lb of a patient's weight, under ideal conditions. (Waters, 2007) Jane's caregiver is routinely lifting more than this guideline weight and under unpredictable circumstances.

Jane additionally needs the opportunity for physical activity and gait training beyond outpatient services to maintain her independence and overall health.

Without the appropriate equipment Jane does not have the capacity to effectively transfer from her wheelchair into an upright position for safe movement or activities of daily living. As a result, Jane will progressively lose her current functional abilities with long term consequences across all body systems. Prolonged sitting also puts her at an increased risk for recurrence of pressure ulcers, increased cardiovascular incidences, osteoporosis, and declining health.

The prospect of inactivity, declining health, and subsequent physical dependency is of ongoing concern as it increases the burden of caregiving and likelihood that Jane will need placement in a facility to receive the care she needs.

Because of Jane's diagnosis and clinical presentation and need for adequate support in both transfers and gait training, it is determined that Jane will benefit from a Rifton E-Pacer.

State the type of equipment and components being requested:

I am requesting a Rifton E-Pacer for Jane with the following features and accessories:

- Switch pole
- Size large pelvic support
- Arm platforms
- Ankle Prompts
- Scale
- Odometer

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

As a supported sit to stand and gait device, the E-Pacer is medically necessary for Jane because it will provide her with the opportunity to safely move into the upright position for physical activity and continued gait training. Being upright and physically active improves and maintains overall health across all body systems, allowing Jane to experience good quality of life even as she ages with her disability.

Additionally, Jane's physician and the members of the assessment team agree that Jane has the potential to improve her motor recovery with the right durable medical equipment outside of the clinic. Repetitive step-taking with body-weight support has been shown to improve ambulatory function of persons with neurological injury. Jane is highly motivated to practice walking on a regular basis to improve her functional mobility, independence, and health.

The E-Pacer combines a gait training base with electric sit-to-stand lift technology and body support system. The unique design of the E-Pacer body support system provides stabilization for Jane's trunk and facilitates hip and back extension as she moves into a standing position. The pelvic support unweights her body, additionally acting as a safety sling and eliminating the risk of Jane falling while she walks. Janes uses the forearm supports to approximate her elbow and shoulder joints and push up to a tall position. The wheels on the E-Pacer provide options to control steering, prevent backwards stepping, and provide resistance – all of which Jane requires to work towards a normal gait pattern. The odometer provides accurate distance measurements and gives Jane the feedback she needs to stay motivated, documenting progress and compliance with her gait training goals.

On most occasions at the outset of gait training, Jane can support her weight shortly in the E-Pacer while her caregiver secures the pelvic support for walking. However, on other days when Jane is more fatigued and her weight bearing less reliable, she requires the thigh straps of the E-Pacer for a seated lift, allowing her caregivers adequate time to position the pelvic support to provide the full benefits of a supported sit-to-stand transfer.

The pelvic support can be adjusted initially to support her full weight with the option of progressively diminishing this support as her weight bearing ability improves, allowing Jane to become more independent in gait.

Jane additionally requires the ankle prompts to cue and guide stepping as she progresses in her gait training. And as Jane has full cognition, using the E-Pacer switch-pole instead of the caregiver handle gives her more independence and freedom in her transfers and movements with less reliance on her caregiver.

The scale on the E-Pacer not only records Jane's weight but can be quickly programmed to show how much weight Jane is bearing through her lower extremities, documenting weight-bearing and strength gains.

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.

Describe previous equipment trials:

We have trialed alternatives but determined that none could adequately meet Jane's needs. Our attempts to perform sit-to-stand and gait training tasks with less supportive devices were unsuccessful. Jane uses a simple rollator walker for use in her bedroom and bathroom. This, however, requires a manual transfer with maximum assistance of one adult, and Jane can only safely walk a few steps in these environments. This does not give her the physical activity and gait training opportunities she needs to maintain health. By contrast, in the Rifton E-Pacer, Jane can safely move into the upright position and ambulate for longer distances, increasing her walking endurance while improving caregiver safety.

Can include itemization of the Rifton E-Pacer here (see addendum below).

Summarize cost benefits. Explain that the recommended device is the least costly alternative:

In considering the healthcare trajectory of adults with incomplete spinal cord injury, providing Jane an E-Pacer to improve her function and health as she is discharged from outpatient care into the community is the least costly alternative.

Secondary complications and recurrence of her pressure ulcers and urinary tract infections resulting in rehospitalizations can be reduced as the E-Pacer will allow Jane to maintain her physical health, functional skills, and social opportunities through upright movement. With the E-Pacer, Jane can also further her independence with less reliance on caregivers, reducing the likelihood of admittance to long-term care facilities even as she ages.

The no-lift technology of the E-Pacer additionally eliminates all lifting by the caregiver, preventing caregiver back strain or injury that often results in worker's compensation claims.

Describe beneficiary's gait training goals:

Individuals with incomplete spinal cord injury have shown the ability to regain walking skills even years after the initial injury. However this is only possible with walking repetition and practice. Jane is determined to improve her walking ability in order to optimize her health outcomes and independence. Her current goal is to walk every day in the E-Pacer for one hour and cover a distance of 500 feet.

Concluding paragraph restating the main points of the report:

Therefore, it is my opinion, according to the evaluation and trialing of equipment for Jane, that the most effective and least costly option would be the Rifton E-Pacer gait trainer for safe and effective practice of ambulation, as well as ease of transfer into the device.

Itemization of the Rifton E-Pacer:

Item	Description of Medical Necessity
E-Pacer frame 	The E-Pacer allows for safe sit-to-stand transfers and gait practice. The E-Pacer 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, resistance, 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 	The arm prompts provide contoured positioning for the arms to assist in shoulder, upper trunk and head stabilization and weight-bearing.
Arm platforms 	The arm platforms provide a flat, smooth surface for positioning of the arms to assist in shoulder, upper trunk, and head stabilization and weight-bearing.
Pelvic support 	The pelvic support provides comfortable weight-bearing assistance and safety for supported sit-to-stand transfers and gait.
Hip positioner 	The hip positioner provides a safe, but firmer weight-bearing surface for supported sit-to-stand transfers and gait.

Ankle prompts 	The ankle prompts prevent the legs from crossing and control stride length for good gait alignment.
Odometer 	The odometer measures the distance ambulated in a gait training session for documentation of progress.
Scale and Gait Tracker app 	The scale provides the opportunity to directly measure a user's full body weight as well as how much weight they are bearing during a gait training session. The scale can be connected to Rifton's Gait Tracker app for purposes of recording data and ensuring compliance with the client's gait training program.
Thigh straps 	The thigh straps are required when using the E-Pacer for seated transfers. These are available in standard and wide widths. Additional thigh straps can be specified in heavy use environments to allow for cleaning between uses.
Switch pole 	The switch pole can be operated by a client with good cognitive status and is used in place of the caregiver handle to raise and lower the E-Pacer.
Caregiver handle 	A caregiver handle is required when caregiver is relied on to control E-Pacer during transfer and gait training.
Additional battery 	Additional battery is necessary for a heavily used E-Pacer, allowing one battery to charge while the other one is in use.

Include pictures of the Rifton E-Pacer.

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