

Dear Mr. _____:

I hope the following helps; this is what I can see that may help from the insurance items that you sent and from our discussion. Please feel free to page me this weekend if you have any questions. My pager number is _____ or you can e-mail me.

My understanding is that the Superstand has been rejected as a mobile stander and that _____ does not cover mobile standers. First make them understand that this product is not a mobile stander. The Superstand is a fully supportive static stander that allows for proper positioning of your child for a number of reasons (list to follow). I have attached a copy of our brochure for our mobile stander in case there is any question about the difference between these two items.

Second I believe that you said that this unit was denied due it not being primarily medical in nature. Untrue a stander is a definitive item of medical equipment that has been designed to perform an incredibly important function in your sons care and treatment.

My understanding from our phone conversation is that your son has been diagnosed with Congenital Hypotonia. Now I am certainly no physician but my understanding of this diagnosis means that your son basically suffers from a loss of normal tone of the muscles, and a general all around reduced functional tension within his own body. This generally manifests itself in an inability to control head movement or general placement, relaxed body positions resulting in thoracic kyphosis, inversion or eversion of the feet, contractures in the feet and lower extremity's from lack of weight bearing and reduced capacity in normal physical development. Hypotonicity will normally create a non-normal growth pattern with increased risk for orthopedic deformity due to the lack of strength that is normally associated with the patterns of growth.

For your information your son at 18-20 months has missed out on some fairly major developmental events. When we are infants we learn the following patterns which supply most of our ability to ambulate as we grow. Rolling over teaches extension, arm function and strengthens leg and arms muscles plus trunk and limb girdle muscles in the abdomen. Crawling promotes normal shoulder development, arm extension and function, lower extremity gain, stretching, and strengthening. Learning to stand (which generally involves lots of falling) teaches balance, head control, proper weight bearing and normalized posture. All of these together teach proper proprioceptive skills including long and short-term distance judgment and local environmental evaluation for space, location and the ability to fit ones own body into it. All of these things are what assist us to grow into ambulatory children with normalized posture and functions. The other thing that all this supplies also when necessary is the proper seated position when necessary to go to a wheelchair posture or other extended seated postures.

Keep in mind that all of these things are directly related to standing and are what the basics of the design and necessity of a stander are for. When these items are delayed or as in the case of your son prohibited by some type of occurrence there needs to be

an assisted, safe way to attain some of these same goals for his proper growth. A good way to start that program is with a static stander like a Superstand (I of course am a little prejudice to ours just because it happens to be the best). Keep in mind that as you discuss the previous issues and the following information the body was made to stand to normalize most of our function, growth and orthopedic needs. Don't let them forget it.

Lets focus first on _____: As I read their guidelines I see the following that is going to apply to you and how it does.

First: Under benefits for Durable Medical Equipment your guideline states that this equipment is covered when designed and Medically Necessary to assist and injury or illness of the member and is appropriate for use in the home. The Superstand was designed and is manufactured to supply the following items for individuals for use in their home:

Positional support: This allows for clients like _____ to be positioned in an appropriate standing posture, and maintaining his proper growth alignment while working on strengthening the necessary muscles for him to achieve a correct posture on his own in the future.

Standing Angle Adjustment: Changing the angle of standing for _____ will allow for him to be comfortably and safely positioned at a specific angle in space determined by his positioning, muscle strength, function level, and gravity that allows him to work on his head control, upper extremity function, lower extremity strengthening, upper body balance, proper breathing patterns, normalized pulmonary function and bone strengthening. The adjustable nature of this unit allows for positional change for a goal oriented standing and positioning program to continue to work without replacement in the future.

Weight bearing: Allows for the normal alignment of the orthopedic frame, plus the proper stretching of the muscles, and tendons. Assists in eliminating the non-correct postures that are certain to appear without the proper support and standing as your son grows. Eighty percent of all wheelchair dependent clients are going to have contractures that will negatively effect them due to lack of weight bearing and positional change. It is a long term accepted practice to get all clients (especially children) to stand upright as much as possible to bear maximum weight and maintain and/or achieve normalized posture and function.

Bone Density: To normalize bone density mass and construction maximum weight bearing is required. A static stander supplies that function with the ability to adjust to a greater level of load for better standing and greater weight bearing. The adjustability in the Superstand will allow for an ongoing rehabilitative program at home at a reduced cost.

Home usage: There are many programs that will work with small children for preparation for ambulation in many therapeutic settings. The cost of about 12 sessions

will normally cover the cost of a standing device. The difference is that the device when owned by the client and used on a regular basis will continue the benefit long past any occasional therapeutic intervention and for less money.

Growth: This particular product will continue to grow with your son and give extended service until he reaches at least 4 feet in height. There should be no inability in the area of the examiner to understand that they may need bracing, wheelchairs or other types of covered items that will cost 2 to 10 times as much as this product and only be able to supply his needs for a year or less depending on the item and its need for an intimate fit which may not allow for growth.

Tray: The tray is not a play device! This area has been used with multiple clients both adult and pediatric to perform the following functions. Proper extension and exercise for the upper extremities on a stable properly angled surface to support normal positioning and function. Strengthening of the upper extremities, shoulder rotators, elbows wrist and arm muscles. Exercises may include and are not limited to extension, flexion, pronation and supination of the wrists, fine motor exercises for the fingers and hands all on a specific height and angle to maximize the benefit to the client.

Justification:

What you should press highly are the following issues that are going to happen and their cost as opposed to attempting to avoid the situation at the beginning.

Normalized posturing: without proper standing the insurance company may be in for quite a wild ride of high dollar treatments, seating systems, positioning devices and braces.

Proper weight bearing: this will allow for better strengthening, better bone density, improved respiratory status, improved pulmonary status, and better head control, normalized postures, better standing alignment, and reduced clinical costs.

Full support: Proper support will allow for good alignment for growth reducing the need for bracing and orthotics and corrective bracing.

As far as I am aware this cannot be classified as a developmental disorder treatment any more than a wheelchair. Your son has a physical disability that is evident by the diagnosis that you gave me. This physical disability is going to need supportive devices that will assist in his rehabilitation. At this point a stander would certainly be part of an on-going treatment program that will help in preparing him for his future. If anyone wants to classify this as anything other than a medical problem or physical disability I would sure like to hear his or her justification of that.