

## ErgoReJoy Justification within a Power Wheelchair LMN

(To insert into the drive control justification section of a letter of medical necessity for a new power wheelchair)

### **Patient Mobility Status:** (Choose/ fill in all that apply)

-[Patient Name] is unable to functionally ambulate or propel a manual wheelchair for functional daily use due to decreased strength and mobility secondary to their primary diagnosis of [Diagnosis] and secondary conditions of [Secondary Diagnosis].

-[Patient Name] requires the requested power wheelchair with center-mounted drive control functions specified in order to allow appropriate mobility for activities of daily living in the home and community.

-[Patient Name] demonstrates adequate cognitive and visual abilities to safely and appropriately drive a power wheelchair.

-[Patient Name]'s residence is wheelchair accessible.

-[Patient Name] transfers with [AMOUNT OF ASSIST] via [TRANSFER METHOD].

-[Patient Name] is at an increased risk of skin breakdown due to inability to complete effective weight shifts and is dependent on powerchair functions for adequate pressure relief.

-[Patient Name] demonstrates significant muscle weakness of [UPPER EXTREMITIES, TRUNK, LOWER EXTREMITIES], and consequently is unable to participate in activities of daily living involving overhead reaching.

-[Patient Name] requires increased time and [AMOUNT OF ASSISTANCE] assistance in order to complete bathing, grooming, dressing, toileting, and cooking.

### **Current Power Wheelchair Drive Control Device:** (Choose/ fill in all that apply, if first time chair user ignore.)

-[Patient Name] does not currently have an appropriate power wheelchair drive control device.

-[Patient Name]'s wheelchair is [YEARS] old and in disrepair, including the joystick/ drive control.

### **Power Wheelchair Evaluation Results:** (Include all that apply)

-Pressure mapping while positioned both at rest and when accessing the *ErgoReJoy* Center Mounted Joystick Platform demonstrated improved pressure distribution and decreased "hot zones" of pressure as compared to pressure mapping of the identical seating system while utilizing a traditional armrest-mounted joystick [and/or the ErgoReJoy positioning in a traditional armrest mounted position].

-When evaluated using the Neutral vs. Misaligned Postures Assessment Chart while using the *ErgoReJoy*, [Patient Name] demonstrated improved alignment when operating their wheelchair utilizing a centrally mounted joystick platform vs. the baseline armrest-mounted position.

-[Patient Name] scored [add #] on a scale of 1-5 (1=unsafe, 5=proficient) when driving with a centrally mounted joystick platform as opposed to [add #] on a scale of 1-5 in the baseline armrest mounted position.

As a result of this evaluation, other wheelchairs/devices that have been ruled out as inappropriate in meeting [Patient Name]'s needs include:

-[List past or present Joystick/Drive Controls used/ trialed.]

**Power Wheelchair Drive Control Recommendations:**

Per the findings of this assessment, the following power wheelchair drive components are recommended to meet [Patient Name]'s needs for safe and appropriate independent mobility and activities of daily living:

**-ErgoReJoy Modular Power Wheelchair Joystick Central Mounting Platform and Components with an Electrical Interface.**

**-JoyPad** arm support component of *ErgoReJoy*- Necessary for providing forearm support while accessing centrally mounted joystick.

**-Adjustable/Removable Hardware**- Necessary to attach the *ErgoReJoy* to the powerchair's existing armrest.

The *ErgoReJoy* and *JoyPad* are required to provide [Patient Name] with posturally appropriate upper extremity support which is not available through conventional armrest-mounted joysticks. It can also assist in improving hip and shoulder symmetry. Input control placement closer to the torso can promote upright upper body positioning for improved respiratory capacity. The required hardware to mount the platform to the wheelchair is angle adjustable and easily removable for improved vision and ease of transfers.

Based on the above noted information, I rest assure that you will agree that the Active Controls' *ErgoReJoy* Modular Power Wheelchair Joystick Central Mounting Platform is indicated and medically necessary for this patient in preventing costly medical complications such as pressure ulcers and musculoskeletal syndromes/deformities from occurring in the future. I feel confident that you will also agree (based on the submitted driving Assessment Form, Pressure Mapping results, and Photographic Documentation, that a central mounting joystick platform not only helps our client to achieve optimal postural positioning, but also increases their success and confidence when operating their wheelchair.

This recommendation is the most appropriate and cost-effective option for meeting [patient name]'s functional and medical needs. Please authorize payment for the fore-mentioned drive control system and componentry/ hardware.

Sincerely,

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[CLINICIAN NAME, TITLE]

[FACILITY]

**ErgoReJoy Sample Letter of Medical Necessity**

[Date]

[Name of Health Insurance Company]

[Address of Health Insurance Company]

Re: Letter of Medical Necessity for Modular Power Wheelchair Joystick Central Mounting Platform and Components with an Electrical Interface.

Patient: [Last, First Name]

Group/Policy Number: [#]

Date(s) of service: [Dates]

Diagnosis: [Code and Description]

To Whom It May Concern,

This letter is being written on behalf of my patient, [Patient Name] to document their medical necessity in requiring the addition of a modular, central mounting joystick platform system to ensure safe and successful power mobility. [Patient Name] has a diagnosis of [Diagnosis] with secondary complications including [ choose: increased tone, limited upper extremity range of motion, history/increased risk of pressure sores, history / increased risk of (insert musculoskeletal disorder)] which causes a standard armrest-mounted joystick to be insufficient for their needs.

**Mobility Status:** (Choose/ fill in all that apply)

-[Patient Name] is unable to functionally ambulate or propel a manual wheelchair for functional daily use due to decreased strength and mobility secondary to prior referenced conditions.

-[Patient Name] requires the center-mounted drive control functions specified in order to allow appropriate mobility for activities of daily living in the home and community.

-[Patient Name] demonstrates adequate cognitive and visual abilities to safely and appropriately operate a power wheelchair.

-[Patient Name]'s residence is wheelchair accessible.

-[Patient Name] transfers with [AMOUNT OF ASSIST] via [TRANSFER METHOD].

-[Patient Name] is at an increased risk of skin breakdown due to inability to complete effective weight shifts without the use of an optimally accessible joystick, and is dependent on power seat functions for adequate pressure relief.

-[Patient Name] demonstrates significant muscle weakness of the [UPPER EXTREMITIES, TRUNK, LOWER EXTREMITIES], and consequently is unable to participate in activities of daily living involving overhead reaching.

-[Patient Name] requires increased time and [AMOUNT OF ASSISTANCE] assistance in order to complete bathing, grooming, dressing, toileting, and cooking.

**Current Power Wheelchair Drive Control Device:** (Choose/ fill in all that apply)

-[Patient Name] does not currently have an appropriate power wheelchair drive control device to meet their needs.

-[Patient Name's wheelchair is [YEARS] old and in disrepair, including the joystick/ drive control.

-[Patient Name]'s wheelchair offers insufficient postural support of upper extremities when operating the chair for sustained periods.

-[Patient Name]'s medical and functional status has changed, and the client requires the additional power drive control positioning to meet the needs of their current condition.

-[Patient Name]'s current joystick configuration does not allow them to perform their normal, routine activities of daily living adequately.

- [Patient Name]'s current wheelchair does not provide them with sufficient joystick control/ access necessary for appropriate participation in [WORK, SCHOOL, PARENTING, SOCIAL] activities.

**Power Wheelchair Evaluation Results:** (Include all that apply)

-Pressure mapping while positioned both at rest and while accessing the *ErgoReJoy* Center Mounted Joystick Platform, demonstrated improved pressure distribution and decreased “hot zones” of pressure as compared to pressure mapping of the identical seating system while utilizing a traditional armrest-mounted joystick [and/or the ErgoReJoy positioning in a traditional armrest mounted position].

-When evaluated using the Neutral vs. Misaligned Postures Assessment Chart while using the *ErgoReJoy*, [Patient name] demonstrated improved alignment when operating their wheelchair utilizing a centrally mounted joystick platform vs. the baseline armrest-mounted position.

-[Patient Name] scored [add #] on a scale of 1-5 (1=unsafe, 5=proficient) when driving with a centrally mounted joystick platform as opposed to [add #] on a scale of 1-5 in the baseline armrest mounted position.

As a result of this evaluation, other wheelchairs/devices that have been ruled out as inappropriate in meeting [Patient Name]'s needs include:

-[List past or present Joystick/Drive Controls used/ trialed.]

**Power Wheelchair Drive Control Recommendations:**

Per the findings of this assessment, the following power wheelchair drive components are recommended to meet [Patient Name]'s needs for safe and appropriate independent mobility and activities of daily living:

**-ErgoReJoy Modular Power Wheelchair Joystick Central Mounting Platform and Components with an Electrical Interface.**

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**-Adjustable/Removable Hardware-** Necessary to attach the *ErgoReJoy* to the powerchair's existing armrest.

The *ErgoRejoy* and *JoyPad* are required to provide [Patient Name] with posturally appropriate upper extremity support which is not available through conventional armrest-mounted joysticks. It can also assist in improving hip and shoulder symmetry. Input control placement closer to the torso can promote upright upper body positioning for improved respiratory capacity. The required hardware to mount the platform to the wheelchair is angle adjustable and easily removable for improved vision and ease of transfers.

Based on the above noted information, I rest assure that you will agree that the Active Controls' *ErgoReJoy* Modular Power Wheelchair Joystick Central Mounting Platform is indicated and medically necessary for this patient in preventing costly medical complications such as pressure ulcers and musculoskeletal syndromes/deformities from occurring in the future. I feel confident that you will also agree (based on the submitted driving Assessment Form, Pressure Mapping results, and Photographic Documentation, that a central mounting joystick platform not only helps our client to achieve optimal postural positioning, but also increases their success and confidence when operating their wheelchair.

This recommendation is the most appropriate and cost-effective option for meeting [patient name]'s functional and medical needs. Please authorize payment for the fore-mentioned drive control system and componentry/ hardware.

Sincerely,

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[CLINICIAN NAME, TITLE]

[FACILITY]