

Medical Necessity for Power Adjustable Seat Height

The addition of a power adjustable seat height system is medically necessary to raise and lower the client in their seated position, without changing the seat angle(s), to provide changes in vertical position and access to the environment in a 3 dimensional plane. In a complex rehab power wheelchair without power adjustable seat height technology this individual's vertical height is _____ in. and vertical reach is limited to _____ in. S/he is unable to/requires assist to:

- Transfer to the wheelchair from _____ / from the wheelchair to _____ at a height of _____ using a _____ method.
- Reach the _____ at a height of _____ (list all)
 - Dresser drawers; clothes rod; washer and dryer
 - Medicine cabinet; bathroom sink /faucet; mirror; shower head/faucet
 - Freezer/refrigerator; oven/stove; microwave; drawers/cupboards/shelves; counter; sink/faucet
 - Light switches; thermostat; fire alarm; phone; door eye hole/viewer; elevator buttonsto safely function in their home environment and perform/participate in their ADLs.

With the power adjustable seat height feature added to the power wheelchair the individual's vertical height ranges from _____ to _____ in. and vertical reach is increased from _____ to _____ in.

Use of the power adjustable seat height system has been assessed for _____ and is deemed essential to:

- Facilitate independent transfers to / from the wheelchair
NOTE: Describe WHY the seat needs to be adjusted to a specific height or multiple different heights to transfer and/or describe WHY a specific seat height cannot be established or customized for transfers.
REMINDER: this may include the ability to transfer to a doctor's examination table independently.
- Augment reach and:
 - Decrease over shoulder / overhead reaching and upper extremity injury
NOTE: There should be a quantitative assessment of the number of times they will be required to reach overhead without power seat elevation to perform/participate in their ADLs and how this relates to their current pain, strength and/or ROM issues.
 - Reduce pain in the upper extremities
NOTE: There should be documentation in the clinical evaluation that describes their current pain condition (e.g., adhesive capsulitis, osteoarthritic changes reflected in radiological findings, history of rotator cuff injury or carpal tunnel syndrome from repetitive motion).
 - Reduce the load when reaching for, picking up, lifting or carrying items higher than _____ in.
NOTE: There should be a quantitative assessment of the load the individual can safely manage from the seated position relative to their UE position. (e.g., can reach for, pick up, lift and carry XX oz. with the shoulder flexed/abducted at YYY°. This may also relate to the force they are able to manage to turn on/off a light switch or push an elevator button from a given position.
 - Increase biomechanical advantage of the upper extremities to:
 - Maximize strength of available muscles by changing the lever arms
 - Maximize available range of motion at the shoulder, elbow and wrist
 - Minimize overuse injury**NOTE:** There should be documentation as to what they CAN do at various seat heights as compared to what they CANNOT do at the standard seat to floor height (e.g., can independently transfer a plate and food weighing XX oz to/from the microwave 55" from the floor with the seat elevated to 28" with the shoulder at 100° of abduction – unable to place or retrieve a plate of any weight with the seat at 18" and the shoulder at 135° of adduction). Function should relate to the assessment of strength, ROM, endurance and the repetitive nature of the tasks.
 - Reduce pain in the neck
NOTE: There should be documentation in the clinical evaluation that describes their current pain condition (e.g., headaches, numbness/tingling in arms, muscle pain/fatigue, spinal stenosis,

spondylosis, disk herniation/rupture, etc.) and impact of the head position during various activities and how that position changes in an elevated position.

- Access to areas of the home necessary for completion of/participation in ADLs (e.g., cupboard, refrigerator/freezer, microwave, stove, sink, medicine cabinet, dresser, closet, etc.)
NOTE: Whenever possible state how this impacts the person’s medical condition (e.g., hydration needs as related to neurogenic bladder, frequency of UTIs), and WHY accommodations to the environment cannot be made or were considered and ruled out. ALSO state if the individual lives alone or how much time they spend alone during the day/night and WHY this is not for the “convenience” of others.
- Access to areas of the home and community for safety (e.g., light switches, thermostat, fire alarm, elevator buttons, door viewer, etc.)
NOTE: Safety by itself is a bit tricky to justify since all persons have “safety” needs. Whenever possible correlate to the person’s medical condition (e.g., adjusting the thermostat and thermoregulatory dysfunction) and WHY accommodations to the environment cannot be made or were considered and ruled out. ALSO state if the individual lives alone or how much time they spend alone during the day/night and WHY this is not for their “comfort” or the “convenience” of others.
- Maintain/improve seated posture
NOTE: There should be documentation in the clinical evaluation that describes their current seated position (e.g., non-reducible posterior pelvic tilt, increased thoracic kyphosis and forward head position), the impact of movement (overhead reach, neck extension) on that position and any resultant secondary complications (elicit a symmetric tonic neck reflex [STNR], shearing at the ischial tuberosities, etc.).
- Improve the line of site for safe operation of the PWC in the identified settings of anticipated use **NOTE:** Safe seat elevation allows the individual to see and be seen to safely maneuver and navigate the PWC on level terrain at the same height and speed as those they are with. Consider ALL settings of anticipated use (e.g., grocery shopping, banking, work, school, etc.) and how this will impact their ability to perform their instrumental activities of daily living or support vocational/educational goals. ALSO consider safety in crossing the street in a timely manner (what speed is required at the light, visibility to drivers making a right turn, etc.), moving through crowds (passing period at school, city sidewalks, etc.) and the ability to perform job related tasks and activities.
- Decrease the need for personal care assistance (PCA) from _____ to _____ hours/day
NOTE: This could be speculative unless the individual has a trial period with safe seat elevation where a reduction in PCA is quantified. Consider stating this as a long term objective following extended use of the wheeled mobility device with power seat elevator within the person’s multiple customary environments.
 - Support identified communication goals and:
 - Maintain posture
 - Promote eye-to-eye contact
 - Reduce hyperlordotic cervical curvatures of the spine
 - Relieve strain on the neck, shoulders and upper back
 - Enhance vision and/or visual access to the environment
 - Enhance hearing and/or auditory access to the environment**NOTE:** Explain the reason why this is a medical need, not just a social goal (e.g. reduced diaphragmatic support for adequate voice production in a person with pulmonary compromise; limited neck extension ROM; strong influence of an STNR, which impedes their ability to communicate their medical needs).
- Enhance and support identified vocational goal(s) of _____ and promote employment opportunities
NOTE: Leave this out unless a vocational/business is paying for this feature—otherwise, the insurer may determine that this is not a medical need.
- Enhance and support identified educational goal(s) of _____ and promote learning
NOTE: Leave this out unless an educational agency is paying for this feature—otherwise, the insurer may determine that this is not a medical need.