

**INSURANCE COMPANY
ADDRESS**

RE: PATIENT

Reference No:
Subscriber:
Claims/DCN #:

Dear **INSURANCE COMPANY**,

I am writing to you in response to your denial of services for the **PATIENT** and to provide information regarding the medical necessity of these services. **PATIENT** was evaluated on **DATE** at the request of her referring physician, **MD NAME**. At that time, **PATIENT** was a **AGE** year old **FEMALE/MALE** and complained of significant (**LIST PATIENT'S FUNCTIONAL COMPLAINTS AND SYMPTOMS**). She was found to have **DIAGNOSIS** and a copy of the initial evaluation is enclosed. **MD NAME** and I determined that a directed course of physical therapy for vestibular rehabilitation, balance re-training, and functional training was indicated to decrease **PATIENT'S** symptoms and to return **HIM/HER** to **HIS/HER** premorbid level of functional performance. **LIST PERTINANT MEDICAL HISTORY**. Prior to **HIS/HER** injury **HE/SHE** was **LIST PRIOR LEVEL OF FUNCTION**.

The inner ear (vestibular system) functions to keep the eyes stable during head movements, allowing individuals to see clearly when moving within their environment. Another important function of the inner ear is to provide information about changes in head position to aid in balance and walking. The central nervous system compares information from the inner ear, eyes, body position, and environment to produce the correct amount of muscle activity to move safely. It was determined that because of **PATIENT'S** functional inabilities and significant ataxia was a result of pathology with the inner ear function listed above. Loss of vestibular function or the ability of the central nervous system to compare sensory information can result in potentially devastating consequences of limitations in functional mobility and daily life skills (e.g. bathing, dressing, cleaning, shopping, and working) as observed in **PATIENT'S** case. **HIS/HER** inability to **LIST FUNCTIONAL DEFICITS**. If left untreated, the problems associated with a vestibular disorder can lead to serious physical, emotional, and psychological consequences and can increase the chances of incurring

additional health costs. Shepard et al were able to reduce symptoms in 87% of patients with unilateral vestibular loss and reduce disability scores in patients who had symptoms greater than 2 months and in some, 5 years as stated by Whitney and Rossi in 2000 in *Otolaryngologic Clinics of North America*. These facts support the medical necessity of vestibular rehabilitation as recommended by my assessment and the referring physician.

LIST OBJECTIVE MEASURES DEMONSTRATING FUNCTIONAL AND PHYSICAL LIMITATIONS

PATIENT requires skilled intervention to provide continued reassessment, and advancement of exercises that Physical Therapy is able to provide based on **HIS/HER** functional progress in order to achieve **HIS/HER** prior functional level. Because of the irritable nature of the patient's symptoms it is necessary for skilled intervention to be provided.

Enclosed is a copy of the initial evaluation, progress notes, and daily documentation for the dates in question. Thank you for your timely consideration in this matter. If you should require further information, please contact our office.

Sincerely,

THERAPIST
CONTACT INFORMATION