

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers BUSTON</i>	DATE <i>2-12-10</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000336</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>Claud 2/17/10, letter attached.</i>		<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-24-10</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Just Kids Therapy Services

4011 Woodvalley Drive* Aiken, SC 29803
Phone (803) 648-4360*Fax (803) 642-5039

RECEIVED

FEB 12 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

To: Dr. Marion Burton
From: Karen Turner, MPT
Date: 02-10-2010
Re: Request for more therapy units for Grayson Cook
DOB: 09-08-2005
Medicaid #: 0780674233

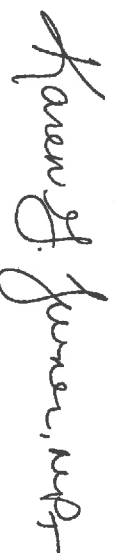
Dear Dr. Burton,

I am Grayson Cook's physical therapist and have been seeing him for approximately 4 years now. Recently (October 13th 2009), Grayson underwent a selective dorsal rhizotomy in order to reduce the spasticity in his lower extremities and make him more functional and safe in his daily life. Per his surgeon's orders, he is currently being seen in physical therapy four times a week for 60 minute sessions.

Grayson has made wonderful progress since his surgery. Prior to the surgery, he was actually regressing to the point where I was considering placing him back on a walker for safety. His abnormal gait pattern, caused by the spasticity, was causing him to fall often and injure himself. Since the surgery, his family and our team have been working together to get him stronger and safer in the performance of his daily activities at home and at school. Grayson has again become an independent and functional ambulator, but continues to need the four time a week physical therapy sessions to address ongoing weaknesses and safety concerns. He is currently working on improving his gait pattern for balance and coordination, negotiating stairs/steps, running in a safe manner, and playing on the playground with his peers in a safe manner.

Due to seeing him four times a week per his doctor's orders, he is quickly running out of his Medicaid units for physical therapy. I have attached the protocol from St. Louis Children's Hospital, which states that Grayson should have 60 minute PT sessions for 4-5 times a week for the first 6 months post-op, and 3-4 times a week for the next 6 months after that. I have also attached his last summary of progress and a copy of his prescription from Dr. Park. As of the end of next week (February 19th), he will have completely exhausted his current allotment of units. I am respectfully requesting you to increase them for him. Per my calculations, he will need approximately 76 more hours of therapy, or 304 units, until your fiscal year has come to an end on July 1st. Please contact me if there is any more supporting documentation or information that I can provide for you in order to make your decision in his favor.

Thank you for your time,



Karen Turner, MPT
SC PT License 4538/ Exp. 12/31/10

(803) 645-4689
kturnerpt@gmail.com

Just Kids Therapy Services

Summary of Progress Physical Therapy

Name: Grayson Cook

Date of Summary: 01/19/2010

DOB: 09/09/2005

Referring Physicians: Dr. Stallworth

Dr. Park

Diagnosis: Cerebral Palsy

S/P Selective Dorsal Rhizotomy

Subjective: Grayson has been consistent with his attendance in therapy for his 4 weekly sessions. He is seen at his new daycare, the Sunshine House in Aiken on Centennial Drive, by this therapist and by Randi Morrison, PTA. Per his report when questioned, he is inconsistent with performing his stretching and exercises at home with his parents on a daily basis.

Parental Concerns: Grayson's mom and dad continue to desire for him to get the full benefit of his surgery, improving his overall gait pattern and general safety with mobility. They have noticed that he is getting tighter in his lower extremities and are willing to use night splints with him, but are still not sure about the serial casting at this point in time.

Objective: Grayson continues to wear his #3 DAF0's at this time secondary to his continued need for support. He is able to complete his exercises with verbal cues only by an adult. His dorsiflexion ROM was close to 15 degrees bilaterally before the Christmas holidays, but at this point in time, he is around 10 degrees on his right foot and 5-7 degrees on his left foot with his knees extended. He demonstrates continued tightness in his hamstrings and heel cords, although his hamstrings seem to be the main cause of his limited ROM. He can walk with heel strike on his right side for about 50% of the time when he is cued, and requires HHAX2 to achieve heel strike on his left side with maximal verbal cues. Decreased knee extension is also noted greater on the left side with gait, as well as increased internal rotation. He can negotiate steps ascending with FTF gait and PPA, often with difficulty stopping to balance at the top of each step. On descent, he requires minimal assistance to maintain his balance.

Assessment: Grayson met $\frac{1}{4}$ of the short-term goals established for him on his last SOP. He is unfortunately very tight in his LE's, which is cause for concern as he may lose the benefit of the surgery. If stretching does not become more aggressive on a 2-3 time daily basis, he will definitely require serial casting to gain ROM in his hamstrings and heelcords. He will be receiving night splints soon, which will hopefully help to alleviate the situation. He has made rapid progress in gaining back most of his previous functionality, but is not showing an improvement in his overall gait pattern. His orthotics may need to be changed to a different type, and a phone conference with a therapist in St. Louis will be pursued by this therapist for recommendations.

Strengths:

1. Parental concern.
2. Very motivated to be independent.
3. Receives interdisciplinary intervention (OT), including PT 4 times a week.

Impairments:

1. Decreased functional strength in the LE's and trunk, left > right.
2. Increased muscle stiffness throughout the body, left > right.
3. Atypical gait pattern.

Functional Limitations:

1. Unable to stand without external support for greater than 30 seconds s/p surgery.
2. Unable to ambulate without assistance s/p surgery.
3. Unable to transition from the floor to standing without assistance s/p surgery.

Measurable Outcomes:

Physical Therapy Goals (within 3 months):

Grayson will:

1. Complete his dorsal rhizotomy protocol exercises independently 2 times a day with verbal direction from an adult, as well as allow his parent stretch him at least once in addition to when the therapist does it. This will be evidenced by a daily signature from the parent/caretaker/therapist who supervises the exercises and performs the stretching.
2. Achieve 15 degrees of passive dorsiflexion with his knees extended on the right and left LE's in order to improve overall gait pattern, as demonstrated by bilateral heel strike when walking without assistance.
3. Demonstrate bilateral heel strike when walking independently for 50-75% of the time for 2 sessions in a row, using the appropriate orthotic.
4. Be able to negotiate three 3-5" steps with PPA only, using FOF gait, for 3 times during one session for 2 sessions in a row.

Physical Therapy Goals (within 6 months):

Grayson will:

1. Be able to negotiate three 3-5" steps independently, using FOF gait, for 3 times during one session for 2 sessions in a row.
2. Be able to transition into standing from the floor through ½ kneeling with PPA only, ability to lead with right or left leg, for 3/5 attempts during one session for 2 sessions in a row.
3. Demonstrate bilateral heel strike when walking independently for 75-100% of the time for 2 sessions in a row, using the appropriate orthotic.
4. Be able to jump up in the air using a bilateral lead/land for 3 times in a row without loss of balance for 2 sessions in a row.
5. Complete a 5-6 step obstacle course without loss of balance for 3/5 attempts during one session for 2 sessions in a row in order to demonstrate good attention to task and ability to change directions safely.
6. Be able to stop on command within 1 step once command is heard for 4/5 attempts during one session for 2 sessions in a row.

PLAN OF CARE

Grayson is recommended to receive physical therapy 4-5 times a week for 60 minute sessions in his natural environment. Therapy intervention will include direct one on one and manual techniques to address the impairments and functional limitations. This will also include family education and indirect consultation with EI and caregivers for developmentally appropriate and functionally enhancing activities that can be conducted when therapist is not there. Equipment needs will be an ongoing assessment. Treatment goals will be updated minimally on a quarterly basis or as needed.

A handwritten signature in black ink that reads "Karen J. Turner, MPT". The signature is written in a cursive, flowing style.

Karen Turner, MPT

St. Louis Children's Hospital



One Children's Place
St. Louis, Missouri 63110-1077
314-454-6000

DATE: 10/18/09

Name: Erinagon Cook
DOB: 9/8/05
Dx: Cerebral Palsy,
s/p Selective Dorsal Rhizotomy

Physical Therapy 4-5 times per week, 60 minutes per

session, per post-op dorsal rhizotomy protocol

Substitution permitted M.D. T.S. Park M.D.
Dispense as written
T. S. Park, MD

XSLCH348 (R.9/01)

SELECTIVE DORSAL RHIZOTOMY Post-operative Physical Therapy Protocol

Center for Cerebral Palsy Spasticity
Department of Neurosurgery, Suite 4S-20
St. Louis Children's Hospital
One Children's Place
St. Louis, MO 63110
314-454-4166
800-416-9956, Ext. 1

Required frequency of physical therapy sessions:

- Hospital discharge to 6 months post-op: 4-5 times per week
- 6 to 12 months post-op: 3-4 times per week
- 12 to 36 months post-op: 2-4 times per week
- All PT sessions should be 60 minute sessions

Recommendations for changes in frequency of physical therapy will be given at the post-op visits at 4 and 16 months after surgery.

Precautions:

- No **passive** hip flexion past 90 degrees for 6 weeks after surgery. The patient can perform this activity to his/her tolerance.
- No **passive** trunk rotation/lateral flexion into extremes of range for 6 weeks after surgery. The patient can perform this activity to his/her tolerance.
- No vigorous hamstring stretching for 6 weeks after surgery. Hamstring stretching should be limited by **back pain** and not discomfort caused by the stretching of the hamstring muscles themselves.
- Because of increased weakness in the feet and ankles, any necessary splints should be worn during standing and ambulation activities.
- Expect some sensory changes in the lower extremities, especially some hypersensitivity on the plantar surfaces of the feet. This may be alleviated by handling feet firmly and wearing socks and shoes. This hypersensitivity usually resolves in the first 6-8 weeks.
- As the edema resolves around the site of the surgery, a bump may appear just above the scar. This is the spinous process of T-12 or L-1 and should not be a cause for concern.
- It is common for the child to tire more easily than normal. Changes in behavior such as irritability and frustration for no apparent reason are common as the child learns that movement feels different. Patients may not have the motor control and/or strength to produce the desired movement.
- Do not begin Aquatic therapy or swimming until two weeks after surgery
- Do not begin or resume electrical stimulation of any kind until 6 weeks after surgery
- Do not begin Hippo-therapy or horseback riding or contact sports until 6 weeks after surgery
- Please consult with Dr. Park's office before changing style of the child's orthotics. In the case of #3 DAFOs, it may be appropriate to use a removable pre-tibial strap for a brief time and wean from using it as soon as possible.
- Please call at any time if you feel that the orthotics are not appropriate for the child. A therapist will be happy to discuss the child's needs with you.

K. Turner, PT
4011 Woodvalley Drive
Aiken, SC 29803

DR. MARION E
PO Box 8206
Columbia, SC 2

February 17, 2010

Karen Turner, MPT
Just Kids Therapy Services
4011 Woodvalley Drive
Aiken, SC 29803

Re: Grayson Cook DOB: 09-08-2005

Dear Ms. Turner,

Thank you for corresponding regarding this beneficiary. Your request certainly warrants further consideration. Children that have had dorsal rhizotomies do require physical therapy to optimize their recovery. The SC Department of Health and Human Services is unable, however, to pay for additional therapies beyond those supported unless there is a clearly documented medical necessity for this addition. Documentation must include the specific anticipated benefits and attestations at the end of the period of therapy that these goals have been met.

Please work with this child's attending physicians to secure the documentation so I may proceed to request support for additional services in this unique case. I am copying my SCDHHS staff colleague on this correspondence so she may communicate with you further regarding this matter.

Thank you for your advocacy regarding this child and for caring for South Carolina Medicaid beneficiaries. If you would like to discuss this further, please call me at (803) 255-3400 or (803) 898-2580.

Sincerely,

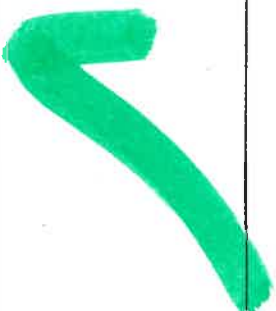


O. Marion Burton, M.D.
Medical Director

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

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TO <i>Myers</i>	DATE <i>2-12-10</i>
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Thank you for your time,



Karen Turner, MPT
SC PT License 4538/ Exp. 12/31/10

(803) 645-4689
kturnerpt@gmail.com

Just Kids Therapy Services

Summary of Progress

Physical Therapy

Name: Grayson Cook

Date of Summary: 01/19/2010

DOB: 09/09/2005

Referring Physicians: Dr. Stallworth

Dr. Park

Diagnosis: Cerebral Palsy

S/P Selective Dorsal Rhizotomy

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Karen Turner, MPT

St. Louis Children's Hospital

IQ HealthCare

One Children's Place

St. Louis, Missouri 63110-1077

314-454-6000

DATE: 10/18/09

Name:

Erinagon Cook

DOB:

9/8/05

Dx:

Cerebral Palsy,
s/p Selective Dorsal Rhizotomy

Physical Therapy 4-5 times per week, 60 minutes per

session, per post-op dorsal rhizotomy protocol

Substitution Permitted

M.D.

Dispense as written

M.D.

T. S. Park, MD

XSLCH348 (R.9/01)

SELECTIVE DORSAL RHIZOTOMY

Post-operative Physical Therapy Protocol

Center for Cerebral Palsy Spasticity
Department of Neurosurgery, Suite 4S-20
St. Louis Children's Hospital
One Children's Place
St. Louis, MO 63110
~~314-454-4166~~
800-416-9956, Ext. 1

Required frequency of physical therapy sessions:

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