LETTER OF MEDICAL NECESSITY

Patient_____ Date_____

Diagnosis (Including ICD-9 code)_____

Claim #_____ SS#_____

Date of Injury_____ Date of Surgery_____

Estimated length of need
_____2-3 Weeks
_____Long term
_____Other

Prescription: Game Ready - Vasopneumatic Compression System

The pneumatic compression System has the ability to reduce pain, muscle spasms, tissue damage, swelling and helps accelerate the healing process. Flexible fabric wraps simultaneously deliver cyclical compression and temperature controlled cold therapy. The cyclical pneumatic compression technology limits the initial swelling and helps to remove swelling by forcing tissue debris and fluid into and along the lymphatic system. It lowers oncotic pressure and promotes fluid reabsorption. The pneumatic compressor has easy adjustable temperature, pressure, and treatment time settings. Due to the local anesthetic value of this product, narcotics use and subsequent rehabilitation costs are reduced.

For these reasons, the pneumatic compressor was prescribed for this patient to maximize the return to full function, while reducing costs.

It will be necessary for the patient to use this pneumatic compressor daily for a specified period of time. Without using the pneumatic compressor, there is a possibility of the patient causing further damage to the injured area.

Sincerely,

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