



JOHNS HOPKINS
MEDICINE

JOHNS HOPKINS
ALL CHILDREN'S HOSPITAL

LETTER OF MEDICAL NECESSITY

June 28, 2022

Re: Sophia Jongsma

DOB: 1/1/2017

To: Reviewing Medical Director

This letter is in support of the medical necessity of air ambulance transportation for patient, Sophia Jongsma, from Johns Hopkins All Children's Hospital in St. Petersburg, Florida to Kennedy Krieger Institute in Baltimore, Maryland to receive specialized neurological rehabilitation. Sophia suffers from acute hypoxic ischemic encephalopathy secondary to a cardiac arrest and crush injury involving an elevator shaft.

Sophia is a previously healthy 5-year-old with no significant past medical history. She was reportedly at home with family when involved in an elevator accident at her home. She was found in the elevator shaft which was up from the doorway with Sophia's head and upper body inside the elevator, while trapped at the waist between the shaft and elevator with her feet dangling down. Her parents were not successful in getting her out. EMS was called to rescue her. Upon their arrival, EMS needed equipment from outside resources to extricate Sophia. Once the resources became available and extricated, Sophia was found to be in cardiac arrest which necessitated PALS protocol. Attempts to intubate were unsuccessful and there was vomitus on the floor and on Sophia.

Sophia was transported to Johns Hopkins All Children's Hospital with resuscitation efforts while in route. Upon hospital arrival, her Glasgow Coma Scale was 3 and she was pulseless and apneic. She was successfully intubated in the ER. Two doses of epinephrine and a normal saline bolus were administered with return of spontaneous circulation. Further evaluation revealed good carotid and femoral pulses, abrasions across her abdomen and upper right thigh, compression bruises to her buttocks, and no neurological response.

Sophia is now with acute hypoxic ischemic encephalopathy secondary to cardiac arrest and crush injury. A tracheostomy was placed for acute respiratory failure along with a chest tube for left pneumothorax which was subsequently removed. Additional problems include seizures, autonomic dysfunction, hyponatremia, and acute liver injury. Sophia is on trach trials during the day with CPAP if not tolerated, and ventilator at night. Her eyes are partially open with pupils dilated bilaterally, and sluggish to react to light. She remains non-interactive with no spontaneous movement to painful stimuli. Rigid, hypertonic extremities display with intermittent contractile movements with no purpose.

Prior to her accident, Sophia was playful with all activities. As a result of her accident, she suffers from neurological deficits. A decision is accordingly made to transfer her to a facility that can provide aggressive neurological rehabilitation. She is therefore referred to and accepted into Kennedy Krieger, the most appropriate accepting facility to meet her needs. Brain injury victims

may need extensive rehabilitation to restore lost brain functions or to learn how to compensate for functions that cannot be restored. Recovery is influenced by classes of factors such as individual patient characteristics, social-environmental factors (e.g., family support), and barriers to rehabilitation access. Following hospitalization for brain injury, persons can receive rehabilitation care and services in various settings. Post-acute rehabilitation is provided and is typically indicated when the medical condition requires continued skilled nursing care. Individual characteristics such as age and pre-injury functioning can influence outcomes from brain injury. Social-environmental factors (e.g., socioeconomic status, social support, caregiver and family functioning) also can influence outcomes after traumatic brain injury.¹

Benefits of treatment at Kennedy Krieger include high-quality staff with focused experience, peer support from patients with similar injuries, specialized patient and family education and resources, more options to participate in research studies, access to services not found in most rehabilitation centers, and specialized long-term support. Kennedy Krieger Institute is a world premier institution dedicated to improving the lives of children with disorders of the brain through patient care, special education, research, and professional training. Their individualized approach to treatment is the most appropriate approach for Sophia's continued care.²

At the time of transport, Sophia will not be an appropriate candidate for commercial air travel due to her need for hemodynamic management, respiratory assessment/management, neurological injury assessment and safety measures.³ To prevent further deterioration of her condition that potentially poses a threat to her life and vital organ function, ICU level monitoring is needed during transport. Sophia requires complete assistance with all transfers and positioning. Ground transport is medically contraindicated as the excessive distance of 960 miles/15.5 hours places her out of range of emergency medical care in the event of deterioration while in transit.⁴ I therefore request approval of this medically necessary air ambulance transport for Sophia to Kennedy Krieger Institute.

Sincerely,

A handwritten signature in black ink, appearing to read 'Federico Fernandez Nieves', written over a horizontal line.

Federico Fernandez Nieves M.D.

¹ Traumatic Brain Injury in the United States: Epidemiology and Rehabilitation. U.S. Dept. of Health and Human Services.

² www.kennedykrieger.org.

³ Aerospace Medical Association Medical Guidelines Task Force (2003). Medical guidelines for airline travel (2nd edition). Aviation, Space and Environmental Medicine 74 (5).

⁴ Medicare Benefit Policy Manual Chapter 10 § 10.4.3.