

DIABETIC EYE

C E N T E R

GARY M GLICKMAN MD PC

Diseases and Surgery of the Retina

November 3, 2009

TO WHOM IT MAY CONCERN:

Over the last several years, treatment of macular and retinal conditions have improved to the point where a number of vitreoretinal conditions can be successfully repaired with microsurgical techniques, leading to anatomic and significant visual restoration in a large number of patients.

Macular holes and retinal detachment are examples of conditions that have been thought irreparable in the vast majority of cases. These patients are today treated with a combination of trans pars plana vitrectomy (removal of the vitreous gel) and placement of an intraocular air bubble to provide the physical pressure necessary to close the hole and restore central vision. Patients successfully recover a significant degree of central functional vision in over 80% of cases.

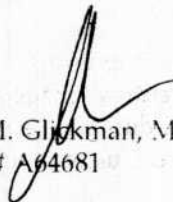
However, the success of the procedure is ultimately tied to the two to three week recovery period following surgery. Unless the patient remains in a strict facedown positioning during the recovery period, the surgical procedure can be unsuccessful. Facedown positioning allows for positioning of the air bubble directly over the central retina (the macula), which provides the necessary support and pressure for the healing process to occur.

Strict face down positioning on a twenty-two to twenty-four hour basis a day is very difficult for all individuals. Companies such as Oakworks, Inc. or the Rite Time Corporation have developed devices that allow patients to maintain facedown positioning for an extended period while providing comfort, tolerance of the position and most importantly, compliance with the requirements of a successful recovery. Without the facedown positioning devices, many patients develop neck or back pain, muscle spasms and unconscious non-compliance with the required position during sleep. These situations can ultimately lead to an unsuccessful surgical outcome.

Given the obviously crucial role of these face-down devices, they are clearly a medical necessity, and the patient's cost for either purchase or rental of the devices should be reimbursed.

Your understanding and cooperation is greatly appreciated. I will be available to provide additional information in the event it is needed.

Sincerely yours,



Gary M. Glickman, M.D. P.C.
UPIN # A64681

Patient Name:

ID # :

CPT Code: 67042,67040,67025

Diagnosis: Macular Hole (362.54)

Procedure:

Trans pars plana Vitrectomy,
Membranectomy, Endolaser, Air Fluid
Exchange