



## Dynamic Low-Load Prolonged Duration Stretch (LLPS) Devices for Treatment of Contracture and Joint Stiffness

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P&P # C.11.12

### A. Documentation Required:

In order to facilitate the authorization process referral requests **must** include **ONE** of the following:

1. For **acute post-operative** use **ONE** of the following:
  - a. Documented history of motion stiffness or loss of motion in the joint due to surgery.
  - b. Planned surgery or procedure;
  - c. Documentation of mechanical stretching device to be used;
  - d. Plan for use of mechanical stretching device including frequency and duration when used as an adjunct to physical or occupational therapy
2. For **sub-acute** injury use **ONE** of the following:
  - a. Documentation of joint to be treated;
  - b. Documentation of mechanical stretching device to be used;
  - c. Signs and symptoms of significant motion stiffness or loss of motion.

### B. Criteria for Medical Necessity:

1. An initial 1-month rental of a dynamic low-load prolonged stretching (LLPS) device for the knee, elbow, wrist or fingers is considered **Medically Necessary** if **ONE** of the following are met:
  - a. Prior documented history of motion stiffness/loss in a joint, with history of a previous surgery or procedure to improve motion to that joint. The device must be prescribed for use in the acute post-operative period (within the first 3 weeks after surgery) following a second or subsequent surgery or procedure to the same joint; **OR**
  - b. As an adjunct to physical or occupational therapy in the sub-acute post-operative period or sub-acute injury phase (>3 weeks but no more than 4 months after surgery or injury) in patients with documented signs and symptoms of significant motion stiffness or loss of motion that are unresolved despite active participation in a physical or occupational therapy plan of care alone; **OR**
2. An additional 3 months of rental, approved in monthly increments, is considered medically necessary if the patient demonstrates measurable improvement (> 5 degrees) in active range of motion (AROM) during the previous month of use.

### C. Indications Considered Experimental/Investigational or not Medically Necessary: (*Not an all-inclusive list*)

1. For joints other than the knee, elbow, wrist or finger;
2. Motion stiffness or loss of motion due to joint trauma, fractures, burns, head and spinal cord injuries, rheumatoid arthritis, multiple sclerosis, muscular dystrophy, cerebral palsy, carpal tunnel syndrome, foot drop associated with neuromuscular diseases, plantar fasciitis, stroke or trismus;
3. Use of a dynamic low-load prolonged-duration stretch (LLPS) device for > 4 months.

4. Continuation of monthly rental without measureable improvement (> 5 degrees) in AROM during the previous month of use.
5. Patient-actuated serial stretch (PASS) devices, also known as patient-directed mechanical serial stretch devices. These are used at home to increase range of motion providing stretching with a crank of a ratchet that progressively increases the stretch within each session.
6. Static Progressive Stretch/Splinting device. Static progressive splinting does not use elastic traction, but instead allows a limited range of passive or active motion without resistance.

**CPT/HCPCS CODES:**

E1800	Dynamic adjustable elbow extension/flexion device
E1805	Dynamic adjustable wrist extension/flexion device
E1810	Dynamic adjustable knee extension/flexion device
E1812	Dynamic adjustable knee, extension/flexion device with active resistance control
E1825	Dynamic adjustable finger extension/flexion device

**REFERENCES:**

Katalinic OM, Harvey LA, et.al. Stretch for the treatment and prevention of contractures, COCHRANE Review, September 8, 2010.

Harvey LA, Katalinic OM, Herbert RD, Mosley AM, Lannin NA, Schurr K, Strect for the treatment and prevention of contractures. Cochrane Database of Systemic reviews 2017, issue 1. Art. No.: CD007455.DOI: 10.1002/14657858.CD007455.pub3

Hayes Medical Technology Directory, Inc, Mechanical Stretching Devices for the Treatment of Joint Contractures of the Extremities. February 20, 2013. Annual Review January 10, 2017