



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

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## Policy

The Medical Management Department reviews referral requests for authorization of mechanical stretching devices used for treatment of joint stiffness or contracture of the knee, elbow, wrist, fingers or toe.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage [COC] or Summary Plan Description [SPD]) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

## Procedure

### 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, fingers, or toe 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.

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 and Investigational:** *(Not an all-inclusive list)*

1. For joints other than the knee, elbow, wrist, finger, or toe;
2. Motion stiffness or loss of motion due to joint trauma, fractures, burns, head and spinal cord injuries, hallux valgus, 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. 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.
5. 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.

**D. Indications Considered Not Medically Necessary:** *(Not an all-inclusive list)*

1. Continuation of monthly rental without measurable improvement (> 5 degrees) in AROM during the previous month of use.

**CPT/HCPCS CODES:**

E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material
E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material [not covered for carpal tunnel syndrome]
E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material
E1812	Dynamic adjustable knee, extension/flexion device with active resistance control
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material

**REFERENCES:**

Harvey LA, Katalinic OM, Herbert RD, Mosley AM, Lannin NA, Schurr K, Stretch for the treatment and prevention of contractures. Cochrane Database of Systemic Reviews 2017, issue 1. Art. No.: CD007455.DOI: 10.1002/14651858.CD007455.pub3. Accessed May 13, 2021.

Hayes Health Technology Assessment, Mechanical Stretching Devices for the Treatment of Joint Contractures of the Extremities. May 9, 2018. Annual Review September 3, 2020. Accessed May 13, 2021.