Effective Date: 9-25-2014

Nevada Health Solutions LLC

NHS MEDICAL POLICY

Continuous Passive Motion Devices
DME 2014-006

Continuous passive motion devices may be indicated when **ONE** of the following is present:

1	The member has undergone (or will undergo) any knee surgery and one of the following applies: • The device is ordered post-operatively for up to 21 days of use as part of a comprehensive rehabilitation program. • The device is ordered post-operatively for up to 21 days of use because the patient is not able to participate in physical or occupational therapy. • The device is ordered post-operatively for up to 21 days of use because physical or occupational therapy has been inadequate.
2	The member has undergone (or will undergo) surgical release of arthrofibrosis/adhesive capsulitis or manipulation under anesthesia of any joint (except in the spine) and one of the following applies: • The device is ordered post-operatively for up to 21 days of use as part of a comprehensive rehabilitation program. • The device is ordered post-operatively for up to 21 days of use because the patient is not able to participate in physical or occupational therapy. • The device is ordered post-operatively for up to 21 days of use because physical or occupational therapy has been inadequate.

SOURCES

1. UpToDate.com was accessed August 21, 2014 and January 5, 2016.
2. NIH.gov was accessed January 5, 2016.
3. Harvey LA, Brosseau L, Herbert RD. Continuous passive motion following total knee arthroplasty in people with arthritis. Cochrane Database Syst Rev 2010; CD004260.

4. Ritter MA, Stringer EA. Predictive range of motion after total knee replacement. Clin Orthop Relat Res 1979; 115.

5. O'Driscoll SW, Giori NJ. Continuous passive motion (CPM): Theory and principles of clinical application. J Rehabil Res Dev. 2000;37(2):179-188.

6. Postel JM, Thoumie P, Missaoui B, et al; French Physical Medicine and Rehabilitation Society. Continuous passive motion compared with intermittent mobilization after total knee arthroplasty. Elaboration of French clinical practice guidelines. Ann Readapt Med Phys. 2007;50(4):244-257.

7. Thien TB, Becker JH, Theis J-C. Rehabilitation after surgery for flexor tendon injuries in the hand. Cochrane Database Syst Rev. 2004;(4):CD003979

CODE REFERENCE (This may not be a comprehensive list of codes to apply to this policy.)

HCPCS: E0935, E0936

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
09/25/15	Annual review and approval by UM Committee
2/26/2016	Additions made to #1 and #2 and approved by UM Committee
12/14/2016	Annual review and approval by UM Committee
12/13/2017	Annual review and approval by UM Committee
12/13/2018	Annual review and approval by UM Committee
12/12/2019	Annual review and approval by UM Committee
12/10/2020	Annual review and approval by UM Committee
12/10/2021	Annual review and approval by UM Committee
12/21/2022	Annual review and approval by UM Committee
12/20/2023	Annual review and approval by UM/QM Committee
12/23/2024	Annual review and approval by UM/QM Committee
09/30/2025	Annual review and approval by UM/QM Committee
09/29/2026	Annual review and approval by UM/QM Committee