CareSource PASSE

MEDICAL POLICY STATEMENT
Arkansas PASSE

Policy Name & Number	Date Effective
Mechanical Stretching Devices-AR PASSE-MM-1380	09/01/2024
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject
Mechanical Stretching Devices

B. Background
Mechanical stretching devices are intended to restore range of motion (ROM) for joint stiffness or contracture by stretching joints. These devices provide passive stretching to an adjustable degree for a selected duration for multiple sessions. A variety of mechanical stretching devices are available for extension or flexion of the shoulder, elbow, wrist, fingers, knee, ankle, and toes. These devices can provide stretching for longer periods than a physical therapist is able to and are generally used as adjunct treatment to physical therapy and/or exercise.

Mechanical Stretching Devices (also known as dynamic splinting systems) include
- Low-load prolonged duration stretch devices (LLPS).
- Static progressive stretch (SPS) splint devices.
- Patient actuated serial stretch (PASS) devices.

C. Definitions
- **Low-Load Prolonged Duration Stretch Devices (LLPS)** – These devices permit resisted active and passive motion (elastic traction) within a limited range. LLPS devices maintain a set level of tension by means of incorporated rubber bands or springs.
- **Patient Actuated Serial Stretch (PASS) Devices** – These devices hold the joint in a set position but allow for manual modification of the joint angle and may allow for active motion without resistance (inelastic traction). This type of device itself does not exert a stress on the tissue unless the joint angle is set at the maximum ROM.
- **Static Progressive Stretch Devices (SPS)** – These devices hold the joint in a set position but allow for manual modification of the joint angle and may allow for active motion without resistance (inelastic traction).

D. Policy
I. CareSource considers dynamic splinting devices medically necessary durable medical equipment (DME) as an adjunct treatment to physical therapy, massage, and/or exercise for an existing joint contracture when the following clinical criteria are met:
   A. Medically necessary only for the following joint: knee.
   B. After three weeks of exercise and skilled therapy in the initial subacute injury or post-operative period in members with:
      1. signs and symptoms of persistent joint stiffness or contracture
      2. limited range of motion that poses a meaningful functional limitation as judged by a physician
   C. May be used for an initial period of 4 weeks and a subsequent 4-week period with reevaluation and then up to 4 months based on continued improvement

II. In the acute post-operative period for members who have undergone additional surgery to improve the range of motion of a previously affected joint, CareSource considers use of an LLPS device medically necessary for the following:
   A. An initial four-week period
   B. Another four-week period if improvement was noted after the initial four weeks for up to 4 months.

III. Non-covered services
   A. CareSource considers the use of dynamic splinting experimental and investigational for the following indications, including but not limited to:
      1. adhesive capsulitis
      2. carpal tunnel syndrome
      3. cerebral palsy
      4. foot drop associated with neuromuscular diseases
      5. hallux valgus
      6. head and spinal cord injuries
      7. improvement of outcomes following botulinum toxin injection for treatment of limb spasticity,
      8. injuries of the ankle and shoulder
      9. multiple sclerosis
      10. muscular dystrophy
      11. plantar fasciitis
      12. rheumatoid arthritis
      13. stroke
      14. trismus
   B. CareSource considers the following devices experimental and investigational due to insufficient scientific evidence of efficacy:
      1. Patient actuated serial stretch (PASS) devices (for example, ERMI Knee Extensionater® and ERMI Shoulder Extensionater®)
      2. Static progressive stretch devices (SPS) (for example, Joint Active Systems (JAS) splints (for example, JAS Elbow, JAS Shoulder, JAS Ankle, JAS Knee, JAS Wrist, and JAS Pronation-Supination)

E. Conditions of Coverage

All claims for LLPs are subject to post-payment review.

F. Related Policies/Rules

NA

G. Review/Revision History

	DATE	ACTION
Date Issued	11/09/2022	New Policy
Date Revised	06/21/2023	Annual review. Updated references. Added examples of PASS and SPS devices. Approved at committee.
	05/22/2024	Annual review. Updated references. Approved by Committee.
Date Effective	09/01/2024	

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

Date Archived		

H. References

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