

**EFFECTIVE DATE:** 03 | 16 | 2010

**POLICY LAST UPDATED:** 03 | 02 | 2022

## **OVERVIEW**

Constraint-induced movement therapy (CIMT), also known as forced use movement therapy, is a form of intensive physical therapy aimed at reorganizing and reprogramming the brain after a stroke, traumatic brain injury, spinal cord damage, or neuromotor disorder.

## **MEDICAL CRITERIA**

Not applicable

## **PRIOR AUTHORIZATION**

Not applicable

## **POLICY STATEMENT**

### **Medicare Advantage Plans**

Constraint-induced movement therapy is not covered for any indication, as there is insufficient peer-reviewed scientific literature that demonstrates that the service is effective.

### **Commercial Products**

Constraint-induced movement therapy is considered not medically necessary for any indication, as there is insufficient peer-reviewed scientific literature that demonstrates that the service is effective.

## **COVERAGE**

Benefits may vary between groups/contracts. Please refer to the appropriate section of the Benefit Booklet, Evidence of Coverage or Subscriber Agreement for services not medically necessary.

## **BACKGROUND**

Constraint-induced movement therapy (CIMT), also known as forced use movement therapy, is a form of intensive physical therapy aimed at reorganizing and reprogramming the brain after a stroke, traumatic brain injury, spinal cord damage, or neuromotor disorder.

CIMT developed out of behavioral research on the phenomenon of “learned nonuse” of an upper extremity, commonly observed following sensory and/or motor central nervous system (CNS) injury, in which failure to regain use persists even after a period of partial recovery. CIMT includes three key elements: (1) constraining the use of the less-impaired upper extremity (UE); (2) intensive, repetitive daily therapist-directed practice of motor movements with the impaired UE for an extended period (2-3 weeks); and (3) shaping of more complex action patterns through a process of rewarding successive approximations to the target action.

Numerous case studies, as well as a small number of randomized or controlled clinical trials have reported substantial gains in functional use of the hemiplegic UE following CIMT with children. Protocols vary widely in terms of type of constraint used, intensity and duration of training, and outcome measures.

High-quality research is required to sufficiently support the use of CIMT on patients following a stroke, traumatic brain injury, or spinal cord injury. Because the methods and outcomes used are inconsistent among clinical trials, it has not been proven which techniques, if any, are clinically useful. Further studies are needed to find out the optimal treatment protocols for CIMT.

## CODING

### Medicare Advantage and Commercial Products

There are no specific codes for this service. To report, use the unlisted physical medicine code:

**97799** Unlisted physical medicine/rehabilitation service or procedure

**Please Note:** It is incorrect to file this service with other or Physical Medicine and Rehabilitation codes.

## RELATED POLICIES

None

## PUBLISHED

Provider Update, May 2022

Provider Update, April 2021

Provider Update, May 2020

Provider Update, June 2019

Provider Update, April 2018

Provider Update, May 2017

## REFERENCES

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12. Fleet A, et al. Modified constraint-induced movement therapy for upper extremity recovery post stroke: what is the evidence? Top Stroke Rehabil 2014 Jul-Aug; 21(4):319-31.

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