Constraint-Induced Movement Therapy

Device/Equipment Drug Medical Surgery Test Other

Effective Date: 3/16/2010 Policy Last Updated: 2/7/2012

Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:
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 involves a group of rehabilitation techniques with the primary goal of forcing individuals with stroke to increase the use of an affected area for several hours a day over a period of 2 to 3 weeks. CIMT has been used in patients with chronic and subacute cerebral vascular accident (CVA), chronic traumatic brain injury, incomplete spinal cord injury, cerebral palsy, fractured hip as well as phantom limb pain.

One protocol for pediatric constraint-induced movement therapy, known as ACQUIRE Therapy, was developed for children with neuromotor impairments. The therapy aims to promote function of the affected limb by encouraging its use through intermittent restraint of the unaffected limb during therapeutic tasks.

High quality research is required to sufficiently support the use of CMIT on patients following a stroke, traumatic brain injury, or spinal cord injury. Because the methods and outcomes used are inconsistent among clinical trials, it is has not been proven which techniques, if any, are clinically useful.

Medical Criteria:
There are no criteria.

Policy:
Constraint-induced movement therapy is considered not medically necessary for any indication as there is insufficient research to demonstrate that the technique is effective.

Providers should inform their patient that constraint-induced movement therapy is not covered and is a member liability for all product lines including BlueCHiP for Medicare.

Coverage:
Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement or Benefit Booklet for the applicable "Not Medically Necessary" benefit.
Coding:
As there are no specific codes for these services, providers should file the unlisted physical medicine code and not physical therapy or occupational therapy codes.

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Also Known as:
Neuromuscular re-education

Publications:
Provider Update, May 2010
Provider Update, May 2011
Provider Update, April 2012

References:


http://jama.ama-assn.org/cgi/content/abstract/296/17/2095


http://pediatrics.aappublications.org/cgi/content/full/113/2/305


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