

# Medical Coverage Policy



## Constraint-Induced Movement Therapy

Device/Equipment  Drug  Medical  Surgery  Test  Other

Effective Date:	3/16/2010	Policy Last Updated:	3/19/2013
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**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:

None

### Policy:

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 Evidence of Coverage or Subscriber Agreement 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.

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

**Also Known as:**

Neuromuscular re-education

**Related Topics:**

None

**Publications:**

Provider Update, June 2013

Provider Update, April 2012

Provider Update, May 2011

Provider Update, May 2010

**References:**

Hoare BJ, Wasiak J, Imms C, Carey L. Constraint-induced movement therapy in the treatment of the upper limb in children with hemiplegic cerebral palsy. Cochrane Database of Systematic Reviews 2007, Issue 2. Art. No.: CD004149. DOI: 10.1002/14651858.CD004149.pub2.

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Review History:

**03/19/2013: Annual review without change.**

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