



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

### BlueCHiP for Medicare and Commercial

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 limitations of benefits/coverage when services are 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

### BlueCHiP for Medicare and Commercial

There are no specific codes for this service. To report, use the unlisted physical medicine code:  
**97799**

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

## RELATED POLICIES

None

## PUBLISHED

Provider Update, July 2015  
Provider Update October 2014  
Provider Update June 2013  
Provider Update April 2012  
Provider Update May 2011  
Provider Update May 2010

## REFERENCES

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6. Singh P, Pradhan B. Study to assess the effectiveness of modified constraint-induced movement therapy in stroke subjects: A randomized controlled trial. Ann Indian Acad Neurol. 2013 Apr; 16(2):180-4.
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9. Brady K, Garcia T Constraint-induced movement therapy (CIMT): pediatric applications: <http://www.ncbi.nlm.nih.gov/pubmed/19489088>

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