CONTINUOUS PASSIVE MOTION (CPM)

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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Description:

Physical therapy of joints following surgery focuses on passive motion to restore mobility and active exercises to restore strength. Passive motion is most commonly administered by a continuous passive motion (CPM) device. CPM is thought to improve recovery by stimulating the healing of articular tissues and circulation of synovial fluid, reduce local edema and prevent adhesions, joint stiffness, contractures or cartilage degeneration. The device moves the joint (e.g., flexion/extension) continuously without individual assistance for extended periods of time (i.e., up to 24 hours/day). The speed and range of motion (ROM) can be varied depending on joint stability. ROM is increased by 3–5 degrees per day as tolerated. The use of the CPM device may be initiated in the immediate postoperative period and then continued at home for a variable period of time.
CONTINUOUS PASSIVE MOTION (CPM) (cont.)

Criteria:

- Continuous passive motion immediately following surgery is considered **medically necessary** for a maximum of 3 weeks for **ANY** of the following:
  1. Total knee arthroplasty (replacement) or revision
  2. Ligamentous reconstruction of the knee
  3. Any condition of the knee causing range of motion restriction that requires intervention with either open repair or manipulation

- Continuous passive motion beyond 3 weeks of use is considered **not medically necessary**.

- Continuous passive motion for all other indications not previously listed or if above criteria not met is considered **experimental or investigational** based upon a lack of scientific evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

Resources:


CONTINUOUS PASSIVE MOTION (CPM) (cont.)

Resources: (cont.)


