

# Clinical Policy: Mechanical Stretching Devices for Joint Stiffness and Contracture

Reference Number: PA.CP.MP.144

Last Review Date: 09/18

Coding Implications
Revision Log

Effective Date: 09/18

### **Description**

Mechanical stretching devices are used for the prevention and treatment of joint contractures of the extremities, with the goal to maintain or restore range of motion (ROM) to the joint. A variety of mechanical stretching devices are available for extension or flexion of the shoulder, elbow, wrist, fingers, knee, ankle, and toes. These devices are generally used as adjunct treatment to physical therapy and/or exercise.

## Policy/Criteria

- **I.** It is the policy of PA Health & Wellness (PHW)<sup>®</sup> that the low-load prolonged-duration stretch (LLPS) device /dynamic stretch device is **medically necessary** for rehabilitation of extensor tendon injury of the finger.
- **II.** It is the policy of PHW that the LLPS device for any other indication or any other joint is considered not medically necessary.
- **III.** It is the policy of PHW that static progressive (SP) stretch devices and the patient-actuated serial stretch (PASS) device for any indication are considered not medically necessary.

### **Background**

A joint contracture is characterized by a chronically reduced ROM secondary to structural changes in non-bony tissues, including muscle, tendons, ligaments, and skin. Prolonged immobilization of joints following surgery or trauma is the most common cause of joint contractures. A number of different modalities are used to treat or prevent joint contractures.

Mechanical stretching devices have been investigated for the treatment of joint contractures. The use of these devices is based on the theory that passive motion early in the healing process can promote movement of the synovial fluid, and thus promote lubrication of the joint; stimulate the healing of articular tissues; prevent adhesions and joint stiffness; and reduce edema without interfering with the healing of incisions or wounds over the moving joint.

Several types of devices exist, including low-load prolonged duration stretch devices (also referred to as dynamic splinting), static progressive stretch devices, and patient-actuated serial stretch (PASS) (also known as patient-directed serial stretch) devices. LLPS devices permit resisted active and passive motion (elastic traction) within a limited range. LLPS devices maintain a set level of tension by means of incorporated springs. PASS devices permit resisted active and passive motion within a limited range utilizing pneumatic or hydraulic systems that can be adjusted by the patient. The extensionaters use pneumatic systems while the flexionaters use hydraulic systems. These devices require custom fitting. SP stretch devices hold the joint in a set position but allow for manual modification of the joint angle and may allow for active

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### **CLINICAL POLICY**

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motion without resistance (inelastic traction). This type of device itself does not exert a stress on the tissue unless the joint angle is set at the maximum ROM.

Dynamic splinting is commonly used in the post-operative period for the prevention or treatment of motion stiffness/loss in the knee, elbow, wrist or finger. Peer reviewed studies investigating dynamic splinting are limited. The best evidence is available in studies evaluating LLPS following extensor injury. Results from a small, prospective, randomized trial comparing dynamic splinting to static splinting suggest that dynamic splinting of complex lacerations of the extensor tendons in zones V-VII provides improved functional outcomes at 4 and 12 weeks and 6 months when compared with static splinting.<sup>1</sup> Another small, prospective, randomized, controlled study comparing postoperative dynamic- versus static- splinting outcomes of patients following extensor tendon repair reported dynamic splinting of simple, complete lacerations of the extensor tendons in zones V and VI. Dynamic splinting provided improved functional outcomes at 4, 6, and 8 weeks but not by 6 months when compared with static splinting.<sup>2</sup>

Limited evidence suggests that LLPS following surgical extensor injury repair may increase range of motion faster than static splinting. However, the treatment benefit is small and the final outcome is similar to that achieved with static splinting.

There is insufficient evidence in the published medical literature to demonstrate the safety, efficacy, and long-term outcomes on the use of static progressive stretch and patient-actuated serial stretch devices, as well as low-load prolonged stretch devices for other joints, including but not limited to, the hand, wrist, elbow, shoulder, toes, and knee.

## **Coding Implications**

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HCPCS Codes considered medically necessary when meeting policy criteria

HCPCS Codes	Description
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

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ICD-10-CM Code	Description			
M24.541 – M24.549	Contracture, hand			
M25.641 - M25.649	Stiffness of hand, not elsewhere classified			
M84.441S	Pathological fracture, right hand, sequela			



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	Devices for Joint Stiffness and Contracture
ICD-10-CM Code	Description
M84.442S	Pathological fracture, left hand, sequela
M84.443S	Pathological fracture, unspecified hand, sequela
M84.444S	Pathological fracture, right finger(s), sequela
M84.445S	Pathological fracture, left finger(s), sequela
M84.446S	Pathological fracture, unspecified finger(s), sequela
S61.001A - S61.459S	Open wound of fingers and hands
S62.201A - S62.92XS	Fracture of hand
S63.101A - S63.106S	Unspecified subluxation and dislocation of thumb
S63.111A - S63.116S	Subluxation and dislocation of metacarpophalangeal joint of
	thumb
S63.121A - S63.126S	Subluxation and dislocation of unspecified interphalangeal
	joint of thumb
S63.200A - S63.209S	Unspecified subluxation of other finger
S63.210A - S63.219S	Subluxation of metacarpophalangeal joint of finger
S63.220A - S63.229S	Subluxation of unspecified interphalangeal joint of finger
S63.230A - S63.239S	Subluxation of proximal interphalangeal joint of finger
S63.240A - S63.249S	Subluxation of distal interphalangeal joint of finger
S63.250A - S63.259S	Unspecified dislocation of other finger
S63.260A - S63.269S	Dislocation of metacarpophalangeal joint of finger
S63.270A - S63.279S	Dislocation of unspecified interphalangeal joint of finger
S63.280A - S63.289S	Dislocation of proximal interphalangeal joint of finger
S63.290A - S63.299S	Dislocation of distal interphalangeal joint of finger
S66.001A - S66.009S	Unspecified injury of long flexor muscle, fascia and tendon of
	thumb at wrist and hand level
S66.011A - S66.019S	Strain of long flexor muscle, fascia, and tendon of thumb at
	wrist and hand level
S66.021A - S66.029S	Laceration of long flexor muscle, fascia, and tendon of thumb
	at wrist and hand level
S66.091A - S66.099S	Other specified injury of long flexor muscle, fascia, and
	tendon of thumb at wrist and hand level
S66.100A - S66.109S	Unspecified injury of flexor muscle, fascia and tendon of
	right index finger at wrist and hand level
S66.110A - S66.119S	Strain of flexor muscle, fascia, and tendon of other and
	unspecified finger at wrist and hand level
S66.120A - S66.129S	Laceration of flexor muscle, fascia, and tendon of other and
	unspecified finger at wrist and hand level
S66.190A – S66.199S	Other injury of flexor muscle, fascia, and tendon of other and
	unspecified finger at wrist and hand level
S66.201A - S66.209S	Unspecified injury of extensor muscle, fascia and tendon of
0.000111 0.00000	thumb at wrist and hand level
S66.211A - S66.219S	Strain of extensor muscle, fascia and tendon of thumb at wrist
0.0001110000000000000000000000000000000	and hand level
S66.221A -S66.229S	Laceration of extensor muscle, fascia and tendon of thumb at
	wrist and hand level



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ICD-10-CM Code	Description
S66.291A - S66.299S	Other specified injury of extensor muscle, fascia and tendon
	of thumb at wrist and hand level
S66.300A - S66.309S	Unspecified injury of extensor muscle, fascia and tendon of
	other and unspecified finger at wrist and hand level
S66.310A - S66.319S	Strain of extensor muscle, fascia and tendon of other and
	unspecified finger at wrist and hand level
S66.320A - S66.329S	Laceration of extensor muscle, fascia and tendon of other and
	unspecified finger at wrist and hand level
S66.390A - S66.399S	Other injury of extensor muscle, fascia and tendon of other
	and unspecified finger at wrist and hand level
S66.401A - S66.499S	Injury of intrinsic muscle, fascia and tendon of thumb at wrist
	and hand level
S66.500A - S66.599S	Injury of intrinsic muscle, fascia and tendon of other and
	unspecified finger at wrist and hand level
S67.00XA - S67.92XS	Crushing injury of wrist, hand and fingers

**HCPCS** Codes considered NOT medically necessary per this policy

HCPCS	Description		
Codes			
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material		
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories		
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material		
E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material		
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories		
E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material		
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories		
E1812	Dynamic knee, extension/flexion device with active resistance control		
E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material		
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories		
E1818	Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories		
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material		
E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories		



## **Mechanical Stretching Devices for Joint Stiffness and Contracture**

HCPCS	Description
Codes	
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft
	interface material
E1841	Static progressive stretch shoulder device, with or without range of motion
	adjustment, includes all components and accessories

Reviews, Revisions, and Approvals		Approval Date
Policy developed	09/18	

#### References

- 1. Kitis A, Ozcan RH, Bagdatli D, et al. Comparison of static and dynamic splinting regimens for extensor tendon repairs in zones V to VII. Plast Surg Hand Surg. 2012 Sep;46(3-4):267-71
- 2. Mowlavi A, Burns M, Brown RE. Dynamic versus static splinting of simple zone V and zone VI extensor tendon repairs: a prospective, randomized, controlled study. Plast Reconstr Surg. 2005 Feb;115(2):482-7
- 3. Hayes Medical Technology Directory. Mechanical Stretching Device for the Treatment of Joint Contractures of the Extremities. Feb 2013. Update Jan 2017
- 4. Sameem M, Wood T, Ignacy T, et al. A systematic review of rehabilitation protocols after surgical repair of the extensor tendons in zones V-VIII of the hand. J Hand Ther. 2011 Oct-Dec;24(4):365-72
- 5. Neuhaus V, Wong G, Russo KE, Mudgal CS. Dynamic splinting with early motion following zone IV/V and TI to TIII extensor tendon repairs. J Hand Surg Am. 2012 May;37(5):933-7.
- 6. Chester DL, Beale S, Beveridge L, Nancarrow JD, Titley OG. A prospective, controlled, randomized trial comparing early active extension with passive extension using a dynamic splint in the rehabilitation of repaired extensor tendons. J Hand Surg Br. 2002;27(3):283-288.
- 7. Giessler GA, Przybilski M, Germann G, Sauerbier M, Megerle K. Early free active versus dynamic extension splinting after extensor indicis proprius tendon transfer to restore thumb extension: a prospective randomized study. J Hand Surg Am. 2008;33(6):864-868
- 8. Glasgow C, Tooth LR, Fleming J, Peters S. Dynamic splinting for the stiff hand after trauma: predictors of contracture resolution. J Hand Ther. 2011;24(3):195-206.
- **9.** Larson D, Jerosch-Herold C. Clinical effectiveness of post-operative splinting after surgical release of Dupuytren's contracture: a systematic review. BMC Musculoskelet Disord. 2008 Jul 21;9:104. doi: 10.1186/1471-2474-9-104.
- 10. Khandwala AR, Webb J, Harris SB, et al. A comparison of dynamic extension splinting and controlled active mobilization of complete divisions of extensor tendons in zones 5 and 6. J Hand Surg Br. 2000 Apr;25(2):140-6.
- 11. Walsh MT, Rinehimer W, Muntzer E et al. Early controlled motion with dynamic splinting versus static splinting for zones III and IV extensor tendon lacerations: a preliminary report. J Hand Ther. 1994 Oct-Dec;7(4):232-6.
- 12. Saldana MJ, Choban S, Westerbeck P, Schacherer TG. Results of acute zone III extensor tendon injuries treated with dynamic extension splinting. J Hand Surg Am. 1991 Nov;16(6):1145-50.



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- 13. Kraaijenga S, van der Molen L, van Tinteren H, et al. Treatment of myogenic temporomandibular disorder: a prospective randomized clinical trial, comparing a mechanical stretching device (TheraBite®) with standard physical therapy exercise. Cranio. 2014 Jul;32(3):208-16
- 14. Jongs RA, Harvey LA, Gwinn T, et al. Dynamic splints do not reduce contracture following distal radial fracture: a randomised controlled trial. J Physiother. 2012;58 (3):173-180.
- 15. Lindenhovius AL, Doornberg JN, Brouwer KM, et al. A prospective randomized controlled trial of dynamic versus static progressive elbow splinting for posttraumatic elbow stiffness. J Bone Joint Surg Am. 2012;94(8):694-700.
- 16. Griffin M, Hindocha S, Jordan D, et al. Management of Extensor Tendon Injuries. Open Orthop J. 2012; 6: 36–42.
- 17. Pace JL, Nasreddine AY, Simoni M, et al. Dynamic Splinting in Children and Adolescents With Stiffness After Knee Surgery. J Pediatr Orthop. 2018 Jan;38(1):38-43