

Healthcare Operations Utilization Management Protocol

Protonics Active Resistance Orthosis (Protonic Knee Brace)

HEALTH PLAN OF NEVADA, INC. SM SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC. [®]

Number
ORT006

Approved for Medicare

For Sierra Health Option products please review plan documents prior to issuing a determination

Requires Medical Director Review Approval

CPT: L1885

Description:

The Protonics Active Resistance Orthosis (knee orthosis, single or double upright, thigh and calf, with functional active resistance control, prefabricated, includes fitting and adjustment) is worn to enhance output of the muscles surrounding the knee by applying programmable resistance to the hamstrings. This programmable resistance may alter the neurological input and result in improved muscle balance, alignment and function.

Covered Indications:

From the vendor literature

- Patients who have not been able to achieve full range of motion from traditional exercise and stretching regimens used in the clinic to increase range of motion.
- Common conditions that result in a reduction of range of motion are:

Trauma	Neurological*
Post-surgical joint stiffness	Stroke
Ligament or tendon repairs	Spinal cord injury
Joint replacement	Cerebral palsy
Post fractures	Closed-head injury
Burns	Immobilization

- Examples of treatment applications that may benefit from functional active resistance are:
- Dynamic mal-alignment of the patella causing excessive compression forces across the knee
- Poorly coordinated muscle firing of quadriceps group
- Altered intra-articular movement pattern between the tibia and femur
- Compensatory movement during gait and exercise
- Adjunctive component in patello-femoral pain syndrome and ACL Rehabilitation

From Medicare documentation related to DME in general

- Item is reasonable and necessary for the individual member
- Can withstand repeated use
- Generally is not useful to a person in the absence of illness or injury and is
- Appropriate for use in the member's home

Not Covered Indications: N/A

Review History:

Issued: 7/26/01

Revised: 11/17/05

* These protocols are to be used as guidelines in the decision-making process and do not represent standards of care of any individual patient. They are proprietary documents and may not be copied or distributed without express permission.

Corporate Medical Affairs Committee Approval Dates: 9/16/04, 11/17/05, 1/18/07, 2/21/08

References:

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