



PRESCRIPTION AND PHYSICIANS CERTIFICATE OF MEDICAL NECESSITY

Patient Name \_\_\_\_\_ Date of Surgery or Injury \_\_\_\_\_

ICD 10 Primary Code \_\_\_\_\_ ICD 10 Secondary \_\_\_\_\_ Other ICD 10 Code \_\_\_\_\_

Medical Condition \_\_\_\_\_ OTHER ICD 10 codes \_\_\_\_\_

AFFECTED BODY AREA- KNEE R \_\_\_ L \_\_\_

**EQUIPMENT ORDERED: Thermo Plus-CPM (continuous passive motion therapy machine)**

**STANDARD CPM INSTRUCTIONS UNLESS NOTED BY PHYSICIAN INSTRUCTIONS BELOW**

**DURATION 21 days OTHER \_\_\_\_\_ USE FOR \_\_\_ Per Day \_\_\_ Hours Per Session**

Post operative knee flexion and extension starts at 0 degrees then moves to 40 degrees or to patient tolerance. Use for two hours 3-4 time per day or as prescribed above. Advance 5 degrees per day as tolerated by patient. Goal is to reach 90 degrees by the end of the therapy period, or equivalent to ROM of patient prior to surgery. Therapy is prescribed for 21 days unless directed above.

Clinical studies continue to prove that continuous passive machine therapy machines are an effective option to aid in recovering mobility, during rehabilitation from surgery. Furthermore, it will reduce the chance of further complications, re injury, reduce pain, reduce adhesions, improve mobility, reduce recovery time, and further surgical intervention. This is a medically necessary product and should be authorized without delay.

\_\_\_\_\_  
Physicians Signature

\_\_\_\_\_  
Physicians Name

\_\_\_\_\_  
Physicians NPI Number (not groups NPI)

\_\_\_\_\_  
Date of script