

FEP 1.01.26 Cooling Devices Used in the Outpatient Setting

Effective Date: April 15, 2018

Related Policies: None

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Description

Cooling devices use chilled water to decrease the local temperature of tissue. There are a variety of cooling devices available, ranging from gravity-fed devices that manually fill with iced water, to motorized units that both cool and circulate chilled water. These devices are typically used when ice packs would normally be applied (eg, after orthopedic surgical procedures).

FDA REGULATORY STATUS

A large number of circulating and noncirculating cooling devices have been cleared for marketing by the U.S. Food and Drug Administration through the 510(k) process since 1976. Food and Drug Administration product code: ILO.

POLICY STATEMENT

Circulating and noncirculating cooling devices are considered **not medically necessary**.

Combination circulating cooling and compression (cryopneumatic) devices are considered **investigational**.

POLICY GUIDELINES

According to Medicare's durable medical equipment regional carrier policy, noncirculating cooling devices are not considered durable medical equipment and thus should be billed as: Noncovered device or service

BENEFIT APPLICATION

Experimental or investigational procedures, treatments, drugs, or devices are not covered (See General Exclusion Section of brochure).

RATIONALE

Summary of Evidence

For individuals who have pain and/or swelling after knee surgery, the evidence includes systematic reviews, several randomized controlled trials, and a case-control study. Relevant outcomes are symptoms, functional outcomes, medication use, and resource utilization. Evidence on manually operated passive noncirculating cooling devices is limited by the control condition used in the trials. Studies that used either a no-icing control or infrequent ice applications do not provide sufficient evidence of

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comparative efficacy. Other studies have provided no information on the frequency of ice changes, limiting interpretation of the results. Several randomized trials have compared active circulating cooling devices with standard intermittent icing or cold packs, and two of the larger trials found no significant benefit of the continuous cooling devices. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have pain and/or swelling after shoulder surgery, the evidence includes a randomized controlled trial. Relevant outcomes include symptoms, functional outcomes, medication use, and resource utilization. Evidence found that use of compressive cryotherapy produced no significant reduction in pain or medication use compared with the standard ice wrap. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have pain and/or swelling after facial surgery, the evidence includes several small randomized controlled trials and a pilot study. Relevant outcomes include symptoms, functional outcomes, medication use, and resource utilization. There have been mixed results regarding the intervention's efficacy in reducing neurologic problems as well as improving eye motility, diplopia, mandible functioning, and mouth opening compared with conventional cooling regimens. The evidence is insufficient to determine the effects of the technology on health outcomes.

SUPPLEMENTAL INFORMATION

Practice Guidelines and Position Statements

No guidelines or statements were identified.

U.S. Preventive Services Task Force Recommendations

Not applicable.

Medicare National Coverage

While there is no national coverage decision for Medicare, cooling devices are addressed in durable medical equipment regional carrier (DMERC) policy. Last reviewed in July 2004, the DMERC policy reads as follows:

“A device in which ice water is put in a reservoir and then circulated through a pad by means of gravity is not considered durable medical equipment (DME). Other devices (not all-inclusive) which are also not considered to be DME are: single use packs which generate cold temperature by a chemical reaction; packs which contain gel or other material which can be repeatedly frozen; simple containers into which ice water can be placed. A water circulating cold pad with pump will be denied as not medically necessary.”

REFERENCES

1. Schroder D, Passler HH. Combination of cold and compression after knee surgery. A prospective randomized study. *Knee Surg Sports Traumatol Arthrosc.* Jan 1994;2(3):158-165. PMID 7584198
2. Whitelaw GP, DeMuth KA, Demos HA, et al. The use of the Cryo/Cuff versus ice and elastic wrap in the postoperative care of knee arthroscopy patients. *Am J Knee Surg.* Winter 1995;8(1):28-30; discussion 30-21. PMID 7866800
3. Healy WL, Seidman J, Pfeifer BA, et al. Cold compressive dressing after total knee arthroplasty. *Clin Orthop Relat Res.* Feb 1994(299):143-146. PMID 7907012
4. Edwards DJ, Rimmer M, Keene GC. The use of cold therapy in the postoperative management of patients undergoing arthroscopic anterior cruciate ligament reconstruction. *Am J Sports Med.* Mar-Apr 1996;24(2):193-195. PMID 8775119
5. Brandsson S, Rydgren B, Hedner T, et al. Postoperative analgesic effects of an external cooling system and intra-articular bupivacaine/morphine after arthroscopic cruciate ligament surgery. *Knee Surg Sports Traumatol Arthrosc.* Jan 1996;4(4):200-205. PMID 9046503

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6. Levy AS, Marmar E. The role of cold compression dressings in the postoperative treatment of total knee arthroplasty. *Clin Orthop Relat Res.* Dec 1993(297):174-178. PMID 7902225
7. Thienpont E. Does advanced cryotherapy reduce pain and narcotic consumption after knee arthroplasty? *Clin Orthop Relat Res.* Nov 2014;472(11):3417-3423. PMID 25059851
8. Woolf SK, Barfield WR, Merrill KD, et al. Comparison of a continuous temperature-controlled cryotherapy device to a simple icing regimen following outpatient knee arthroscopy. *J Knee Surg.* Jan 2008;21(1):15-19. PMID 18300666
9. Ruffilli A, Buda R, Castagnini F, et al. Temperature-controlled continuous cold flow device versus traditional icing regimen following anterior cruciate ligament reconstruction: a prospective randomized comparative trial. *Arch Orthop Trauma Surg.* Oct 2015;135(10):1405-1410. PMID 26141535
10. Ruffilli A, Castagnini F, Traina F, et al. Temperature-controlled continuous cold flow device after total knee arthroplasty: a randomized controlled trial study. *J Knee Surg.* Sep 2017;30(7):675-681. PMID 27903009
11. Barber FA, McGuire DA, Click S. Continuous-flow cold therapy for outpatient anterior cruciate ligament reconstruction. *Arthroscopy.* Mar 1998;14(2):130-135. PMID 9531122
12. Cohn BT, Draeger RI, Jackson DW. The effects of cold therapy in the postoperative management of pain in patients undergoing anterior cruciate ligament reconstruction. *Am J Sports Med.* May-Jun 1989;17(3):344-349. PMID 2729484
13. Dervin GF, Taylor DE, Keene GC. Effects of cold and compression dressings on early postoperative outcomes for the arthroscopic anterior cruciate ligament reconstruction patient. *J Orthop Sports Phys Ther.* Jun 1998;27(6):403-406. PMID 9617725
14. Saito N, Horiuchi H, Kobayashi S, et al. Continuous local cooling for pain relief following total hip arthroplasty. *J Arthroplasty.* Apr 2004;19(3):334-337. PMID 15067647
15. Su EP, Perna M, Boettner F, et al. A prospective, multi-center, randomised trial to evaluate the efficacy of a cryopneumatic device on total knee arthroplasty recovery. *J Bone Joint Surg Br.* Nov 2012;94(11 Suppl A):153-156. PMID 23118406
16. Waterman B, Walker JJ, Swaims C, et al. The efficacy of combined cryotherapy and compression compared with cryotherapy alone following anterior cruciate ligament reconstruction. *J Knee Surg.* May 2012;25(2):155-160. PMID 22928433
17. Murgier J, Cailliez J, Wargny M, et al. Cryotherapy with dynamic intermittent compression improves recovery from revision total knee arthroplasty. *J Arthroplasty.* Sep 2017;32(9):2788-2791. PMID 28465126
18. Gatewood CT, Tran AA, Dragoo JL. The efficacy of post-operative devices following knee arthroscopic surgery: a systematic review. *Knee Surg Sports Traumatol Arthrosc.* Feb 2017;25(2):501-516. PMID 27695905
19. Kraeutler MJ, Reynolds KA, Long C, et al. Compressive cryotherapy versus ice-a prospective, randomized study on postoperative pain in patients undergoing arthroscopic rotator cuff repair or subacromial decompression. *J Shoulder Elbow Surg.* Jun 2015;24(6):854-859. PMID 25825138
20. Rana M, Gellrich NC, von See C, et al. 3D evaluation of postoperative swelling in treatment of bilateral mandibular fractures using 2 different cooling therapy methods: a randomized observer blind prospective study. *J Craniomaxillofac Surg.* Jan 2013;41(1):e17-23. PMID 22626630
21. Rana M, Gellrich NC, Ghassemi A, et al. Three-dimensional evaluation of postoperative swelling after third molar surgery using 2 different cooling therapy methods: a randomized observer-blind prospective study. *J Oral Maxillofac Surg.* Aug 2011;69(8):2092-2098. PMID 21496998
22. Rana M, Gellrich NC, Joos U, et al. 3D evaluation of postoperative swelling using two different cooling methods following orthognathic surgery: a randomised observer blind prospective pilot study. *Int J Oral Maxillofac Surg.* Jul 2011;40(7):690-696. PMID 21411291
23. Modabber A, Rana M, Ghassemi A, et al. Three-dimensional evaluation of postoperative swelling in treatment of zygomatic bone fractures using two different cooling therapy methods: a randomized, observer-blind, prospective study. *Trials.* Jul 29 2013;14:238. PMID 23895539

POLICY HISTORY

Date	Action	Description
September 2011	New Policy	
June 2013	Policy Updated	Policy updated with literature review, references 10 and 12 added, others removed and reordered; Policy stmt changed to: active cryopneumatic devices considered not medically necessary.

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March 2017	Policy Updated	Policy updated with literature review. Policy statement unchanged.
December 2017	Policy Updated	Policy updated with literature review. Policy statement unchanged.
March 2018	Administrative Update	Removed non-FEP policy which was listed under related policies: 1.01.10 Continuous Passive motion in the Home Setting.

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