

Review Criteria

Georgia Region

Title:	Rolling Knee Walkers (Crutch Substitute)		
Department:	QUALITY RESOURCE MANAGEMENT	Page:	1 of 2
Section:	UTILIZATION MANAGEMENT	Policy Number:	03-42
Туре:	() New	Effective Date:	1/25/2010
	(X) Reviewed / Revised	Date:	2/17/2017 1/29/2018 2/7/2019 1/3/2020 1/21/2021 1/10/2022 2/28/2023

Purpose

This policy provides the indications and contraindications necessary for the Quality Resource Management staff to make the most appropriate decision related to the medical necessity of the procedure listed.

DIAGNOSIS/CONDITION:

CPT-4/ HCPCS CODE AND DESCRIPTION: INDICATORS

- **1.0 INDICATIONS:** The Knee Walker is a medical device designed for person who has an injury below the knee. The Knee Walker is designed for convenience as well as comfort and stability and is indicated in patients that are **unable** to use crutches or manual wheelchair due to medical conditions e.g.
 - Neck problems or Arm problems which prevent use of crutches or wheel chair
 - Respiratory or Cardiac Conditions for which ambulating with crutches/wheelchair would exacerbate condition
 - Patients with Balance problems (on a case by case basis, patients that are morbidly obese BMI >35 and not expected to be able to use crutches or propel wheelchair)
 - Neuropathy (pt with loss of proprioception and bear more weight on feet)
 - Limited Upper body strength resulting in inability to use crutches
- **2.0 CONTRAINDICATIONS:** Patients that will be non-weight bearing for short periods of time i.e. <3 weeks and able to use crutches or wheelchair for ambulation. Patients with impaired cognition or vision should not use knee walker.

3.0 VIEWS OF THE SOUTHEAST PERMANENTE MEDICAL GROUP

Knee walkers will be considered medically necessary in patients with below the knee injury
or surgery and inability to ambulate using crutches or wheelchair or has medical condition
which precludes use of crutches or wheelchair.

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- 4.0 **CLINICAL SUMMARY:** see indications above
- 5.0 **REVIEW OF THE LITERATURE: N/A**
- 6.0 REFERENCES:

Aetna: CPB Ambulatory Assist Devices: Walkers, Canes, and Crutches -8/2020

Roll-A-Bout Walker/the Turning Leg Caddy Knee Walker:

Aetna considers a Roll-A-Bout Walker and the Turning Leg Caddy Knee Walker medically necessary DME where a member can't use crutches, standard walkers or other standard ambulatory assist devices (e.g., a member with an injured foot can't use crutches because he/she has only one arm).

Cigna Coverage 3/2011:

A knee crutch/hands-free walker (e.g., Roll-A-Bout walker, Rolleraid™, iWALKFree™, Turning Leg Caddy®) (HCPCS code E0118) for below-the-knee injuries or surgery is covered when the individual's condition is such that he/she is unable to use crutches, standard walkers or other standard ambulatory

Appro	Approval		
	1/25/23		
Luke Beno, MD Physician Program Director, Quality Resource Management	Date		
	Date		