1. **Purpose**

The purpose of this policy is to define the use of physical medicine modalities and therapeutic procedures as it relates to medically necessary treatment of patients.

2. **Statement of Policy**

   2.1. It is the policy of Triad Healthcare, Inc. to evaluate the use of physical modalities and therapeutic procedures on a case-by-case basis.

   2.2. The management of patients should emphasize active care strategies and procedures as well as self-care instruction. Triad recognizes that the short-term use of modalities and/or passive procedures may have some benefit to facilitate the patient’s participation in active care and functional restoration. The prolonged use of modalities has not been demonstrated to improve patient outcomes and may be an obstacle to attaining the goals of self-efficacy and independence from care. The use of physical modalities and therapeutic procedures may be considered **medically necessary** when they are used as an adjunct to facilitate an active care and functional restoration program.

   2.3. The use of multiple modalities and/or passive procedures rendered to the same region with the same or similar effect is considered **not medically necessary**.

3. **References**

   3.1. Scientific:

The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding the use of physical modalities and therapeutic procedures for the treatment of neuromuscular pain, spasm and edema and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.

**References for Use of Interferential Therapy/Electrical Stimulation**


References for Use of Therapeutic Ultrasound & Phonophoresis

• AHRQ Evidence Report/Technology Assessment: Number 62  Diagnosis and Treatment of Worker-Related Musculoskeletal Disorders of the Upper Extremity http://www.ahrq.gov/


• Bjordal JM, Johnson MI, Lopes-Martins RA, Bogen B, Chow R, Ljunggren AE. Short-term efficacy of physical interventions in osteoarthritic knee pain. A
systematic review and meta-analysis of randomized placebo-controlled trials. 


• Oztas O, Turan B, Bora I, Karakaya MK, Ultrasound therapy effect in carpal tunnel syndrome, Arch Phys Med Rehabil 1998 Dec;79(12):1540-4


References for Use of Spinal Traction


• van Tulder MW, Koes BW, Assendelft WJ, Bouter LM, Maljers LD, Driessen AP, Chronic low back pain: exercise therapy, multidisciplinary programs, NSAID’s, back schools and behavioral therapy effective; traction not effective; results of systematic reviews, Ned Tijdschr Geneeskd 2000 Jul 29;144(31):1489-94.


References for Use of Diathermy


References for Use of Massage


**References for Use of Therapeutic Exercise**


- Chatzitheodorou D, Kabitsis C, Malliou P, Mougios V. A pilot study of the effects of high-intensity aerobic exercise versus passive interventions on pain, disability,


• Lansinger, Birgitta MS, PT; Larsson, Elisabeth MS, PT; Persson, Liselott C. PhD, PT; Carlsson, Jane Y. PhD, PT. Qigong and Exercise Therapy in Patients With Long-term Neck Pain: A Prospective Randomized Trial. *Spine.* 32(22):2415-2422, October 15, 2007.


• Linz DH; Shepherd CD; Ford LF; Ringley LL; Klekamp J; Duncan JM. Effectiveness of occupational medicine center-based physical therapy. Journal of Occupational and Environmental Medicine. 01-Jan-2002; 44(1): 48-53.


- van Tulder MW, Koes BW, Assendelft WJ, Bouter LM, Maljers LD, Driessen AP, Chronic low back pain: exercise therapy, multidisciplinary programs, NSAID's,
back schools and behavioral therapy effective; traction not effective; results of systematic reviews, *Ned Tijdschr Geneeskd* 2000 Jul 29;144(31):1489-94


### 3.2. Related Triad Medical Policies:
4. Attachments

4.1. Provider Manual

Table of Revisions

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<tr>
<th>Revision Date</th>
<th>Modified By</th>
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<tr>
<td>02/18/2009</td>
<td>Level 1, 2, 3</td>
<td>Annual review. Text added to end of Section 2.2: &quot;The use of physical modalities and therapeutic procedures may be considered medically necessary when they are used as an adjunct to an active care and functional restoration program.&quot;</td>
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<tr>
<td>08/07/2008</td>
<td>Level 1, 2, 3</td>
<td>Text revised to change title of policy from “Intensity of Care.” References added.</td>
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