1. **Purpose**

The purpose of this policy is to define the use of passive care (physical medicine modalities and/or passive procedures) and active care (therapeutic procedures) as it relates to medically necessary treatment of patients.

2. **Definitions**

2.1. **Primary Therapeutic Procedure**: refer to TMMP 13

2.2. **Adjunctive Modality and/or Therapeutic Procedure**: refer to TMMP 13

2.3. **Active Care**: Modes of treatment requiring patient involvement and participation in the pursuit of established treatment goals where there is shared accountability on the part of the patient.

2.4. **Passive Care**: Modes of treatment that are delivered to a patient in which there is no patient participation or involvement required to obtain established treatment goals.

3. **Statement of Policy**

3.1. It is the policy of Triad Healthcare, Inc, to evaluate the use of passive care (physical medicine modalities and/or passive procedures) and active care (therapeutic procedures) on a case by case basis.

3.2. The short-term use of passive care (physical medicine modalities and/or passive procedures) **may be considered medically necessary** to facilitate direct transition to self care and independence. When a patient is unable to directly transition to self care, active care may be used to facilitate the transition.

3.3. The short-term use of active care **may be considered medically necessary** when used as an adjunct to a primary therapeutic procedure in order to facilitate a transition to self care and independence.

3.4. The prolonged use of passive care (physical medicine modalities and/or passive procedures) has not been demonstrated to improve patient outcomes and may be an obstacle to attaining the goals of self-efficacy and independence from care.

4. **References**

4.1. 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


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**References for Use of Therapeutic Ultrasound & Phonophoresis**


**References for Use of Spinal Traction**


© Triad Healthcare, Inc. 2010  Proprietary Information  Page 14 of 33


**References for Use of Diathermy**


**References for Use of Massage**


**References for Use of Therapeutic Exercise**


Koes BW, Sanders RJ, Tuut MK; Kwaliteitsinstituut voor de Gezondheidszorg CBO. The Dutch Institute for Health Care Improvement (CBO) guideline for the


- 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.


- Riipinen M, Niemisto L, Lindgren KA, Hurri H. Psychosocial differences as predictors for recovery from chronic low back pain following manipulation,


• 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


4.2. Related Triad Medical Policies

• **TMMP 13 – Use of Adjunctive Modalities and / or Therapeutic Procedures**

• **TMMP 18 – Medical Necessity**

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**Table of Revisions**

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
</tr>
</thead>
</table>
| 07/22/2011    | Level 1.2.3 | Annual Review. Text revised to change title of policy from “Use of Physical Medicine Modalities and Therapeutic Procedures. Previous the following language was added to §1 ‘passive care (physical medicine modalities and/or passive procedures and active care’. §2.2 & 2.3 deleted. New §2 added with definitions for primary therapeutic procedure; adjunctive modality and/or therapeutic procedure; active care and passive care. Previous §2.1 is now 3.1 with the following language added ...passive care (physical medicine modalities and/or passive procedures) and active care (therapeutic procedures) ... New language added - §3.2, 3.3 and 3.4. §4.2 added reference to TMMP 13 – Use of Adjunctive Modalities and/or Therapeutic Procedures

| 03/18/2010    | Level 1, 2, 3 | Annual review. No change. |

| 02/18/2009    | Level 1, 2, 3 | Annual review. Text added to end of Section 2.2: “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.” |

| 08/07/2008    | Level 1, 2, 3 | Text revised to change title of policy from “Intensity of Care.” References added. |

*Triad’s Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and*
patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s Medical Policies are determined by the enrollee’s benefit documents and contracts and as such, individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.