

 <p>POLICY LIBRARY: MEDICAL</p>	Effective Date:	Approval Date:	Approved By:
	08/07/2008	08/07/2008	MQIC/General Counsel
	Doc. Control #: PRV.MQ.MP.019.001		
	Title/Subject: TMMP 36 - TREATMENT OF ASYMPTOMATIC ABNORMAL SPINAL CURVATURES		

1. Purpose

The purpose of this policy is to establish the criteria for medical necessity of various treatment interventions for asymptomatic patients presenting with abnormal spinal curvatures.

2. Statement of Policy

2.1. There is no known clinical benefit in the use of manual therapies (including but not limited to manipulation, mobilization, massage, etc.) for asymptomatic patients who demonstrate abnormal spinal curvatures. The use of manual therapies in asymptomatic patients with abnormal spinal deformities is therefore considered **not medically necessary**. Manual therapies may be considered medically necessary for patients with symptoms associated with abnormal spinal curvatures.

2.2. Therapeutic exercise for patients with a clinically significant abnormal spinal curvature with an expectation of progression of deformity may be considered **medically necessary** for the purpose of designing and teaching a home-based exercise program. Once an independent home-based exercise program can be safely implemented, continuing supervised therapeutic exercises is considered **not medically necessary**.

2.3. The use of passive (adjunctive) modalities including but not limited to thermal, acoustic, light, mechanical or electrical energy is considered **not medically necessary** in the treatment of patients with asymptomatic abnormal spinal curvatures.

2.4. The use of spinal orthoses may be considered **medically necessary** for the treatment of patient's abnormal spinal curvatures and will be evaluated on a case-by-case basis.

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 treatment of asymptomatic abnormal spinal curvatures 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

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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.

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3.2. Related Triad Medical Policies:

- [TMMP 18 - Medical Necessity](#)

4. Attachments

4.1. [Provider Manual](#)

Table of Revisions

Revision Date	Modified By	Description
08/07/2008	Level 1, 2, 3	Text revised to change title of policy from "Scoliosis." Policy revised and references added.