Please note the following:

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Dear Provider,

This document provides detailed descriptions of eviCore’s basic criteria for musculoskeletal management services. They have been carefully researched and are continually updated in order to be consistent with the most current evidence-based guidelines and recommendations for the provision of musculoskeletal management services from national and international medical societies and evidence-based medicine research centers. In addition, the criteria are supplemented by information published in peer reviewed literature.

Our health plan clients review the development and application of these criteria. Every eviCore health plan client develops a unique list of CPT codes or diagnoses that are part of their musculoskeletal management program. Health Plan medical policy supersedes the eviCore criteria when there is conflict with the eviCore criteria and the health plan medical policy. If you are unsure of whether or not a specific health plan has made modifications to these basic criteria in their medical policy for musculoskeletal management services, please contact the plan or access the plan’s website for additional information.

eviCore healthcare works hard to make your clinical review experience a pleasant one. For that reason, we have peer reviewers available to assist you should you have specific questions about a procedure.

For your convenience, eviCore’s Customer Service support is available from 7 a.m. to 7 p.m. Our toll free number is (800) 918-8924.

Gregg P. Allen, M.D. FAAFP

EVP and Chief Medical Officer
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Covered Services and Exclusions

Massage Therapy Covered Services
Massage Therapy for injury or illness for which massage has a therapeutic effect. Coverage is provided for up to a 60 minute session per visit when rendered by a participating massage therapist. Covered Services include but are not limited to acupressure, deep tissue massage, or as allowed by the massage therapists license.

Massage Therapy is considered medically necessary when all of the following circumstances have been met:

- Significant lasting therapeutic benefits lead towards a resolution of the member’s subjective complaints
- Functional limitations have improved significantly as a result of massage therapy treatment. Treatment is safe and effective and is not replacing or delaying other necessary medical care
- Patient should have at least one (1) Functional Limitation as follows:
  - Sitting
  - Standing
  - Walking
  - Stair climbing
  - Lifting
  - Working
  - Personal care (washing, dressing, etc.)
  - Driving
  - Sleeping
- Patient should have at least one Subjective Complaint, as follows:
  - Neck pain
  - Shoulder pain
  - Upper arm pain
  - Forearm pain
  - Wrist/hand pain
  - Upper/mid back pain
  - Low back pain
  - Hip pain
  - Upper leg pain
  - Lower leg pain
  - Ankle/foot pain

Massage Therapy Coverage Exclusions
Any manipulative techniques or procedures which are not generally accepted in a majority of states’ Massage Therapy licensing boards. Massage therapy supplies including but not limited to lotions.

The following are not covered under the plan:

- Services provided by a non-participating practitioner, except for emergencies, or as authorized by eviCore healthcare
- Services provided outside of the health plan’s service area, except for emergencies
- Services that are not pre-authorized, except for initial visits or emergencies
- Services incurred prior to the beginning or after the end of coverage
- Services that exceed the combined maximum covered visits for the benefit year
- Charges incurred for missed appointments
- Educational programs
- Services for conditions arising out of employment, including self-employment or covered under any workers’ compensation act or law
• Services for any bodily injury arising from or sustained in an automobile accident that is covered under an automobile insurance policy
• Charges for which the member is not legally required to pay
• Services rendered by a person who ordinarily resides in the member’s home or who is related to the member by marriage or blood

**Specific Services that are Limited or Excluded**

• Services for preventive, maintenance, or wellness care
• Experimental or investigational services
• Services not medically necessary as determined by eviCore healthcare
• Vocational, stroke, or long-term rehabilitation
• Hypnotherapy, behavior training, sleep therapy, or biofeedback
• Treatment primarily for purposes of convenience
• Thermography, hair analysis, heavy metal screening, or mineral studies
• Transportation costs, including ambulance charges
• Inpatient services
• Advanced diagnostic services, such as MRI, CT, EMG, SEMG, and NCV
• Drugs, vitamins, nutritional supplements, or herbs
• X-rays of any kind
• Services related to menstrual cramps
• Services related to addiction, including smoking cessation
• Services related to the treatment of infertility
• Services for any condition with minimal pain levels and/or functional deficits that can be self managed.
Neck Pain

M54.2

Synonyms
None

Definition
Neck pain is a non-specific complaint that may involve any area from the base of the skull to the top of the shoulders. Pain may be due to overuse or injury of the muscles, tendons, ligaments, and/or vertebrae or discs, or may be a symptom of an underlying condition. Pain may be acute or chronic. Neck pain may also be exacerbated by emotional stress.

History

Specific Aspects of Neck Pain History
- Rule out red flags (require medical management).
- Determine if trauma-related; determine nature and extent of traumatic event.
- Identify co-morbidities requiring medical management, and those that affect application of massage therapy.

<table>
<thead>
<tr>
<th>Red Flag</th>
<th>Possible Consequence or Cause</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe trauma</td>
<td>Fracture</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Direct trauma to the head with loss of consciousness (LOC)</td>
<td>Subdural hematoma; epidural hematoma; fracture</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Severe pain when bending the head forward, accompanied by involuntary flexing of the hips and knees</td>
<td>Subarachnoid hemorrhage; meningitis</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Bladder dysfunction associated with onset of neck pain</td>
<td>Myelopathy; spinal cord injury</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Difficulty in speaking</td>
<td>Cerebrovascular accident</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Associated cranial nerve or central nervous system (CNS) signs/symptoms</td>
<td>Tumor; intracranial hematoma</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Onset of a new headache</td>
<td>Tumor; infection; vascular cause (older patients, also consider temporal arteritis; glaucoma)</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Unexplained weight loss, fatigue, night sweats</td>
<td>Possible cancer or other serious illness</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Alcoholism, drug abuse</td>
<td>Side effect or withdrawal phenomenon</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Immune-compromised state</td>
<td>Infection</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
</tbody>
</table>
Presentation
Pain may arise gradually through repetitive stress, or suddenly due to injury or trauma. Location of pain may involve any area from the base of the skull to the shoulders. Client may complain of a dull ache, stabbing pain, stiffness, or numbness.

Subjective Findings
- Pain and stiffness in neck; pain worse with motion
- Headaches may accompany the neck pain
- Essentially constant awareness of some level of neck discomfort or limitations in motion

Objective Findings
Scope of Cervical Examination
- Inspection
- Palpation of bony and soft tissue
- Range of motion
- Inquiry about pain levels and functional abilities

Specific Aspects of Cervical Examination
Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

Results if Neck Pain
- Limited active cervical range of motion
- Neck pain
- Tenderness on palpation

Massage Therapy Management
Massage therapy management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient's symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint, natural history of the condition, and expectation for functional improvement.
- When significant improvements in patient’s subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.
- Use of self-directed home therapy will facilitate the fading of treatment frequency.
- As treatment progresses, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency.
- EviCore’s criteria for continued massage therapy depend on information submitted regarding patient's progress.
- Adequate and legible patient progress information that contains subjective complaints and objective findings for each treatment is required to determine medical necessity.
- In addition to improvements in the table below, significant progress may also be documented by increases in functional capacity and increasingly longer durations of pain relief.
- Discharge occurs when reasonable functional goals and expected outcomes have been achieved.
- The patient is discharged when the patient/care-giver can continue management of symptoms with an independent home program.
- Therapy is discontinued when the patient is unable to progress towards outcomes because of medical complications, psychosocial factors or other personal circumstances.
- If the member has been non-compliant with therapy as is evidenced by the clinical documentation, and/or the lack of demonstrated progress, therapy will be deemed to be not medically necessary and the member should be discharged from therapy.
Week | Progress
--- | ---
0-1 | ▪ Some reduction of pain severity and frequency
    | ▪ Some reduction of muscle spasm
2-4 | ▪ 50% decrease in pain severity and frequency
    | ▪ 50% improvement in ability to perform activities of daily living
5-8 | ▪ 75% decrease in pain severity and frequency
    | ▪ 75% improvement in ability to perform activities of daily living
9-12 | ▪ Gradual improvement leading toward resolution
    | ▪ Reinforce self-management techniques
    | ▪ Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 12, whichever occurs first

Referral Guidelines
Refer patient when:

▪ No benefit is attained from treatment
▪ Treatment provides only temporary relief, without leading to a resolution of the condition
▪ Improvement with massage therapy has reached a plateau but residual symptoms still exist
▪ If the condition has not progressed towards resolution, refer the patient to an appropriate health care provider to explore other treatment alternatives.

Appropriate Procedures/Modalities
▪ Manual massage work
▪ Massage tools as extension of hands
▪ Vibrating massage tools
▪ Stretching and instruction in same
▪ Application of external lotions and salves
▪ Application of hot or cold packs

Inappropriate Procedures/Modalities
▪ TENS or other devices which apply an electrical current
▪ Dispensing or sale of supplements for internal use (such as vitamins, herbs, etc)
▪ Any techniques outside the scope of practice in your state

Self-Management Techniques
▪ Rest and reduce strenuous activities
▪ Ergonomics
▪ Appropriate exercises/stretching
▪ Stress management
▪ Joint protection
▪ Weight loss
▪ Self-massage
▪ Hot packs/cold packs, if needed, to relieve discomfort

Alternatives/Adjuncts to Massage Therapy
▪ Acupuncture
▪ Chiropractic
▪ Dietary/Nutritional Medicine Counseling
▪ Medication
▪ Injection therapy
▪ Occupational therapy
▪ Osteopathic Manipulation
Physical Therapy
Psychological counseling

References

General:


Neck:


Upper/Mid-Back Pain

M54.6

Synonyms
None

Definition
Upper or mid-back pain is a non-specific complaint that may involve any area from the base of the neck to the low back. Pain may be due to overuse or injury of the muscles, tendons, ligaments, and/or vertebrae or discs, or may be a symptom of an underlying condition. Pain may be acute or chronic. Back pain may also be exacerbated by emotional stress.

History

Specific Aspects of Upper or Mid-Back Pain History

- Rule out red flags (require medical management).
- Determine if trauma-related; determine nature and extent of traumatic event.
- Identify co-morbidities requiring medical management, and those that affect application of massage therapy.

<table>
<thead>
<tr>
<th>Red Flag</th>
<th>Possible Consequence or Cause</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe trauma</td>
<td>Fracture</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Onset following minor fall or heavy lifting in elderly or osteoporotic patient</td>
<td>Fracture or disc injury</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Direct blow to the back</td>
<td>Fracture</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Excruciating pain with no history of physical injury</td>
<td>Possible internal organ disorders including kidney infection, gallstones, pancreatitis, etc</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Pain that extends down limb</td>
<td>Spine or disc involvement</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Prolonged steroid use, or thin older person</td>
<td>Osteoporosis</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Fever or recent bacterial infection</td>
<td>Infection</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Unexplained weight loss, fatigue, night sweats</td>
<td>Possible cancer or other serious illness</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Pain that is worse when lying down, or worse at night</td>
<td>Possible cancer or other serious illness</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Immune-compromised state</td>
<td>Infection</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
</tbody>
</table>

Presentation

Pain may arise gradually through repetitive stress, or suddenly due to injury or trauma. Location of pain may involve any area from the base of the neck to the low back. Client may complain of a dull ache, stabbing pain, stiffness, or numbness.

Subjective Findings

- Pain and stiffness in upper or mid-back
Pain may be worse with motion.
Essentially constant awareness of some level of back discomfort or limitations in motion

Objective Findings

Scope of Upper or Mid-Back Examination
- Inspection
- Palpation of bony and soft tissue
- Range of motion
- Inquiry about pain levels and functional abilities

Specific Aspects of Upper or Mid-Back Examination
Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

Results if Upper or Mid-Back Pain
- Limited range of motion
- Back pain
- Tenderness on palpation

Massage Therapy Management
Massage therapy management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint, natural history of the condition, and expectation for functional improvement.
- When significant improvements in patient’s subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.
- Use of self-directed home therapy will facilitate the fading of treatment frequency.
- As treatment progresses, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency.
- EviCore’s criteria for continued massage therapy depend on information submitted regarding patient’s progress.
- Adequate and legible patient progress information that contains subjective complaints and objective findings for each treatment is required to determine medical necessity.
- In addition to improvements in the table below, significant progress may also be documented by increases in functional capacity and increasingly longer durations of pain relief.
- Discharge occurs when reasonable functional goals and expected outcomes have been achieved.
- The patient is discharged when the patient/care-giver can continue management of symptoms with an independent home program.
- Therapy is discontinued when the patient is unable to progress towards outcomes because of medical complications, psychosocial factors or other personal circumstances.
- If the member has been non-compliant with therapy as is evidenced by the clinical documentation, and/or the lack of demonstrated progress, therapy will be deemed to be not medically necessary and the member should be discharged from therapy.
Week | Progress
--- | ---
0-1 | Some reduction of pain severity and frequency
| Some reduction of muscle spasm
2-4 | 50% decrease in pain severity and frequency
| 50% improvement in ability to perform activities of daily living
5-8 | 75% decrease in pain severity and frequency
| 75% improvement in ability to perform activities of daily living
9-12 | Gradual improvement leading toward resolution
| Reinforce self-management techniques
| Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 12, whichever occurs first

**Referral Guidelines**

Refer patient when:

- No benefit is attained from treatment
- Treatment provides only temporary relief, without leading to a resolution of the condition
- Improvement with massage therapy has reached a plateau but residual symptoms still exist
- If the condition has not progressed towards resolution, refer the patient to an appropriate health care provider to explore other treatment alternatives.

**Appropriate Procedures/ Modalities**

- Manual massage work
- Massage tools as extension of hands
- Vibrating massage tools
- Stretching and instruction in same
- Application of external lotions and salves
- Application of hot or cold packs

**Inappropriate Procedures/Modalities**

- TENS or other devices which apply an electrical current
- Dispensing or sale of supplements for internal use (such as vitamins, herbs, etc)
- Any techniques outside the scope of practice in your state

**Self-Management Techniques**

- Rest and reduce strenuous activities
- Ergonomics
- Appropriate exercises/stretching
- Stress management
- Joint protection
- Weight loss
- Self-massage
- Hot packs/cold packs, if needed, to relieve discomfort

**Alternatives/Adjuncts to Massage Therapy**

- Acupuncture
- Chiropractic
- Dietary/Nutritional Medicine Counseling
- Medication
- Injection therapy
- Occupational therapy
- Osteopathic Manipulation
References

General:


Low Back Pain

M54.5

Synonyms
Lumbago, backache

Definition
Low back pain is a non-specific complaint that may involve any area in the low back or glutes. Pain may be due to overuse or injury of the muscles, tendons, ligaments, and/or vertebrae, discs, or joints, or it may be a symptom of an underlying condition. Pain may be acute or chronic. Low back pain may also be exacerbated by emotional stress.

History

Specific Aspects of Low Back Pain History

- Rule out red flags (require medical management).
- Determine if trauma-related; determine nature and extent of traumatic event.
- Identify co-morbidities requiring medical management, and those that affect application of massage therapy.

<table>
<thead>
<tr>
<th>Red Flag</th>
<th>Possible Consequence or Cause</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe trauma</td>
<td>Fracture or disc injury</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Onset following minor fall or heavy lifting in elderly or osteoporotic patient</td>
<td>Fracture or disc injury</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Direct blow to the back</td>
<td>Fracture</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Severe or progressive neurologic complaints</td>
<td>Cauda equina syndrome</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Global or progressive motor weakness in the lower extremities</td>
<td>Cauda equina syndrome</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Recent onset of bowel dysfunction or acute onset of bladder dysfunction; in association with low back pain</td>
<td>Cauda equina syndrome</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Pain that is worse when lying down, or worse at night</td>
<td>Possible cancer or other serious illness</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Unexplained weight loss, fatigue, night sweats</td>
<td>Possible cancer or other serious illness</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Prolonged steroid use, or thin, older person</td>
<td>Osteoporosis</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Pain that extends down leg</td>
<td>Spine or disc involvement</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Pain that does not change with change in position</td>
<td>Kidney disease</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Fever or recent bacterial infection</td>
<td>Infection</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Immune-compromised state</td>
<td>Infection</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
</tbody>
</table>
Presentation
Pain may arise gradually through repetitive stress, or suddenly due to injury or trauma. Location of pain may involve any area from the middle back to the glutes. Client may complain of a dull ache, stabbing pain, stiffness, or numbness.

Subjective Findings
- Pain may be worse with motion
- Stiffness upon arising from a seated position
- May report history of occasional sciatica, but lower back symptoms predominate
- Essentially constant awareness of some level of back discomfort or limitations in motion
- Pain and stiffness in lower back

Objective Findings
Scope of Lumbar Examination
- Inspection
- Palpation of bony and soft tissue
- Range of motion
- Inquiry about pain levels and functional abilities

Specific Aspects of Lumber Examination
Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

Results if Low Back Pain
- May be tenderness on palpation at the lumbar spine and sacroiliac joints
- May demonstrate ROM restrictions in the lumbar spine

Massage Therapy Management
- Treatment frequency should be commensurate with severity of the chief complaint, natural history of the condition, and expectation for functional improvement.
- When significant improvements in patient’s subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.
- Use of self-directed home therapy will facilitate the fading of treatment frequency.
- As treatment progresses, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency.
- EviCore’s criteria for continued massage therapy depend on information submitted regarding patient's progress.
- Adequate and legible patient progress information that contains subjective complaints and objective findings for each treatment is required to determine medical necessity.
- In addition to improvements in the table below, significant progress may also be documented by increases in functional capacity and increasingly longer durations of pain relief.
- Discharge occurs when reasonable functional goals and expected outcomes have been achieved.
- The patient is discharged when the patient/care-giver can continue management of symptoms with an independent home program.
- Therapy is discontinued when the patient is unable to progress towards outcomes because of medical complications, psychosocial factors or other personal circumstances.
- If the member has been non-compliant with therapy as is evidenced by the clinical documentation, and/or the lack of demonstrated progress, therapy will be deemed to be not medically necessary and the member should be discharged from therapy.
**Week** | **Progress**
---|---
0-1 | • Some reduction of pain severity and frequency  
    • Some reduction of muscle spasm
2-4 | • 50% decrease in pain severity and frequency  
    • 50% improvement in ability to perform activities of daily living
5-8 | • 75% decrease in pain severity and frequency  
    • 75% improvement in ability to perform activities of daily living
9-12 | • Gradual improvement leading toward resolution  
    • Reinforce self-management techniques  
    • Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 12, whichever occurs first

**Referral Guidelines**

Refer patient when:

- No benefit is attained from treatment
- Treatment provides only temporary relief, without leading to a resolution of the condition
- Improvement with massage therapy has reached a plateau but residual symptoms still exist
- If the condition has not progressed towards resolution, refer the patient to an appropriate health care provider to explore other treatment alternatives.

**Appropriate Procedures/Modalities**

- Manual massage work
- Massage tools as extension of hands
- Vibrating massage tools
- Stretching and instruction in same
- Application of external lotions and salves
- Application of hot or cold packs

**Inappropriate Procedures/Modalities**

- TENS or other devices which apply an electrical current
- Dispensing or sale of supplements for internal use (such as vitamins, herbs, etc)
- Any techniques outside the scope of practice in your state

**Self-Management Techniques**

- Rest and reduce strenuous activities
- Ergonomics
- Appropriate exercises/stretching
- Stress management
- Joint protection
- Weight loss
- Self-massage
- Hot packs/cold packs, if needed, to relieve discomfort

**Alternatives/Adjuncts to Massage Therapy**

- Acupuncture
- Chiropractic
- Dietary/Nutritional Medicine Counseling
- Medication
- Injection therapy
- Occupational therapy
- Osteopathic Manipulation
- Physical Therapy
References

General:

Low Back:

Shoulder Pain

M25.511, M25.512

Synonyms
None

Definition
Shoulder pain is a non-specific complaint that may involve any area from the lower neck to the upper arm. Pain may be due to overuse or injury of the muscles, tendons, ligaments, bursae, and/or joints, or may be a symptom of an underlying condition. Pain may be acute or chronic. Shoulder pain may also be exacerbated by emotional stress.

History

Specific Aspects of Shoulder Pain History
- Rule out red flags (require medical management).
- Determine if trauma-related; determine nature and extent of traumatic event.
- Identify co-morbidities requiring medical management, and those that affect application of massage therapy.

<table>
<thead>
<tr>
<th>Red Flag</th>
<th>Possible Consequence or Cause</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe trauma</td>
<td>Fracture, rotator cuff tear</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Pain on exertion, with history of cardiac diagnosis</td>
<td>Cardiac pain can radiate to the shoulder</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Constant, relieved/worse with meals, positional, associated with fatty meals</td>
<td>Gastrointestinal diseases including cholelithiasis</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Pleuritic, shortness of breath, associated with cough</td>
<td>Pulmonary diseases</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Multiple joint involvement</td>
<td>Rheumatology diseases (Gout)</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Fever, severe pain</td>
<td>Possible infection</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Unexplained weight loss, fatigue, night sweats</td>
<td>Possible cancer or other serious illness</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Unilateral edema</td>
<td>Upper extremity deep vein thrombosis</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Immune-compromised state</td>
<td>Infection</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
</tbody>
</table>

Presentation
May be of gradual onset, due to repetitive use, or may begin suddenly after an accident or injury. The nature and location of the pain will vary according to the specifics of the patient’s injury.

Subjective Findings
- Pain may be worse with motion
- Pain may be worse at specific times of the day
- Pain and stiffness in all or part of the shoulder area
Objective Findings

Scope of Shoulder Examination

- Inspection
- Palpation of bony and soft tissue
- Range of motion
- Inquiry about pain levels and functional abilities

Specific Aspects of Shoulder Examination

Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

Results if Shoulder Pain

- May be tenderness on palpation of muscle groups, bursae, tendons, or other tissues.
- May or may not involve limited range of motion
- Joints may or may not feel warm to the touch
- Swelling may or may not be present

Massage Therapy Management

Massage therapy management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint, natural history of the condition, and expectation for functional improvement. When significant improvements in patient’s subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.
- Use of self-directed home therapy will facilitate the fading of treatment frequency.
- As treatment progresses, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency.
- EviCore’s criteria for continued massage therapy depend on information submitted regarding patient’s progress.
- Adequate and legible patient progress information that contains subjective complaints and objective findings for each treatment is required to determine medical necessity.
- In addition to improvements in the table below, significant progress may also be documented by increases in functional capacity and increasingly longer durations of pain relief.
- Discharge occurs when reasonable functional goals and expected outcomes have been achieved.
- The patient is discharged when the patient/care-giver can continue management of symptoms with an independent home program.
- Therapy is discontinued when the patient is unable to progress towards outcomes because of medical complications, psychosocial factors or other personal circumstances.
- If the member has been non-compliant with therapy as is evidenced by the clinical documentation, and/or the lack of demonstrated progress, therapy will be deemed to be not medically necessary and the member should be discharged from therapy.
**Week** | **Progress**
---|---
0-1 | Some reduction of pain severity and frequency  
| Some reduction of muscle spasm  
2-4 | 50% decrease in pain severity and frequency  
| 50% improvement in ability to perform activities of daily living  
5-8 | 75% decrease in pain severity and frequency  
| 75% improvement in ability to perform activities of daily living  
9-12 | Gradual improvement leading toward resolution  
| Reinforce self-management techniques  
| Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 12, whichever occurs first

**Referral Guidelines**

Refer patient when:

- No benefit is attained from treatment  
- Treatment provides only temporary relief, without leading to a resolution of the condition  
- Improvement with massage therapy has reached a plateau but residual symptoms still exist  
- If the condition has not progressed towards resolution, refer the patient to an appropriate health care provider to explore other treatment alternatives.

**Appropriate Procedures/ Modalities**

- Manual massage work  
- Massage tools as extension of hands  
- Vibrating massage tools  
- Stretching and instruction in same  
- Application of external lotions and salves  
- Application of hot or cold packs

**Inappropriate Procedures/Modalities**

- TENS or other devices which apply an electrical current  
- Dispensing or sale of supplements for internal use (such as vitamins, herbs, etc)  
- Any techniques outside the scope of practice in your state

**Self-Management Techniques**

- Rest and reduce strenuous activities  
- Ergonomics  
- Appropriate exercises/stretching  
- Stress management  
- Joint protection  
- Weight loss  
- Self-massage  
- Hot packs/cold packs, if needed, to relieve discomfort

**Alternatives/Adjuncts to Massage Therapy**

- Acupuncture  
- Chiropractic  
- Dietary/Nutritional Medicine Counseling  
- Medication  
- Injection therapy  
- Occupational therapy  
- Osteopathic Manipulation
References

General:


Shoulder:


Upper Arm Pain

M79.621, M79.622

Synonyms
None

Definition
Upper arm pain is a non-specific complaint that may involve any area from the shoulders to the elbow. Pain may be due to overuse or injury of the muscles, tendons, ligaments, bursae, and/or joints, or may be a symptom of an underlying condition. Pain may be acute or chronic. Pain may also be exacerbated by emotional stress.

History

Specific Aspects of Upper Arm Pain History
- Rule out red flags (require medical management).
- Determine if trauma-related; determine nature and extent of traumatic event.
- Identify co-morbidities requiring medical management, and those that affect application of massage therapy.

<table>
<thead>
<tr>
<th>Red Flag</th>
<th>Possible Consequence or Cause</th>
<th>Action Required</th>
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<tbody>
<tr>
<td>Severe trauma</td>
<td>Fracture, ligament/meniscus tear</td>
<td>Immediate referral to emergency department</td>
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<tr>
<td>Fever, severe pain</td>
<td>Infection</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Neuropathy</td>
<td>Prompt referral to Primary Care Provider</td>
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<tr>
<td>Multiple joint involvement</td>
<td>Rheumatologic diseases</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Unilateral edema</td>
<td>Deep vein thrombosis</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Discoloration of hand or arm</td>
<td>Arterial occlusion</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Unexplained weight loss, fatigue, night sweats</td>
<td>Possible cancer or other serious illness</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Immune-compromised state</td>
<td>Infection</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
</tbody>
</table>

Presentation
May be of gradual onset, due to repetitive use, or may begin suddenly after an accident or injury. The nature and location of the pain will vary according to the specifics of the patient’s injury.

Subjective Findings
- Pain may be worse with motion
- Pain may be worse at specific times of the day
- Pain and stiffness in all or part of the upper arm
Objective Findings

Scope of Musculoskeletal Examination
- Inspection
- Palpation of bony and soft tissue
- Range of motion
- Inquiry about pain levels and functional abilities

Specific Aspects of Upper Arm Examination
Examine the musculoskeletal system for possible causes or contributing factors to the complaint. Gather information that assists in identifying the tissues involved, and the selection of appropriate techniques.

Results if Upper Arm Pain
- May be tenderness on palpation of muscle groups, bursae, tendons, or other tissues.
- May or may not involve limited range of motion
- Joints may or may not feel warm to the touch
- Swelling may or may not be present

Differential Diagnoses
Any of the following diagnoses may result in upper arm pain:
- Referred pain from cardiac, pulmonary, or gastrointestinal pathology
- Inflammatory diseases
- Infection
- Fracture
- Arthritis
- Rheumatoid arthritis
- Osteoarthritis
- Ligamentous injury
- Tendonitis
- Bursitis

Massage Therapy Management
Massage therapy management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient's symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.
- Treatment frequency should be commensurate with severity of the chief complaint, natural history of the condition, and expectation for functional improvement.
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The patient is discharged when the patient/care-giver can continue management of symptoms with an independent home program.

Therapy is discontinued when the patient is unable to progress towards outcomes because of medical complications, psychosocial factors or other personal circumstances.

If the member has been non-compliant with therapy as is evidenced by the clinical documentation, and/or the lack of demonstrated progress, therapy will be deemed to be not medically necessary and the member should be discharged from therapy.

### Week Progress

<table>
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<tr>
<th>Week</th>
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<td>75% decrease in pain severity and frequency&lt;br&gt;75% improvement in ability to perform activities of daily living</td>
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<tr>
<td>9-12</td>
<td>Gradual improvement leading toward resolution&lt;br&gt;Reinforce self-management techniques&lt;br&gt;Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 12, whichever occurs first</td>
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### Referral Guidelines

Refer patient when:

- No benefit is attained from treatment
- Treatment provides only temporary relief, without leading to a resolution of the condition
- Improvement with massage therapy has reached a plateau but residual symptoms still exist
- If the condition has not progressed towards resolution, refer the patient to an appropriate health care provider to explore other treatment alternatives.

### Appropriate Procedures/ Modalities

- Manual massage work
- Massage tools as extension of hands
- Vibrating massage tools
- Stretching and instruction in same
- Application of external lotions and salves
- Application of hot or cold packs

### Inappropriate Procedures/Modalities

- TENS or other devices which apply an electrical current
- Dispensing or sale of supplements for internal use (such as vitamins, herbs, etc)
- Any techniques outside the scope of practice in your state

### Self-Management Techniques

- Rest and reduce strenuous activities
- Ergonomics
- Appropriate exercises/stretching
- Stress management
- Joint protection
- Weight loss
- Self-massage
- Hot packs/cold packs, if needed, to relieve discomfort
Alternatives/Adjuncts to Massage Therapy

- Acupuncture
- Chiropractic
- Dietary/Nutritional Medicine Counseling
- Medication
- Injection therapy
- Occupational therapy
- Osteopathic Manipulation
- Physical Therapy
- Psychological counseling

References

General:


Arm:
Forearm Pain

M79.631, M79.632

Synonyms
None

Definition
Forearm pain is a non-specific complaint that may involve any area from the elbow to the wrist. Pain may be due to overuse or injury of the muscles, tendons, ligaments, bursae, and/or joints, or may be a symptom of an underlying condition. Pain may be acute or chronic. Pain may also be exacerbated by emotional stress.

History

Specific Aspects of Forearm Pain History
- Rule out red flags (require medical management).
- Determine if trauma-related; determine nature and extent of traumatic event.
- Identify co-morbidities requiring medical management, and those that affect application of massage therapy.

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<td>Fracture, tendon or ligament tear</td>
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</tr>
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<td>Fever, severe pain</td>
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<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Neuropathy</td>
<td>Prompt referral to Primary Care Provider</td>
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</table>

Presentation
May be of gradual onset, due to repetitive use, or may begin suddenly after an accident or injury. The nature and location of the pain will vary according to the specifics of the patient’s injury.

Subjective Findings
- Pain may be worse with motion
- Pain may be worse at specific times of the day
- Pain and stiffness in all or part of the forearm
Objective Findings

Scope of Musculoskeletal Examination
- Inspection
- Palpation of bony and soft tissue
- Range of motion
- Inquiry about pain levels and functional abilities

Specific Aspects of Forearm Examination
Examine the musculoskeletal system for possible causes or contributing factors to the complaint. Gather information that assists in identifying the tissues involved, and the selection of appropriate techniques.

Results if Forearm Pain
- May be tenderness on palpation of muscle groups, bursae, tendons, or other tissues.
- May or may not involve limited range of motion
- Joints may or may not feel warm to the touch
- Swelling may or may not be present

Differential Diagnoses
Any of the following diagnoses may result in forearm pain:
- Inflammatory diseases
- Infection
- Fracture
- Arthritis
- Rheumatoid arthritis
- Osteoarthritis
- Ligamentous injury
- Tendonitis
- Bursitis

Massage Therapy Management
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### Week Progress

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| 0-1  | Some reduction of pain severity and frequency  
      | Some reduction of muscle spasm |
| 2-4  | 50% decrease in pain severity and frequency  
      | 50% improvement in ability to perform activities of daily living |
| 5-8  | 75% decrease in pain severity and frequency  
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| 9-12 | Gradual improvement leading toward resolution  
      | Reinforce self-management techniques  
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### Referral Guidelines

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### Appropriate Procedures/Modalities

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- Vibrating massage tools
- Stretching and instruction in same
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### Self-Management Techniques

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- Ergonomics
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- Stress management
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- Weight loss
- Self-massage
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### Alternatives/Adjuncts to Massage Therapy

- Acupuncture
Chiropractic
- Dietary/Nutritional Medicine Counseling
- Medication
- Injection therapy
- Occupational therapy
- Osteopathic Manipulation
- Physical Therapy
- Psychological counseling

References

General:


Arm:

Pain in the Hand/Wrist

M25.531, M25.532, M79.641, M79.642

Synonyms
None

Definition
Wrist and/or hand pain is a non-specific complaint that may involve any area from the wrist to the fingers. Pain may be due to overuse or injury of the muscles, tendons, ligaments, bursae, and/or joints, or may be a symptom of an underlying condition. Pain may be acute or chronic. Pain may also be exacerbated by emotional stress.

History

Specific Aspects of Wrist or Hand Pain History
- Rule out red flags (require medical management).
- Determine if trauma-related; determine nature and extent of traumatic event.
- Identify co-morbidities requiring medical management, and those that affect application of massage therapy.

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<td>Fever, severe pain</td>
<td>Infection</td>
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<td>Diabetes</td>
<td>Neuropathy</td>
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Presentation
May be of gradual onset, due to repetitive use, or may begin suddenly after an accident or injury. The nature and location of the pain will vary according to the specifics of the patient’s injury.

Subjective Findings
- Pain may be worse with motion
- Pain may be worse at specific times of the day
- Pain and stiffness in all or part of the wrist and hand
Objective Findings

Scope of Musculoskeletal Examination
- Inspection
- Palpation of bony and soft tissue
- Range of motion
- Inquiry about pain levels and functional abilities

Specific Aspects of Wrist or Hand Examination
Examine the musculoskeletal system for possible causes or contributing factors to the complaint. Gather information that assists in identifying the tissues involved, and the selection of appropriate techniques.

Results if Wrist or Hand Pain
- May be tenderness on palpation of muscle groups, bursae, tendons, or other tissues.
- May or may not involve limited range of motion
- Joints may or may not feel warm to the touch
- Swelling may or may not be present

Differential Diagnoses
Any of the following diagnoses may result in wrist or hand pain:
- Inflammatory diseases
- Infection
- Fracture
- Arthritis
- Rheumatoid arthritis
- Osteoarthritis
- Ligamentous injury
- Tendonitis
- Bursitis
- Carpal tunnel syndrome

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- Acupuncture
- Chiropractic
- Dietary/Nutritional Medicine Counseling
- Medication
- Injection therapy
- Occupational therapy
- Osteopathic Manipulation
- Physical Therapy
- Psychological counseling

References

General:


Arm:

Hip Pain

M25.551, M25.552

Synonyms
None

Definition
Hip pain is a non-specific complaint that may involve any area surrounding the pelvis and hip joints. Pain may be due to overuse, injury, or degeneration of the muscles, tendons, ligaments, bursae, and/or joints, or may be a symptom of an underlying condition. Pain may be acute or chronic. Pain may also be exacerbated by emotional stress.

History

Specific Aspects of Hip Pain History
- Rule out red flags (require medical management).
- Determine if trauma-related; determine nature and extent of traumatic event.
- Identify co-morbidities requiring medical management, and those that affect application of massage therapy.

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<td>Fever, severe pain</td>
<td>Infection</td>
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<td>Neuropathy</td>
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<td>Multiple joint involvement</td>
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<tr>
<td>Unilateral edema</td>
<td>Deep vein thrombosis</td>
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<td>Arterial occlusion</td>
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Presentation
May be of gradual onset, due to repetitive use, or may begin suddenly after an accident or injury. The nature and location of the pain will vary according to the specifics of the patient’s injury.

Subjective Findings
- Pain may be worse with motion
- Pain may be worse at specific times of the day
- Pain and stiffness in one or both hips
Objective Findings

Scope of Musculoskeletal Examination
- Inspection
- Palpation of bony and soft tissue
- Range of motion
- Inquiry about pain levels and functional abilities

Specific Aspects of Hip Examination
Examine the musculoskeletal system for possible causes or contributing factors to the complaint. Gather information that assists in identifying the tissues involved, and the selection of appropriate techniques.

Results if Hip Pain
- May be tenderness on palpation of muscle groups, bursae, tendons, or other tissues.
- May or may not involve limited range of motion
- Joints may or may not feel warm to the touch
- Swelling may or may not be present

Differential Diagnoses
Any of the following diagnoses may result in hip pain:
- Referred pain from cardiac, pulmonary, or gastrointestinal pathology
- Inflammatory diseases
- Infection
- Fracture
- Arthritis
- Rheumatoid arthritis
- Osteoarthritis
- Ligamentous injury
- Tendonitis
- Bursitis

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The patient is discharged when the patient/care-giver can continue management of symptoms with an independent home program.

- Therapy is discontinued when the patient is unable to progress towards outcomes because of medical complications, psychosocial factors or other personal circumstances.
- If the member has been non-compliant with therapy as is evidenced by the clinical documentation, and/or the lack of demonstrated progress, therapy will be deemed to be not medically necessary and the member should be discharged from therapy.

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<thead>
<tr>
<th>Week</th>
<th>Progress</th>
</tr>
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</table>
| 0-1  | • Some reduction of pain severity and frequency  
      • Some reduction of muscle spasm |
| 2-4  | • 50% decrease in pain severity and frequency  
      • 50% improvement in ability to perform activities of daily living |
| 5-8  | • 75% decrease in pain severity and frequency  
      • 75% improvement in ability to perform activities of daily living |
| 9-12 | • Gradual improvement leading toward resolution  
      • Reinforce self-management techniques  
      • Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 12, whichever occurs first |

Referral Guidelines

Refer patient when:

- No benefit is attained from treatment
- Treatment provides only temporary relief, without leading to a resolution of the condition
- Improvement with massage therapy has reached a plateau but residual symptoms still exist
- If the condition has not progressed towards resolution, refer the patient to an appropriate health care provider to explore other treatment alternatives.

Appropriate Procedures/Modalities

- Manual massage work
- Massage tools as extension of hands
- Vibrating massage tools
- Stretching and instruction in same
- Application of external lotions and salves
- Application of hot or cold packs

Inappropriate Procedures/Modalities

- TENS or other devices which apply an electrical current
- Dispensing or sale of supplements for internal use (such as vitamins, herbs, etc)
- Any techniques outside the scope of practice in your state

Self-Management Techniques

- Rest and reduce strenuous activities
- Ergonomics
- Appropriate exercises/stretching
- Stress management
- Joint protection
- Weight loss
- Self-massage
- Hot packs/cold packs, if needed, to relieve discomfort
Alternatives/Adjuncts to Massage Therapy

- Acupuncture
- Chiropractic
- Dietary/Nutritional Medicine Counseling
- Medication
- Injection therapy
- Occupational therapy
- Osteopathic Manipulation
- Physical Therapy
- Psychological counseling

References

General:


Hip and Leg:


Upper Leg Pain

M79.651, M79.652

Synonyms
Thigh pain

Definition
Upper leg pain is a non-specific complaint that may involve any area between the pelvis and the knee. Pain may be due to overuse, injury, or degeneration of the muscles, tendons, ligaments, bursae, and/or joints, or may be a symptom of an underlying condition. Pain may be acute or chronic. Pain may also be exacerbated by emotional stress.

History

Specific Aspects of Upper Leg Pain History
- Rule out red flags (require medical management).
- Determine if trauma-related; determine nature and extent of traumatic event.
- Identify co-morbidities requiring medical management, and those that affect application of massage therapy.

<table>
<thead>
<tr>
<th>Red Flag</th>
<th>Possible Consequence or Cause</th>
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</tr>
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<tbody>
<tr>
<td>Unilateral warmth and swelling in one lower leg, sometimes with red color</td>
<td>Possible blood clot (Do not massage a client with suspected blood clot.)</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Severe trauma</td>
<td>Fracture, ligament/cartilage tear</td>
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<tr>
<td>Fever, severe pain</td>
<td>Infection</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Neuropathy</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Multiple joint involvement</td>
<td>Rheumatologic diseases</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
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<td>Deep vein thrombosis</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Discoloration of leg or foot</td>
<td>Arterial occlusion</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Unexplained weight loss, fatigue, night sweats</td>
<td>Possible cancer or other serious illness</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Immune-compromised state</td>
<td>Infection</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
</tbody>
</table>

Presentation
May be of gradual onset, due to repetitive use, or may begin suddenly after an accident or injury. The nature and location of the pain will vary according to the specifics of the patient’s injury.

Subjective Findings
- Pain may be worse with motion
- Pain may be worse at specific times of the day
- Pain and stiffness in one or both legs
Objective Findings

Scope of Musculoskeletal Examination
- Inspection
- Palpation of bony and soft tissue
- Range of motion
- Inquiry about pain levels and functional abilities

Specific Aspects of Upper Leg Examination
Examine the musculoskeletal system for possible causes or contributing factors to the complaint. Gather information that assists in identifying the tissues involved, and the selection of appropriate techniques.

Results if Upper Leg Pain
- May be tenderness on palpation of muscle groups, bursae, tendons, or other tissues.
- May or may not involve limited range of motion
- Joints may or may not feel warm to the touch
- Swelling may or may not be present

Differential Diagnoses
Any of the following diagnoses may result in upper leg pain:
- Referred pain from cardiac, pulmonary, or gastrointestinal pathology
- Inflammatory diseases
- Infection
- Fracture
- Arthritis
- Rheumatoid arthritis
- Osteoarthritis
- Ligamentous injury
- Tendonitis
- Bursitis
- Blood clots in the leg, particularly if the person has been relatively immobile for long periods, smokes, is pregnant, has cancer or immune disease, has had a recent injury to the leg, is obese, or has a personal or family history of blood clots. Do not massage a client if you suspect a blood clot.

Massage Therapy Management
Massage therapy management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.
- Treatment frequency should be commensurate with severity of the chief complaint, natural history of the condition, and expectation for functional improvement.
- When significant improvements in patient’s subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.
- Use of self-directed home therapy will facilitate the fading of treatment frequency.
- As treatment progresses, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency.
- EviCore’s criteria for continued massage therapy depend on information submitted regarding patient's progress.
- Adequate and legible patient progress information that contains subjective complaints and objective findings for each treatment is required to determine medical necessity.
In addition to improvements in the table below, significant progress may also be documented by increases in functional capacity and increasingly longer durations of pain relief. Discharge occurs when reasonable functional goals and expected outcomes have been achieved. Therapy is discontinued when the patient is unable to progress towards outcomes because of medical complications, psychosocial factors or other personal circumstances. If the member has been non-compliant with therapy as is evidenced by the clinical documentation, and/or the lack of demonstrated progress, therapy will be deemed to be not medically necessary and the member should be discharged from therapy.

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<td>50% decrease in pain severity and frequency</td>
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<td>9-12</td>
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<td>Reinforce self-management techniques</td>
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**Referral Guidelines**

Refer patient when:

- No benefit is attained from treatment
- Treatment provides only temporary relief, without leading to a resolution of the condition
- Improvement with massage therapy has reached a plateau but residual symptoms still exist
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**Appropriate Procedures/Modalities**

- Manual massage work
- Massage tools as extension of hands
- Vibrating massage tools
- Stretching and instruction in same
- Application of external lotions and salves
- Application of hot or cold packs

**Inappropriate Procedures/Modalities**

- TENS or other devices which apply an electrical current
- Dispensing or sale of supplements for internal use (such as vitamins, herbs, etc)
- Any techniques outside the scope of practice in your state

**Self-Management Techniques**

- Rest and reduce strenuous activities
- Ergonomics
- Appropriate exercises/stretching
- Stress management
- Joint protection
- Weight loss
- Self-massage
- Hot packs/cold packs, if needed, to relieve discomfort

**Alternatives/Adjuncts to Massage Therapy**
- Acupuncture
- Chiropractic
- Dietary/Nutritional Medicine Counseling
- Medication
- Injection therapy
- Occupational therapy
- Osteopathic Manipulation
- Physical Therapy
- Psychological counseling

**References**

**General:**


**Hip and Leg:**


Lower Leg Pain

M79.661, M79.662

Synonyms
Calf pain, Shin pain

Definition
Lower leg pain is a non-specific complaint that may involve any area between the knee and the ankle. Pain may be due to overuse, injury, or degeneration of the muscles, tendons, ligaments, bursae, and/or joints, or may be a symptom of an underlying condition. Pain may be acute or chronic. Pain may also be exacerbated by emotional stress.

History

Specific Aspects of Lower Leg Pain History
- Rule out red flags (require medical management).
- Determine if trauma-related; determine nature and extent of traumatic event.
- Identify co-morbidities requiring medical management, and those that affect application of massage therapy.

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Presentation
May be of gradual onset, due to repetitive use, or may begin suddenly after an accident or injury. The nature and location of the pain will vary according to the specifics of the patient’s injury.

Subjective Findings
- Pain may be worse with motion
- Pain may be worse at specific times of the day
- Pain and stiffness in one or both legs
Objective Findings

Scope of Musculoskeletal Examination

- Inspection
- Palpation of bony and soft tissue
- Range of motion

Inquiry about pain levels and functional abilities. Specific Aspects of Lower Leg Examination

Examine the musculoskeletal system for possible causes or contributing factors to the complaint. Gather information that assists in identifying the tissues involved, and the selection of appropriate techniques.

Results if Lower Leg Pain

- May be tenderness on palpation of muscle groups, bursae, tendons, or other tissues.
- May or may not involve limited range of motion
- Joints may or may not feel warm to the touch
- Swelling may or may not be present

Differential Diagnoses

Any of the following diagnoses may result in lower leg pain:

- Referred pain from cardiac, pulmonary, or gastrointestinal pathology
- Inflammatory diseases
- Infection
- Fracture
- Arthritis
- Rheumatoid arthritis
- Osteoarthritis
- Ligamentous injury
- Tendonitis
- Bursitis
- Blood clots in the leg, particularly if the person has been relatively immobile for long periods, smokes, is pregnant, has cancer or immune disease, has had a recent injury to the leg, is obese, or has a personal or family history of blood clots. Do not massage a client if you suspect a blood clot.

Massage Therapy Management

Massage therapy management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint, natural history of the condition, and expectation for functional improvement.
- When significant improvements in patient’s subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.
- Use of self-directed home therapy will facilitate the fading of treatment frequency.
- As treatment progresses, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency.
- EviCore’s criteria for continued massage therapy depend on information submitted regarding patient’s progress.
- Adequate and legible patient progress information that contains subjective complaints and objective findings for each treatment is required to determine medical necessity.
In addition to improvements in the table below, significant progress may also be documented by increases in functional capacity and increasingly longer durations of pain relief.

- Discharge occurs when reasonable functional goals and expected outcomes have been achieved.
- The patient is discharged when the patient/care-giver can continue management of symptoms with an independent home program.
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**Referral Guidelines**

Refer patient when:

- No benefit is attained from treatment
- Treatment provides only temporary relief, without leading to a resolution of the condition
- Improvement with massage therapy has reached a plateau but residual symptoms still exist
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**Appropriate Procedures/Modalities**

- Manual massage work
- Massage tools as extension of hands
- Vibrating massage tools
- Stretching and instruction in same
- Application of external lotions and salves
- Application of hot or cold packs

**Inappropriate Procedures/Modalities**

- TENS or other devices which apply an electrical current
- Dispensing or sale of supplements for internal use (such as vitamins, herbs, etc)
- Any techniques outside the scope of practice in your state

**Self-Management Techniques**

- Rest and reduce strenuous activities
- Ergonomics
- Appropriate exercises/stretching
- Stress management
- Joint protection
- Weight loss
- Self-massage
Hot packs/cold packs, if needed, to relieve discomfort

**Alternatives/Adjuncts to Massage Therapy**
- Acupuncture
- Chiropractic
- Dietary/Nutritional Medicine Counseling
- Medication
- Injection therapy
- Occupational therapy
- Osteopathic Manipulation
- Physical Therapy
- Psychological counseling

**References**

**General:**


**Hip and Leg:**


Ankle/Foot Pain

M25.571, M25.572, M79.671, M79.672

Synonyms
None.

Definition
Ankle or foot pain is a non-specific complaint that may involve any area between the lower calf and the toes. Pain may be due to overuse, injury, or degeneration of the muscles, tendons, ligaments, bursae, and/or joints, or may be a symptom of an underlying condition. Pain may be acute or chronic. Pain may also be exacerbated by emotional stress.

History

Specific Aspects of Ankle or Foot Pain History

- Rule out red flags (require medical management).
- Determine if trauma-related; determine nature and extent of traumatic event.
- Identify co-morbidities requiring medical management, and those that affect application of massage therapy.

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<td>Neuropathy</td>
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<tr>
<td>Immune-compromised state</td>
<td>Infection</td>
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</tr>
</tbody>
</table>

Presentation
May be of gradual onset, due to repetitive use, or may begin suddenly after an accident or injury. The nature and location of the pain will vary according to the specifics of the patient’s injury.

Subjective Findings

- Pain may be worse with motion
- Pain may be worse at specific times of the day
- Pain and stiffness in one or both ankles or feet
Objective Findings

Scope of Musculoskeletal Examination
- Inspection
- Palpation of bony and soft tissue
- Range of motion
- Inquiry about pain levels and functional abilities

Specific Aspects of Ankle or Foot Examination
Examine the musculoskeletal system for possible causes or contributing factors to the complaint. Gather information that assists in identifying the tissues involved, and the selection of appropriate techniques.

Results if Ankle or Foot Pain
- May be tenderness on palpation of muscle groups, bursae, tendons, or other tissues.
- May or may not involve limited range of motion
- Joints may or may not feel warm to the touch
- Swelling may or may not be present

Differential Diagnoses
Any of the following diagnoses may result in ankle or foot pain:
- Inflammatory diseases
- Infection
- Fracture
- Arthritis
- Rheumatoid arthritis
- Osteoarthritis
- Ligamentous injury
- Tendonitis
- Bursitis
- Ankle sprain or strain
- Achilles tendon sprain or strain
- Plantar fasciitis
- Poor footwear, including high heels, narrow pointed shoes, and shoes with improper construction or support

Massage Therapy Management
Massage therapy management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint, natural history of the condition, and expectation for functional improvement.
- When significant improvements in patient’s subjective findings and objective findings are demonstrated—continued treatment with decreased frequency is appropriate.
- Use of self-directed home therapy will facilitate the fading of treatment frequency.
- As treatment progresses, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency.
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- Adequate and legible patient progress information that contains subjective complaints and objective findings for each treatment is required to determine medical necessity.
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### Appropriate Procedures/Modalities

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- Rest and reduce strenuous activities
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- Dietary/Nutritional Medicine Counseling
- Medication
- Injection therapy
- Occupational therapy
- Osteopathic Manipulation
- Physical Therapy
- Psychological counseling

**References**

**General:**


**Ankle and Foot:**


Fibromyalgia

M79.7

Synonyms
None.

Definition
Fibromyalgia is a chronic syndrome characterized by widespread generalized pain, joint rigidity, intense fatigue, sleep alterations, headache, spastic colon, craniomandibular dysfunction, anxiety, and depression.

History

Specific Aspects of Fibromyalgia History

- Complex pain syndrome with multiple and variable tender points.
- Complaints are primarily para spinal and located in the bilateral extremities.
- Tender points may be present in musculature but rarely cause radicular symptoms
- Often associated with sleep disruption and/or extreme fatigue
- Rule out red flags (require medical management)
- Identify co-morbidities requiring medical management, and those that affect application of massage therapy.

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<tr>
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<td>Fracture</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Severe pain when bending the head forward, accompanied by involuntary flexing of the hips and knees</td>
<td>Subarachnoid hemorrhage; meningitis</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Bladder dysfunction associated with onset of neck pain</td>
<td>Myelopathy; spinal cord injury</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Difficulty in speaking</td>
<td>Cerebrovascular accident</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Associated cranial nerve or central nervous system (CNS) signs/symptoms</td>
<td>Tumor; intracranial hematoma</td>
<td>Immediate referral to emergency department</td>
</tr>
<tr>
<td>Onset of a new headache</td>
<td>Tumor; infection; vascular cause (older patients, also consider temporal arteritis; glaucoma)</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Unexplained weight loss, fatigue, night sweats</td>
<td>Possible cancer or other serious illness</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Alcoholism, drug abuse</td>
<td>Side effect or withdrawal phenomenon</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Immune-compromised state</td>
<td>Infection</td>
<td>Prompt referral to Primary Care Provider</td>
</tr>
<tr>
<td>Radicular pain</td>
<td>Neurologic</td>
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Presentation
Pain may arise gradually with no precipitating event, or suddenly due to physical or psychological trauma. Chronic widespread pain is the hallmark symptom of fibromyalgia. The pain may be described as widespread and exhausting, a bruised feeling, tingling, deep aching, throbbing, shooting, stabbing, sharp or burning. Fibromyalgia patients also have a lower pain threshold than healthy people. There is a high incidence of clinical depression among fibromyalgia patients.

Subjective Findings
- Pain and stiffness in one or more regions; pain worse with motion or applied pressure
- Tender points and/or tender muscles in multiple areas, typically widespread symptoms
- Poor sleep and/or chronic fatigue
- High incidence of clinical depression

Objective Findings

Scope of Fibromyalgia Examination
- Inspection
- Palpation of bony and soft tissue
- Range of motion
- Inquiry about pain levels and functional abilities

Specific Aspects of Fibromyalgia Examination
- Pain with light palpation of tender points, located along joint lines and/or muscles
- Examine the musculoskeletal system for possible causes or contributing factors to the complaint.

Findings for Fibromyalgia
- Elevated pain response to light palpation
- Multiple regions of pain

Massage Therapy Management
Massage therapy management goals are to resolve pain, restore the highest level of function possible, and educate patient to prevent recurrent symptoms. To be considered medically necessary, patient’s symptoms must be the direct result of a primary neuromusculoskeletal injury or illness.

- Treatment frequency should be commensurate with severity of the chief complaint, natural history of the condition, and expectation for functional improvement.
- When significant improvements in patient’s subjective findings and objective findings are demonstrated, continued treatment with decreased frequency is appropriate.
- Use of self-directed home therapy will facilitate the fading of treatment frequency.
- As treatment progresses, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency.
- eviCore’s criteria for continued massage therapy depend on information submitted regarding patient’s progress.
- Adequate and legible patient progress information that contains subjective complaints and objective findings for each treatment is required to determine medical necessity.
- In addition to improvements in the table below, significant progress may also be documented by increases in functional capacity and increasingly longer durations of pain relief.
- Discharge occurs when reasonable functional goals and expected outcomes have been achieved.
- The patient is discharged when the patient/care-giver can continue management of symptoms with an independent home program.
- Therapy is discontinued when the patient is unable to progress towards outcomes because of medical complications, psychosocial factors or other personal circumstances.
If the member has been non-compliant with therapy as is evidenced by the clinical documentation, and/or the lack of demonstrated progress, therapy will be deemed to be not medically necessary and the member should be discharged from therapy.

<table>
<thead>
<tr>
<th>Week</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>Some reduction of pain severity and frequency, Some reduction of muscle spasm</td>
</tr>
<tr>
<td>2-4</td>
<td>50% decrease in pain severity and frequency, 50% improvement in ability to perform activities of daily living</td>
</tr>
<tr>
<td>5-8</td>
<td>75% decrease in pain severity and frequency, 75% improvement in ability to perform activities of daily living</td>
</tr>
<tr>
<td>9-12</td>
<td>Gradual improvement leading toward resolution, Reinforce self-management techniques, Discharge patient to elective care, or to their primary care provider for alternative treatment options when a plateau is reached, or by week 12, whichever occurs first</td>
</tr>
</tbody>
</table>

Referral Guidelines

Refer patient when:

- No benefit is attained from treatment
- Treatment provides only temporary relief, without leading to a resolution of the condition
- Improvement with massage therapy has reached a plateau but residual symptoms still exist
- If the condition has not progressed towards resolution, refer the patient to an appropriate health care provider to explore other treatment alternatives.
- Symptoms consistent with clinical depression are present

Appropriate Procedures/Modalities

- Manual massage work
- Massage tools as extension of hands
- Vibrating massage tools
- Stretching and instruction in same
- Application of external lotions and salves
- Application of hot or cold packs

Inappropriate Procedures/Modalities

- TENS or other devices which apply an electrical current
- Dispensing or sale of supplements for internal use (such as vitamins, herbs, etc)
- Any techniques outside the scope of practice in your state

Self-Management Techniques

- Rest and reduce strenuous activities
- Ergonomics
- Appropriate exercises/stretching
- Stress management
- Joint protection
- Weight loss
- Self-massage
- Hot packs/cold packs, if needed, to relieve discomfort

Alternatives/Adjuncts to Massage Therapy

- Acupuncture
- Chiropractic
Musculoskeletal Benefit Management Program: Massage Therapy Services

- Dietary/Nutritional Medicine Counseling
- Medication
- Injection therapy
- Occupational therapy
- Osteopathic Manipulation
- Physical Therapy
- Psychological counseling

References

General:


Fibromyalgia:


