



CLINICAL GUIDELINES

Massage Therapy

Version 1.0

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Please note the following:

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Massage Therapy Guidelines

MT-1.0: Covered Services and Exclusions	4
MT-2.0: Headache.....	7
MT-3.0: Neck Pain.....	15
MT-4.0: Upper/Mid-Back Pain.....	21
MT-5.0: Low Back Pain	26
MT-6.0: Shoulder Pain.....	32
MT-7.0: Upper Arm Pain.....	37
MT-8.0: Forearm/Elbow Pain	42
MT-9.0: Pain in the Hand/Wrist.....	47
MT-10.0: Hip Pain	52
MT-11.0: Upper Leg/Knee Pain.....	57
MT-12.0: Lower Leg/Knee Pain	63
MT-13.0: Ankle/Foot Pain.....	69
MT-14.0: Fibromyalgia	74
MT-15.0: Adjunct Cancer Care	80
MT-16.0: Diagnosis Codes.....	88

MT-1.0: 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 therapist's license.

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

- The clinical documentation must establish the individual's current condition and medical need for services.
- 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.

MT-2.0: Headache

Synonyms

- Tension-type headache
- Cervicogenic headache
- Jaw pain
- Migraine-Unspecified

Definition

Headache of musculoskeletal origin, such as referral from soft tissue and articular structures of the neck (cervicogenic). Pain may be acute or chronic.

Unspecified Migraine Headache, a dominantly inherited disorder characterized by varying degrees of recurrent vascular-quality headache, photophobia, sleep disruption, depression, and it may or may not be preceded by an aura.

History

- Tension-type headaches:
 - ◆ Acute or gradual onset, generally recurrent.
- Migraine headaches:
 - ◆ Attacks usually occur while awake.
 - ◆ Nausea and vomiting usually occur later in the attack.
 - ◆ Photophobia and/or phonophobia also commonly are associated with the headache.
 - ◆ About 60% of people who experience Migraine Headaches report a prodrome. Symptoms typical of the prodrome are:
 - Food cravings
 - Constipation or diarrhea
 - Mood changes—depression, irritability
 - Muscle stiffness, especially in the neck
 - Fatigue
 - Increased frequency of urination
- Migraine aura is a complex of neurological symptoms that may precede or accompany the headache phase or may occur in isolation. Auras can have a wide range of symptoms, including:
 - ◆ Visual—flashing lights, wavy lines, spots, partial loss of sight, blurry vision
 - ◆ Olfactory hallucinations—smelling odors that are not there
 - ◆ Tingling or numbness of the face or extremities on the side where the headache develops
 - ◆ Difficult finding words and/or speaking
 - ◆ Confusion
 - ◆ Vertigo
 - ◆ Partial paralysis
 - ◆ Auditory hallucinations
 - ◆ Decrease in or loss of hearing

- ◆ Reduced sensation
- ◆ Hypersensitivity to feel and touch

Specific Aspects of Headache History

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

Red Flag	Possible Consequence or Cause	Action Required
Severe trauma	Fracture or hematoma	Immediate referral to emergency department
Direct trauma to the head with loss of consciousness (LOC)	Subdural hematoma; epidural hematoma; fracture	Immediate referral to emergency department
Severe pain when bending the head forward, accompanied by involuntary flexing of the hips and knees	Subarachnoid hemorrhage; meningitis	Immediate referral to emergency department
Bladder dysfunction associated with onset of neck pain	Myelopathy; spinal cord injury	Immediate referral to emergency department
Difficulty in speaking	Cerebrovascular accident	Immediate referral to emergency department
Associated cranial nerve or central nervous system (CNS) signs/symptoms	Tumor; intracranial hematoma	Immediate referral to emergency department
Onset of a new headache	Tumor; infection; vascular cause (older patients, also consider temporal arteritis; glaucoma)	Prompt referral to Primary Care Provider
Unexplained weight loss, fatigue, night sweats	Possible cancer or other serious illness	Prompt referral to Primary Care Provider
Vomiting without nausea	Increased intracranial pressure	Immediate referral to emergency department
Suspicion of drug or alcohol dependence	Side effect or withdrawal phenomenon	Immediate referral to emergency department
Headache associated with diastolic blood pressure greater than 110 mmHg	Uncontrolled hypertension	Prompt referral to Primary Care Provider
Persistent or severe headache in a child	Tumor; encephalitis; meningitis	Immediate referral to emergency department
Cognitive changes, such as confusion, drowsiness or giddiness	Subdural hematoma; epidural hematoma	Immediate referral to emergency department
Persistent or progressive headache	Tumor; intracranial mass	Prompt referral to Primary Care Provider
Nuchal rigidity	Subarachnoid hemorrhage; meningitis	Immediate referral to emergency department
Alcoholism, drug abuse	Side effect or withdrawal phenomenon	Prompt referral to Primary Care Provider
Immune-compromised state	Infection	Prompt referral to Primary Care Provider

- In addition to the above red flags, the following symptoms reported by the patient require physician referral or co-management:
 - ◆ Headaches that are:
 - Associated with other neurological signs or symptoms (e.g., diplopia, loss of sensation, weakness, ataxia) or those of unusually abrupt onset.
 - Persistent (especially beyond 72 hours), which first occur after the age of 55 years, or that develop after head injury or major trauma.
 - Associated with stiff neck or fever.
- The following symptoms reported by the patient require physician referral or co-management:
 - ◆ Neck pain with difficulty swallowing or extreme neck stiffness accompanied by pain or electric shocks in arms or legs when moving neck
 - ◆ Visual symptoms or “aura” preceding headache
 - ◆ Neurologic symptoms associated with headache
 - ◆ Leg pain that worsens with exercise but is relieved by resting
 - ◆ Loss of feeling in inner thighs
 - ◆ Back pain associated with urinary problems
 - ◆ Severe pain that interrupts sleep
 - ◆ Constant pain that does not improve by changing positions or lying down
 - ◆ Recent unexplained weight loss
 - ◆ Recent progressive muscle weakness or shaking
 - ◆ Recent or recurrent fever over 102 degrees
 - ◆ Loss of bowel or bladder control
 - ◆ Blurred or double vision, dizziness, nausea or faintness when neck is in certain positions
 - ◆ Memory loss after injury or blow to the head that resulted in loss of consciousness or other neurological changes
 - ◆ History of stroke, aneurysm, angina or heart disease
 - ◆ Diabetes or other significant organic disease
 - ◆ Associated psychological symptoms

Presentation

Pain may arise gradually through repetitive stress or suddenly due to injury, trauma, or other triggers. Location of pain may involve any area from the neck and base of the skull to the jaw, temples, orbits, forehead or vertex. Client may complain of a dull ache, stabbing pain, stiffness, or numbness.

Subjective Findings for Tension-type Headaches:

- Frequent headaches without associated neurologic signs.
- Pain is localized to neck and occipital region, but may refer to the forehead, orbital region, temples, vertex or ears.
- Pain occurs, or is aggravated by particular movements of the neck or with sustained neck postures.
- Pain should be documented as a numeric pain scale 0-10.
- Headache frequency, duration and numeric pain scale should be documented.

Subjective Findings for Migraine Headaches:

- Pain is throbbing or pulsating.
- Initially, unilateral and localized in the fronto-temporal and ocular area builds up over a period of 1-2 hours, progressing posteriorly and becoming diffuse.
- Lasts from several hours to an entire day.
- Pain intensity is moderate to severe and tends to intensify even with routine physical activity.
- Pain should be documented as a numeric pain scale 0-10.
- Headache frequency, duration and numeric pain scale should be documented.

Functional Assessment

- Documentation of a patient's level of function is an important aspect of patient care. This documentation is required in order to establish the medical necessity of ongoing massage therapy treatment. The Patient Specific Functional Scale (PSFS) is a patient reported outcome assessment that is easy and appropriate for massage therapists to use. The PSFS has been studied in peer-reviewed scientific literature, and it has been proven to be a valid, reliable, and responsive measure for a variety of pain syndromes (neck, back, knee, etc.).

Scope of Cervical Examination

- Inspection of posture (forward head carriage, rounded shoulders)
- Palpate arteries
- Palpate cervical spine for muscle spasm, trigger points
- Perform cervical ROM

Specific Aspects of Headache Examination

Examine the musculoskeletal system for possible causes or contributing factors to the complaint. Ask about associated symptoms.

Findings of Tension-Type Headache

- Restricted and/or painful neck motion
- Tenderness of cervical musculature
- May demonstrate postural imbalance, such as forward head carriage and rounded shoulders

Findings of Migraine Headache

- Increased need of sleep
- Foggy thinking
- Neck pain
- Loss of appetite
- Nausea, vomiting
- Sensitivity to light or sound
- Loss of appetite
- Fatigue
- Numbness, tingling, or weakness

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/caregiver 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
- Sleep with cervical pillow, if found helpful
- For migraines, avoid suspected dietary triggers:
 - ◆ Chocolate
 - ◆ Aged cheeses and meats
 - ◆ Wine and beer (sulfites)
 - ◆ Caffeine
 - ◆ Onions
 - ◆ Nuts and peanut butter
 - ◆ Dairy products
 - ◆ Baked goods
 - ◆ Citrus fruits
- Other potential triggers include:
 - ◆ Allergic reactions
 - ◆ Bright lights
 - ◆ Loud noises
 - ◆ Physical or mental stress
 - ◆ Changes in sleep patterns
 - ◆ Smoking or exposure to tobacco smoke
 - ◆ Missed meals
- Hormonal fluctuations

Alternatives/Adjuncts to Massage Therapy

(Listed in alphabetical order)

- Acupuncture
- Chiropractic
- Dietary/Nutritional medicine counseling
- Injection therapy/Pain management
- Medication
- Occupational therapy
- Osteopathic manipulation

- Physical therapy
- Psychological counseling

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MT-3.0: Neck Pain

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 comorbidities requiring medical management, and those that affect application of massage therapy.

Red Flag	Possible Consequence or Cause	Action Required
Severe trauma	Fracture	Immediate referral to emergency department
Direct trauma to the head with loss of consciousness (LOC)	Subdural hematoma; epidural hematoma; fracture	Immediate referral to emergency department
Severe pain when bending the head forward, accompanied by involuntary flexing of the hips and knees	Subarachnoid hemorrhage; meningitis	Immediate referral to emergency department
Bladder dysfunction associated with onset of neck pain	Myelopathy; spinal cord injury	Immediate referral to emergency department
Difficulty in speaking	Cerebrovascular accident	Immediate referral to emergency department
Associated cranial nerve or central nervous system (CNS) signs/symptoms	Tumor; intracranial hematoma	Immediate referral to emergency department
Onset of a new headache	Tumor; infection; vascular cause (older patients, also consider temporal arteritis; glaucoma)	Prompt referral to Primary Care Provider
Unexplained weight loss, fatigue, night sweats	Possible cancer or other serious illness	Prompt referral to Primary Care Provider
Alcoholism, drug abuse	Side effect or withdrawal phenomenon	Prompt referral to Primary Care Provider
Immune-compromised state	Infection	Prompt referral to Primary Care Provider

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
- Pain should be documented as a numeric pain scale 0-10
- Headaches may accompany the neck pain
- Headache frequency, duration and numeric pain scale should be documented
- Essentially constant awareness of some level of neck discomfort or limitations in motion

Functional Assessment

- Documentation of a patient's level of function is an important aspect of patient care. This documentation is required in order to establish the medical necessity of ongoing massage therapy treatment. The Patient Specific Functional Scale (PSFS) is a patient reported outcome assessment that is easy and appropriate for massage therapists to use. The PSFS has been studied in peer-reviewed scientific literature, and it has been proven to be a valid, reliable, and responsive measure for a variety of pain syndromes (neck, back, knee, etc.).

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.
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- 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

Neck Pain

Referral Guidelines

Refer patient when:

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- 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

(Listed in alphabetical order)

- Acupuncture
- Chiropractic
- Dietary/Nutritional medicine counseling
- Medication
- Injection therapy/Pain management
- Occupational therapy
- Osteopathic manipulation
- Physical therapy
- Psychological counseling

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MT-4.0: Upper/Mid-Back Pain

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 comorbidities requiring medical management, and those that affect application of massage therapy.

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

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 should be documented as a numeric pain scale 0-10
- Pain may be worse with motion.
- Essentially constant awareness of some level of back discomfort or limitations in motion

Functional Assessment

- Documentation of a patient's level of function is an important aspect of patient care. This documentation is required in order to establish the medical necessity of ongoing massage therapy treatment. The Patient Specific Functional Scale (PSFS) is a patient reported outcome assessment that is easy and appropriate for massage therapists to use. The PSFS has been studied in peer-reviewed scientific literature, and it has been proven to be a valid, reliable, and responsive measure for a variety of pain syndromes (neck, back, knee, etc.).

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/caregiver 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

(Listed in alphabetical order)

- Acupuncture
- Chiropractic
- Dietary/Nutritional medicine counseling
- Medication
- Injection therapy/Pain management
- Occupational therapy
- Osteopathic manipulation
- Physical therapy
- Psychological counseling

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MT-5.0: Low Back Pain

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 comorbidities requiring medical management, and those that affect application of massage therapy.

Red Flag	Possible Consequence or Cause	Action Required
Severe trauma	Fracture or disc injury	Immediate referral to emergency department
Onset following minor fall or heavy lifting in elderly or osteoporotic patient	Fracture or disc injury	Immediate referral to emergency department
Direct blow to the back	Fracture	Immediate referral to emergency department
Severe or progressive neurologic complaints	Cauda equina syndrome	Immediate referral to emergency department
Global or progressive motor weakness in the lower extremities	Cauda equina syndrome	Immediate referral to emergency department
Recent onset of bowel dysfunction or acute onset of bladder dysfunction; in association with low back pain	Cauda equina syndrome	Immediate referral to emergency department
Pain that is worse when lying down, or worse at night	Possible cancer or other serious illness	Prompt referral to Primary Care Provider
Unexplained weight loss, fatigue, night sweats	Possible cancer or other serious illness	Prompt referral to Primary Care Provider
Prolonged steroid use, or thin, older person	Osteoporosis	Prompt referral to Primary Care Provider
Pain that extends down leg	Spine or disc involvement	Prompt referral to Primary Care Provider
Pain that does not change with change in position	Kidney disease	Immediate referral to emergency department
Fever or recent bacterial infection	Infection	Prompt referral to Primary Care Provider
Immune-compromised state	Infection	Prompt referral to Primary Care Provider

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
- Pain should be documented as a numeric pain scale 0-10
- 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

Functional Assessment

- Documentation of a patient's level of function is an important aspect of patient care. This documentation is required in order to establish the medical necessity of ongoing massage therapy treatment. The Patient Specific Functional Scale (PSFS) is a patient reported outcome assessment that is easy and appropriate for massage therapists to use. The PSFS has been studied in peer-reviewed scientific literature, and it has been proven to be a valid, reliable, and responsive measure for a variety of pain syndromes (neck, back, knee, etc.).

Scope of Lumbar Examination

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

Specific Aspects of Lumbar 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 tenderness on palpation

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/caregiver 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

(Listed in alphabetical order)

- Acupuncture
- Chiropractic
- Dietary/Nutritional medicine counseling
- Medication
- Injection therapy/Pain management
- Occupational therapy
- Osteopathic manipulation
- Physical therapy
- Psychological counseling

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MT-6.0: Shoulder Pain

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 comorbidities requiring medical management, and those that affect application of massage therapy.

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

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
- Pain should be documented as a numeric pain scale 0-10

Functional Assessment

- Documentation of a patient's level of function is an important aspect of patient care. This documentation is required in order to establish the medical necessity of ongoing massage therapy treatment. The Patient Specific Functional Scale (PSFS) is a patient reported outcome assessment that is easy and appropriate for massage therapists to use. The PSFS has been studied in peer-reviewed scientific literature, and it has been proven to be a valid, reliable, and responsive measure for a variety of pain syndromes (neck, back, knee, etc.).

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/caregiver 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

(Listed in alphabetical order)

- Acupuncture
- Chiropractic
- Dietary/Nutritional medicine counseling
- Medication
- Injection therapy/Pain management
- Occupational therapy
- Osteopathic manipulation
- Physical therapy
- Psychological counseling

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MT-7.0: Upper Arm Pain

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 comorbidities requiring medical management, and those that affect application of massage therapy.

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

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
- Pain should be documented as a numeric pain scale 0-10

Functional Assessment

- Documentation of a patient's level of function is an important aspect of patient care. This documentation is required in order to establish the medical necessity of ongoing massage therapy treatment. The Patient Specific Functional Scale (PSFS) is a patient reported outcome assessment that is easy and appropriate for massage therapists to use. The PSFS has been studied in peer-reviewed scientific literature, and it has been proven to be a valid, reliable, and responsive measure for a variety of pain syndromes (neck, back, knee, etc.).

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.
 - ◆ 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/caregiver 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

(Listed in alphabetical order)

- Acupuncture
- Chiropractic
- Dietary/Nutritional medicine counseling
- Medication
- Injection therapy/Pain management
- Occupational therapy
- Osteopathic manipulation
- Physical therapy
- Psychological counseling

References

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4. Nelson NL, Churilla JR. Massage Therapy for Pain and Function in Patients with Arthritis: A Systematic Review of Randomized Control Trials. *Am J Phys Med Rehabil*. 2017 Sep;96(9):665-672. doi:10.1097/PHM.0000000000000712.
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MT-8.0: Forearm/Elbow Pain

Synonyms

- Elbow pain
- Forearm pain

Definition

Forearm pain is a non-specific complaint that may involve any area from and including 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 comorbidities requiring medical management, and those that affect application of massage therapy.

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

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
- Pain should be documented as a numeric pain scale 0-10

Functional Assessment

- Documentation of a patient's level of function is an important aspect of patient care. This documentation is required in order to establish the medical necessity of ongoing massage therapy treatment. The Patient Specific Functional Scale (PSFS) is a patient reported outcome assessment that is easy and appropriate for massage therapists to use. The PSFS has been studied in peer-reviewed scientific literature, and it has been proven to be a valid, reliable, and responsive measure for a variety of pain syndromes (neck, back, knee, etc.).

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/Elbow 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

- 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/caregiver 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

(Listed in alphabetical order)

- Acupuncture
- Chiropractic
- Dietary/Nutritional medicine counseling
- Medication
- Injection therapy/Pain management
- Occupational therapy
- Osteopathic manipulation
- Physical therapy
- Psychological counseling

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MT-9.0: Pain in the Hand/Wrist

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 comorbidities requiring medical management, and those that affect application of massage therapy.

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

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
- Pain should be documented as a numeric pain scale 0-10

Functional Assessment

- Documentation of a patient's level of function is an important aspect of patient care. This documentation is required in order to establish the medical necessity of ongoing massage therapy treatment. The Patient Specific Functional Scale (PSFS) is a patient reported outcome assessment that is easy and appropriate for massage therapists to use. The PSFS has been studied in peer-reviewed scientific literature, and it has been proven to be a valid, reliable, and responsive measure for a variety of pain syndromes (neck, back, knee, etc.).

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

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/caregiver 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

(Listed in alphabetical order)

- Acupuncture
- Chiropractic
- Dietary/Nutritional medicine counseling
- Medication
- Injection therapy/Pain management
- Occupational therapy
- Osteopathic manipulation
- Physical therapy
- Psychological counseling

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MT-10.0: Hip Pain

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 comorbidities requiring medical management, and those that affect application of massage therapy.

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

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
- Pain should be documented as a numeric pain scale 0-10

Functional Assessment

- Documentation of a patient's level of function is an important aspect of patient care. This documentation is required in order to establish the medical necessity of ongoing massage therapy treatment. The Patient Specific Functional Scale (PSFS) is a patient reported outcome assessment that is easy and appropriate for massage therapists to use. The PSFS has been studied in peer-reviewed scientific literature, and it has been proven to be a valid, reliable, and responsive measure for a variety of pain syndromes (neck, back, knee, etc.).

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

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/caregiver 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

(Listed in alphabetical order)

- Acupuncture
- Chiropractic
- Dietary/Nutritional medicine counseling
- Medication
- Injection therapy/Pain management
- Occupational therapy
- Osteopathic manipulation
- Physical therapy
- Psychological counseling

References

1. Bronfort G, Haas M, Evans R, Leininger B, Triano J. Effectiveness of manual therapies: the UK evidence report. *Chiropr Osteopat*. 2010 Feb 25;18:3. doi:10.1186/1746-1340-18-3.
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MT-11.0: Upper Leg/Knee Pain

Synonyms

- Thigh pain
- Knee pain

Definition

Upper leg pain is a non-specific complaint that may involve any area between the pelvis to and/or including 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 comorbidities requiring medical management, and those that affect application of massage therapy.

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

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
- Pain should be documented as a numeric pain scale 0-10

Functional Assessment

- Documentation of a patient's level of function is an important aspect of patient care. This documentation is required in order to establish the medical necessity of ongoing massage therapy treatment. The Patient Specific Functional Scale (PSFS) is a patient reported outcome assessment that is easy and appropriate for massage therapists to use. The PSFS has been studied in peer-reviewed scientific literature, and it has been proven to be a valid, reliable, and responsive measure for a variety of pain syndromes (neck, back, knee, etc.).

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.
 - ◆ The patient is discharged when the patient/caregiver 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
(Listed in alphabetical order)

- Acupuncture
- Chiropractic
- Dietary/Nutritional medicine counseling
- Medication
- Injection therapy/Pain management
- Occupational therapy
- Osteopathic manipulation
- Physical therapy
- Psychological counseling

References

1. Bronfort G, Haas M, Evans R, Leininger B, Triano J. Effectiveness of manual therapies: the UK evidence report. *Chiropr Osteopat*. 2010 Feb 25;18:3. doi:10.1186/1746-1340-18-3.
2. Castro-Sánchez AM, Moreno-Lorenzo C, Matarán-Peñarrocha GA, Feriche-Fernández-Castanys B, Granados-Gámez G, and Quesada-Rubio JM: Connective tissue reflex massage for type 2 diabetic patients with peripheral arterial disease: randomized controlled trial. *Evidence-based Complementary and Alternative Medicine*. 2011;2011:804321. Epub 2011 Mar 13. doi:10.1093/ecam/nep171.
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MT-12.0: Lower Leg/Knee Pain

Synonyms

- Calf pain
- Shin pain
- Knee pain

Definition

Lower leg pain is a non-specific complaint that may involve any area from and/or including the knee to 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 comorbidities requiring medical management, and those that affect application of massage therapy.

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

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
- Pain should be documented as a numeric pain scale 0-10

Functional Assessment

- Documentation of a patient's level of function is an important aspect of patient care. This documentation is required in order to establish the medical necessity of ongoing massage therapy treatment. The Patient Specific Functional Scale (PSFS) is a patient reported outcome assessment that is easy and appropriate for massage therapists to use. The PSFS has been studied in peer-reviewed scientific literature, and it has been proven to be a valid, reliable, and responsive measure for a variety of pain syndromes (neck, back, knee, etc.).

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/caregiver 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
(Listed in alphabetical order)

- Acupuncture
- Chiropractic
- Dietary/Nutritional medicine counseling
- Medication
- Injection therapy/Pain management
- Occupational therapy
- Osteopathic manipulation
- Physical therapy
- Psychological counseling

References

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MT-13.0: Ankle/Foot Pain

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 comorbidities requiring medical management, and those that affect application of massage therapy.

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

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
- Pain should be documented as a numeric pain scale 0-10

Functional Assessment

- Documentation of a patient's level of function is an important aspect of patient care. This documentation is required in order to establish the medical necessity of ongoing massage therapy treatment. The Patient Specific Functional Scale (PSFS) is a patient reported outcome assessment that is easy and appropriate for massage therapists to use. The PSFS has been studied in peer-reviewed scientific literature, and it has been proven to be a valid, reliable, and responsive measure for a variety of pain syndromes (neck, back, knee, etc.).

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.
 - ◆ 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/caregiver 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

(Listed in alphabetical order)

- Acupuncture
- Chiropractic
- Dietary/Nutritional medicine counseling
- Medication
- Injection therapy/Pain management
- Occupational therapy
- Osteopathic manipulation
- Physical therapy
- Psychological counseling

References

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MT-14.0: Fibromyalgia

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 comorbidities requiring medical management, and those that affect application of massage therapy.

Red Flag	Possible Consequence or Cause	Action Required
Severe trauma	Fracture	Immediate referral to emergency department
Severe pain when bending the head forward, accompanied by involuntary flexing of the hips and knees	Subarachnoid hemorrhage; meningitis	Immediate referral to emergency department
Bladder dysfunction associated with onset of neck pain	Myelopathy; spinal cord injury	Immediate referral to emergency department
Difficulty in speaking	Cerebrovascular accident	Immediate referral to emergency department
Associated cranial nerve or central nervous system (CNS) signs/symptoms	Tumor; intracranial hematoma	Immediate referral to emergency department
Onset of a new headache	Tumor; infection; vascular cause (older patients, also consider temporal arteritis; glaucoma)	Prompt referral to Primary Care Provider
Unexplained weight loss, fatigue, night Sweats	Possible cancer or other serious illness	Prompt referral to Primary Care Provider
Alcoholism, drug abuse	Side effect or withdrawal phenomenon	Prompt referral to Primary Care Provider
Immune-compromised state	Infection	Prompt referral to Primary Care Provider
Radicular pain	Neurologic	Prompt referral to Primary Care Provider

Red Flag	Possible Consequence or Cause	Action Required
Chronic pain	Infection, rheumatoid arthritis, lupus, Lyme Disease, and others	Prompt referral to Primary Care Provider
Depression	May be a symptom of fibromyalgia, or a response to the chronic illness. Can be life threatening in severe cases.	Prompt referral to Primary Care Provider
Chest pain	May be symptom of fibromyalgia, or a sign of cardiac disease.	Immediate referral to emergency department

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
- Pain should be documented as a numeric pain scale 0-10
- Tender points and/or tender muscles in multiple areas, typically widespread symptoms
- Poor sleep and/or chronic fatigue
- High incidence of clinical depression

Functional Assessment

- Documentation of a patient's level of function is an important aspect of patient care. This documentation is required in order to establish the medical necessity of ongoing massage therapy treatment. The Patient Specific Functional Scale (PSFS) is a patient reported outcome assessment that is easy and appropriate for massage therapists to use. The PSFS has been studied in peer-reviewed scientific literature, and it has been proven to be a valid, reliable, and responsive measure for a variety of pain syndromes (neck, back, knee, etc.).

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/caregiver 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.
 - ◆ 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
(Listed in alphabetical order)

- Acupuncture
- Chiropractic
- Dietary/Nutritional medicine counseling
- Medication
- Injection therapy/Pain management
- Occupational therapy
- Osteopathic manipulation
- Physical therapy
- Psychological counseling

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MT-15.0: Adjunct Cancer Care

Synonyms

- Cancer pain^{2,3,5,6}

Definition

Cancer pain: The type and stage of cancer are primary factors influencing cancer pain. Pain is most often caused by the cancer itself pressing on bones, nerves, or body organs. Pain may be acute or chronic. Breakthrough pain may occur despite use of pain medication. Pain may also be caused by cancer testing and treatment procedures including surgery, chemotherapy and radiation.

History

Patients seeking massage therapy as an adjunct therapy should already be engaged in a comprehensive treatment program as directed by the oncologist and cancer care team. Common cancer treatments include: surgery, chemotherapy or targeted drug therapy, radiation therapy and immunotherapy. Other treatments include: stem cell therapy, blood transfusions, radiofrequency ablation and laser therapy. Symptoms experienced can vary widely according to the type and stage of cancer and treatments pursued. All cancer patients face the emotional challenges of cancer diagnosis, choosing and enduring a cancer treatment plan.

Additional Information Required

- Authorization requests for adjunct cancer care must include additional information. Patients seeking massage therapy as an adjunct therapy should already be engaged in a comprehensive treatment program as directed by the oncologist and cancer care team. While adjunctive massage therapy may ease pain during a cancer treatment program, it is not an equivalent or replacement for any aspect of the standard treatment program. Confirmation of participation in the cancer care program recommended by the oncologist and cancer care team is required. Massage therapy that may delay or replace needed medical care does not meet medical necessity criteria.
- Additional information must include:
 - ◆ Confirmation of participation in the treatment program recommended by the oncologist and cancer care team
 - ◆ Detailed current symptomatic evaluation of the symptom(s) treated with massage therapy
 - ↑ Clear description of progress since the last authorization request
 - ↑ Dates of previous and upcoming surgery, chemotherapy, radiation treatments should be noted

Specific Aspects of History

- Rule out red flags (requires medical management).
- Identify co-morbidities requiring medical management, and those that affect appropriateness of massage therapy
- Dates of previous and upcoming surgery, chemotherapy, radiation treatments should be noted
- Regardless of any red flags, confirmation of medical evaluation and appropriate medical co-management should be confirmed before initiating a course of massage therapy. Optimal levels of cancer recovery occur in the context of the comprehensive and multimodal care program designed by physicians and therapists specializing in cancer care. Massage therapy that may delay or replace needed medical care does not meet medical necessity criteria.

Red Flag	Possible Consequence or Cause	Action Required
New or worsening pain; new symptoms such as unable to walk, eat or urinate	Metastasis or recurrence	Prompt referral to Oncologist
Constipation, nausea, confusion, dizziness, unable to wake up or stay awake, unable to take prescribed medications, questions about how to take prescribed medications	Side effects of medication or change in medication	Prompt referral to Oncologist
Doesn't get pain relief from medication; relief doesn't last long enough; breakthrough pain; grimacing, moaning or reluctance to move	May need medication adjustment	Prompt referral to Oncologist
Fast heart rate, shortness of breath, trouble breathing with activity, dizziness, pale skin or nails beds, fatigue	Anemia	Prompt referral to Oncologist
Vomits more than 3 times per hour for 3 or more hours; cannot take in more than 4 cups of liquid in a day or can't eat for more than 2 days; loses 2 or more pounds in 1-2 days; decreased or dark urine; becomes dizzy, weak or confused	Dehydration	Prompt medical referral; Referral for immediate care for severe or prolonged dehydration
Swelling, pain, redness, cramping or soreness in the leg, especially the calf. Sudden shortness of breath, chest pain that worsens with cough or inhalation, rapid pulse, hemoptysis.	Deep Vein Thrombosis, Pulmonary Embolism	Immediate referral to emergency department
Impaired mobility, impaired gait, low muscle strength, poor balance, osteoporosis, older age, nutritional deficiency, severe pain, bruising, swelling	Fracture or other injury caused by fall	Immediate referral to emergency department if fracture is suspected and/or anticoagulant medication is used

Red Flag	Possible Consequence or Cause	Action Required
Temporary confusion or staring spells, repetitive movements such as blinking or hand rubbing with or without loss of consciousness, sudden body twitching or jerking, collapse, loss of consciousness.	Seizure	Immediate referral to emergency department
Severe disability or pain, terminal illness, family history of psychiatric disorder, female, anxiety, lack of physical exercise, lack of motivation to participate in cancer care program	Depression	Prompt referral to Primary Care Provider National Suicide Prevention Lifeline is available 24 hours every day 1-800-273-8255.
Fever, immune compromised state, intravenous drug use	Infection	Prompt referral to Primary Care Provider
Headache associated with diastolic blood pressure greater than 110 mm/Hg, Exertional pain, history of CAD	Cardiac condition	Immediate referral to emergency department
Suspicion of drug or alcohol dependence	Side effect or withdrawal phenomenon	Immediate referral to emergency department

Presentation

Cancer-related pain may vary widely according to the type and location of malignancy and the cancer treatment plan.

Subjective Findings

- Pain, numbness or tingling
- Pain should be assessed using a **0-10 pain scale**
- Difficulty sleeping or getting comfortable
- Fatigue
- Nausea and/or vomiting
- Less ability to move around and/or do things
- Lack of interest in things previously enjoyed
- **The Quality of Life Scale (QOLS)** is a reliable and valid instrument for measuring quality of life from the perspective of the patient with chronic illness. For populations with chronic disease, measurement of QOL provides a meaningful way to determine the impact of health care when cure is not possible. The QOLS is a 16 item questionnaire that can be completed in about 5 minutes. A seven-point response scale is used to answer each question; the final score tally can range from 16-112. QOLS can respond to change as a result of specific treatments, and can be used for adults across gender, cultural and language groups.

Functional Assessment

Documentation of a patient's level of function is an important aspect of patient care. This documentation is required in order to establish the medical necessity of ongoing massage therapy treatment. The Patient Specific Functional Scale (PSFS) is a patient reported outcome assessment that is easy and appropriate for massage therapists to use. The PSFS has been studied in peer-reviewed scientific literature, and it has been proven to be a valid, reliable, and responsive measure for a variety of pain syndromes (neck, back, knee, etc.).

Scope of Adjunct Cancer Care Examination

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

Specific Aspects of Adjunct Cancer Care Examination

- Confirm current medical evaluation and diagnosis. Medical co-management with an MD is required. Massage therapy that may delay or replace needed medical care does not meet medical necessity criteria.
- Dates of previous and upcoming surgery, chemotherapy and radiation treatments should be noted.
- Rule out other possible causes of symptoms (via medical co-management with MD).
- Referral back to MD if any red flags are present, if any symptoms worsen or new symptoms develop.

Findings for Adjunct Cancer Care Examination

- Functional assessments corresponding to the subjective complaints treated with massage therapy

Massage Therapy Management

- Patients seeking massage therapy as an adjunct therapy should already be engaged in a comprehensive cancer care program as directed by the oncologist and cancer care team. While adjunctive massage therapy may ease cancer related pain, it is not an equivalent or replacement for any aspect of the standard cancer care program. Confirmation of patient participation in the cancer care program as recommended by the oncologist and care team is required.
- Massage therapy management goals are to help reduce or resolve symptoms, help restore the highest level of function possible and help educate patient to reduce or prevent recurrent symptoms.
- 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/caregiver 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
0-3	➤ Some reduction of symptom severity and frequency ➤ Ensure recent medical evaluation and appropriate co-management with oncologist and cancer care specialists
4-6	➤ At least 20-30% improvement in symptom severity and frequency ➤ Reinforce self-management techniques ➤ Reinforce continued medical co-management with oncologist and cancer care specialists
7-12	➤ At least 40-60% improvement in symptom severity and frequency ➤ Reinforce self-management techniques ➤ Reinforce continued medical co-management with oncologist and cancer care specialists
13+	➤ Cancer treatment and recovery time frame varies greatly depending on type, location and stage of cancer ➤ Continued massage therapy is merited with 20% progressive improvement monthly after cancer treatment has concluded ➤ Continued symptomatic relief until surgery / chemotherapy is completed ➤ If at least 20-30% symptomatic relief is not achieved, the patient should be referred back to the oncologist to explore more clinically significant treatment options ➤ Reinforce self-management techniques ➤ Reinforce continued medical co-management with oncologist and cancer care specialists

Referral Guidelines

- Refer patient to their Medical Doctor and/or Licensed Psychological Practitioner for evaluation of alternative treatment options if:
 - ◆ Confirmation of compliance with oncologist's current treatment plan is not provided.
 - ◆ There is refusal or inability to participate in other aspects of the cancer care program designed by the oncologist and care team.
 - ◆ There are signs of depression or ANY indication of thoughts or plans for self-harm. The National Suicide Prevention Lifeline is available 24 hours every day, call 1-800-273-8255.
 - ◆ There is significant worsening of the patient's complaint.
 - ◆ The patient shows additional complaints.
 - ◆ The patient has not responded positively to treatment after a couple of weeks.

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 ^{2,3,5,6}

- Relaxation / Stress Management
- Meditation
- Yoga
- Music therapy
- Distraction
- Imagery
- Hot/Cold Packs, if recommended by your doctor
- Menthol or topical pain
- Transcutaneous electrical nerve stimulation (TENS)
- Good sleep hygiene
- Adequate rest, short naps or breaks as needed
- Support Group
- Stay as active as possible
- Good nutrition and hydration
- Accept help from family and/or friends
- Self-hypnosis
- Progressive muscle relaxation
- Eat small but frequent meals
- Cold, bland, tart or sour foods, clear liquids or ice chips may be better during nausea

Alternatives/Adjuncts to Massage Therapy **(Listed in alphabetical order)**

- Acupuncture
- Chiropractic
- Dietary/Nutritional medicine counseling
- Medication
- Injection therapy/Pain management
- Occupational therapy
- Oncology Care Plan
- Osteopathic manipulation
- Physical therapy
- Psychological counseling

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MT-16.0: Diagnosis Codes

	ICD-10 Codes
Headache	R51
Neck Pain	M54.2
Upper/Mid-Back Pain	M54.6
Mid Back Pain	M54.5
Shoulder Pain	M25.511, M25.512
Upper Arm Pain	M79.621, M79.622
Forearm/Elbow Pain	M79.631, M79.632, M25.521, M25.522
Pain in the Hand/Wrist	M25.531, M25.532, M79.641, M79.642
Hip Pain	M25.551, M25.552
Upper Leg/Knee Pain	M79.651, M79.652, M25.561, M25.562
Lower Leg/Knee Pain	M79.661, M79.662, M25.561, M25.562
Ankle/Foot Pain	M25.571, M25.572, M79.671, M79.672
Fibromyalgia	M79.7
Cancer pain	G89.3