



Utilization Management Policy

Critical Data Elements

Table of Contents

Policy Statement.....	1
Purpose.....	1
Scope.....	1
Definitions.....	1
Background.....	2
Data Elements.....	2
References.....	5
History.....	5

Related Policies

[Determination of Maximum Therapeutic Benefit](#)
[Experimental and Investigational Services and Devices](#)
[Utilization Management Overview](#)

Policy Number

367

Original Effective Date: 9/2002

Current Approval Date: 4/23/20

Next Review: 4/2021

Category: Determination

Policy Statement

The critical data elements that impacted a particular utilization review decision will be recorded whenever an adverse clinical determination is rendered.

Purpose

This policy lists and describes the application of critical data elements as a component of utilization review determinations.

Scope

All in and out of network programs, involving all provider types, where utilization review (UR) determinations are performed.

Definitions

Critical data elements precisely describe the attributes of an individual clinical presentation that led to the application of a utilization management policy, as the basis for a particular utilization review determination

Background

Utilization management policies have been developed to serve as the clinical criteria for utilization review determinations. Clinical review determinations are arrived at following the application of utilization management policies in the context of individual patient clinical presentations. Certain attributes (critical data elements) of a particular clinical presentation significantly contribute to utilization review decision making. The critical data elements used by Optum* by OptumHealth Care Solutions, LLC peer reviewers are listed below.

Data Elements List

Demographic and Historical Elements

The patient's age	Complaints are the result of trauma; an injury from an external agent/force	The complaints were the result of a repetitive activity or use	The complaints were the result of a surgical procedure
The complaints were the result of mechanical overload; overextending the capacity of the muscles and joints e.g., lifting, carrying, pushing, etc.	The history of occurrence or the mechanism of onset were omitted or not clearly indicated	The mechanism of onset was unspecified	The history includes multiple previous episodes
There were no documented historical factors contributing to the present complaint	Previous treatment for this condition has been rendered		

Nature of Complaint/Diagnosis

The complaint was localized to a specific articular structure or muscle group	The complaints were diffuse but without a true radicular component	The complaints included a true radicular component into an extremity	There was no clinical complaint recorded
There was no spinal complaint documented	There was no extraspinal complaint documented	There was no reported pain in the extremity	There was no reported pain in the spine
The diagnosis provided is not related to the spine	The diagnosis provided is not related to the extremity		

Phase/Plan/Type/Level of Care and Nature of Condition

Treatment program was for an initial trial of treatment	Proposed services were for ongoing treatment	Proposed treatment was to restore therapeutic gains to a permanent residual condition	Proposed treatment represents elective care
The phase of care was omitted or not clearly reported	The stage of healing was omitted or not clearly reported	The reported condition was in the sub-acute stage (between 6 and 12 weeks from onset)	The reported condition is in the chronic stage (>12 weeks from onset)

*Optum is a brand used by OptumHealth Care Solutions, LLC and its affiliates



Utilization Management Policy

The reported condition was in the acute stage (<6 weeks duration)	The reported condition was of initial onset	The reported condition was recurrent; multiple episodes of 3 months or less duration separated by periods with minimal or no symptoms	The documentation indicates an exacerbation or significant flare-up of an existing condition
The plan of care was recorded as being for maintenance, elective, preventive or wellness purposes	The proposed service(s) do not require continued administration by a licensed therapy provider in order to be delivered safely and effectively	The proposed treatment is identified as unproven, experimental and/or investigational	The patient's reported pain/complaints are minimal and/or at self-management level
The patient's pain has progressed to a self-management level	The submitted plan of care is directed at helping the patient maintain his/her current level of function	The documentation submitted indicates that the patient possesses the ability to leave the home safely	The documentation submitted indicates that the patient is medically allowed to leave the home
The services requested do not require trained medical personnel in order to be delivered safely and effectively	The activities being performed do not require continued administration by trained medical personnel in order to be delivered safely and effectively	The services requested were for the primary purpose of assisting with activities of daily living (dressing, feeding, bathing)	There were no complicating factors documented that might extend treatment beyond the normally anticipated level
There were no medical complications or complexities noted which would require a qualified health care provider to render the services.	The patient's reported back pain/complaints are minimal and/or at self-management level	The patient's reported extremity pain/complaints are minimal and/or at self-management level	The patient's reported back pain has progressed to a self-management level
The patient's reported extremity pain has progressed to a self-management level	The patient's reported neck and back pain has progressed to a self-management level	The patient's reported neck pain has progressed to a self-management level	The patient's reported neck and back pain/complaints are minimal and/or at self-management level
The patient's reported neck pain/complaints are minimal and/or at self-management level	We reviewed the submitted Neck Disability Index for this patient. The patient's reported functional level has progressed to a point where the patient or a caregiver can perform the activities	We reviewed the submitted Oswestry Back Index for this patient. The patient's reported functional level has progressed to a point where the patient or a caregiver can perform the activities	We reviewed the submitted Neck Disability Index and Oswestry Back Index for this patient. The patient's reported functional level has progressed to a point where the patient or a caregiver can perform the activities
We reviewed the submitted DASH report for this patient. The patient's reported functional level has progressed to a point where the patient or a caregiver can perform the activities	We reviewed the submitted LEFS report for this patient. The patient's reported functional level has progressed to a point where the patient or a caregiver can perform the activities	The patient's reported back pain and/or symptoms have not shown significant improvement	The patient's reported neck and back pain and/or symptoms have not shown significant improvement
The patient's reported extremity pain and/or symptoms have not shown significant improvement	The patient's reported neck pain and/or symptoms have not shown continued improvement and are at a plateau	The patient's reported neck and back pain and/or symptoms have not shown continued improvement and are at a plateau	

*Optum is a brand used by OptumHealth Care Solutions, LLC and its affiliates

Utilization Management Policy

Patient-Reported Measures, Treatment Goals and Outcomes

The patient reported the pain frequency as constant	The patient reported the pain frequency as frequent	The patient reported the pain frequency as occasional	The patient reported the pain frequency as intermittent
The patient reported the pain intensity as mild	The patient reported the pain intensity as moderate	The patient reported the pain intensity as severe	The patient reported the pain intensity as unbearable
The patient reported the status of the pain as improving	The patient reported the status of the pain as not changing	The patient reported the status of the pain as getting worse	The status of the pain was either not reported or unclear
The status of the pain was either not reported or unclear	The patient reported that the pain mildly restricts daily activities	The patient reported that the pain moderately restricts daily activities	The patient reported that the pain severely restricts daily activities
The treatment goals reported were appropriate	The treatment goals reported were not appropriate	The reported outcome measures indicated that the patient was improving	The reported outcome measures indicated that the patient has not shown any clinically significant improvement
The reported outcome measures indicated that the patient's condition was worsening	The reported outcome measures indicated that the patient was at or near maximum therapeutic benefit (MTB)	Outcome measures were not appropriately documented	The reported outcome measures indicated that the range of motion was not improving
The reported outcome measures indicated that muscle strength was not improving	The reported pain level indicates no clinically significant improvement	The patient's reported functional level has progressed to a point where the patient or a caregiver can perform the activities	The patient's reported pain and/or symptoms have not shown significant improvement
The patient's reported pain and/or symptoms have not shown continued improvement and are at a plateau	The patient's reported functional level has not shown significant improvement	The patient's reported functional level has reached a plateau in progress or improvement	There were no pain levels/or functional deficits noted in the patient's medical records
The patient's medical records do not document your symptomatic or functional progress with your treatment	The patient's reported back pain and/or symptoms have not shown continued improvement and are at a plateau	The patient's reported extremity pain and/or symptoms have not shown continued improvement and are at a plateau	The patient's reported neck and back pain and/or symptoms have not shown significant improvement
The patient's reported neck pain and/or symptoms have not shown significant improvement	We reviewed the submitted Neck Disability Index for this patient. The patient's reported functional level has not shown significant improvement	We reviewed the submitted Oswestry Back Index for this patient. The patient's reported functional level has not shown significant improvement	We reviewed the submitted Neck Disability Index and Oswestry Back Index for this patient. The patient's reported functional level has not shown significant improvement
We reviewed the submitted Neck Disability Index for this patient. The patient's reported functional level has reached a plateau in progress or improvement	We reviewed the submitted Oswestry Back Index for this patient. The patient's reported functional level has reached a plateau in progress or improvement	We reviewed the submitted Neck Disability Index and Oswestry Back Index for this patient. The patient's reported functional level has reached a plateau in progress or improvement	We reviewed the submitted LEFS report for this patient. The patient's reported functional level has reached a plateau in progress or improvement

References

1. Bogduk N. McGuirk B. Medical management of acute and chronic low back pain: an evidence-based approach, 2002; *Elsevier*: Amsterdam, The Netherlands
2. Waddell G. The back pain revolution, 2004; *Churchill Livingstone*: Edinburgh, UK
3. Yeomans S. The clinical application of outcomes assessment, 2000; *Appleton & Lange*: Stamford, CT
4. Kaplan SL. Outcome measurement & management, 2007; *F.A. Davis Company*: Philadelphia, PA
5. Guide to physical therapy practice, 2nd edition 2003; *American Physical Therapy Association*: Alexandria, VA

Policy History/Revision Information

Date	Action/Description
9/20/2002	Original effective date
11/11/2003	Annual review and approval completed
10/18/2004	Annual review and approval completed
2/14/2006	Annual review and approval completed
4/10/2008	Annual review and approval completed
1/15/2009	Policy reformatted
4/30/2009	Annual review and approval completed
4/08/2010	Annual review and approval completed
10/07/2010	Policy revised to include a transitional period of care; data elements updated
10/26/2010	Policy rebranded to "OptumHealth Care Solutions, Inc. (OptumHealth)"
4/07/2011	Annual review and approval completed
4/19/2012	Annual review and approval completed
4/18/2013	Annual review and approval completed
4/17/2014	Annual review and approval completed; Policy rebranded "Optum* by OptumHealth Care Solutions, Inc."
4/16/2015	Annual review and approval completed
4/21/2016	Annual review and approval completed
4/20/2017	Annual review and approval completed; Policy Statement revised (application to transitional care period was deleted); Data element list revised to reflect current response language used in member and provider UR decision notifications. Legal entity name changed from "OptumHealth Care Solutions, Inc." to "OptumHealth Care Solutions, LLC."
4/26/2018	Annual review and approval completed; deleted two redundant data elements
4/25/2019	Annual review and approval; reformatted the critical data elements list; added 32 critical data elements concerning the nature of complaint/diagnosis, phase/plan/type/level of care and nature of condition, and patient-reported measures, treatment goals and outcomes
4/23/2020	Annual review and approval completed. Updated Data Elements List

Contact Information

Please forward any commentary or feedback on Optum utilization management policies to: policy.inquiry@optumhealth.com with the word "Policy" in the subject line.

The services described in Optum* by OptumHealth Care Solutions, LLC policies are subject to the terms, conditions and limitations of the Member's contract or certificate. Optum reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Optum's administrative procedures.

Certain internal policies may not be applicable to self-funded members and certain insured products. Refer to the member's Summary Plan Description (SPD) or Certificate of Coverage (COC) to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member's SPD or COC, the member's SPD or COC will govern.