



# Utilization Management Policy

## Determination of Safety to Deliver Thrust Joint Manipulation to a Specific Region

|                          |   |  |                          |               |
|--------------------------|---|--|--------------------------|---------------|
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### Policy Statement

Proposed manipulative services may not be approved when the clinical presentation (history, physical findings and/or diagnostic studies) is indicative of contraindications to this procedure. When proposed services are contraindicated, support clinicians will contact the health care provider to ensure patient safety.

### Purpose

To ensure that utilization review determinations consider the safety of proposed thrust joint manipulation to a region.

### Scope

All in and out of network programs involving all provider types, where utilization review determinations are rendered for spinal and/or extraspinal manipulation procedures.

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## Definitions

The following definitions apply to this policy:

- Adverse events (AE) – medium to long term in duration, with moderate to severe symptoms, and of a nature that is serious, distressing, and unacceptable to the patient and required further treatment.<sup>1</sup>
- Mobilization/Manipulation – skilled passive movements to the joints and/or related soft tissues that are applied at varying speeds and amplitudes, including a small-velocity and high-amplitude therapeutic movement.<sup>2</sup>
- Thrust joint manipulation (TJM) – high-velocity/low-amplitude therapeutic movements within or at the end of range of motion.<sup>3</sup>
- Absolute Contraindication – any circumstance that renders a form of treatment or clinical intervention inappropriate because it places the patient at undue risk.<sup>4</sup>
- Relative Contraindication – any circumstance that may place the patient at undue risk unless the treatment approach is modified.<sup>4</sup>

## Background

Overview:

Manipulative therapy is utilized by chiropractors, physical therapists and other healthcare practitioners to treat a multitude of disorders including: spine-related disorders, headaches, and various conditions affecting the upper or lower extremities.<sup>5</sup> Thrust joint manipulation (TJM) incorporates high-velocity/low-amplitude (HVLA) methods, which are common among the different manipulative technique systems.<sup>4,6</sup> The appropriateness of manipulative therapy has been described for conditions involving spinal regions (cervical,<sup>7</sup> thoracic,<sup>8</sup> and lumbo-sacral<sup>9</sup>) and extraspinal regions.<sup>5</sup>

The safety of TJM to a specific region can be determined by identifying pre-existing conditions that might be indicative of a patient's risk for an adverse event (AE).<sup>7</sup> The consideration of contraindications (absolute and relative) and 'red flag' factors or symptoms can be used in conjunction with sound clinical reasoning to guide judgments about the safety of TJM.<sup>10</sup> TJM should not be performed to the area of pathology when absolute contraindications are present (Table 1).<sup>11</sup> The presence of other conditions may require modification of TJM (eg, non-thrust techniques) and can be viewed as relative contraindications (Table 2).<sup>4,11</sup> TJM should be deferred depending on the need for further examination and diagnostic testing when red flags suggestive of underlying contraindications to TJM are identified (Table 3).<sup>4,12</sup>

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**Table 1. Absolute Contraindications to TJM<sup>^</sup>**

|     |  |
|-----|--|
| 1.  | Anomalies such as dens hypoplasia, unstable os odontoideum, etc.   |
| 2.  | Acute fracture   |
| 3.  | Spinal cord tumor  |
| 4.  | Acute infection such as osteomyelitis, septic discitis, and tuberculosis of the spine                            |
| 5.  | Meningeal tumor  |
| 6.  | Hematomas, whether spinal cord or intra-canalicular  |
| 7.  | Malignancy involving the treatment site  |
| 8.  | Frank disc herniation with accompanying signs of progressive neurological deficit                                |
| 9.  | Basilar invagination of the upper cervical spine   |
| 10. | Arnold-Chiari malformation of the upper cervical spine   |
| 11. | Dislocation at the treatment site  |
| 12. | Aggressive types of benign tumors (eg, aneurismal bone cyst, giant cell tumor, osteoblastoma or osteoid osteoma) |
| 13. | Internal fixation/stabilization devices  |
| 14. | Neoplastic disease of muscle or other soft tissue  |
| 15. | Positive Kernig's or Lhermitte's signs   |
| 16. | Congenital, generalized hypermobility  |
| 17. | Signs or patterns of instability at the treatment site   |
| 18. | Syringomyelia  |
| 19. | Hydrocephalus of unknown etiology  |
| 20. | Diastematomyelia   |
| 21. | Cauda equina syndrome  |
| 22. | Vertebral artery abnormalities, vertebrobasilar insufficiency  |

<sup>^</sup> List may not include all possible absolute contraindications

Adapted from: World Health Organization. Part 2: Guidelines on safety of chiropractic; in WHO guidelines on basic training and safety in chiropractic. Geneva, CH: WHO 2005; [WHO guidelines on basic training and safety in chiropractic](#) Accessed February 2023

**Table 2. Relative Contraindications to TJM<sup>^</sup>**

|    |   |
|----|---|
| 1. | Progressive spondylolisthesis   |
| 2. | Articular hypermobility, and circumstances where the stability of the joint is uncertain            |
| 3. | Post-surgical joints or segments with no evidence of instability                                    |
| 4. | Bone demineralization   |
| 5. | Severe painful disc pathology eg, discitis or disc herniation                                       |
| 6. | Bleeding disorders and anticoagulant therapy  |
| 7. | Psychological factors (eg, aberrant behavior patterns) where TJM represents inappropriate treatment |

<sup>^</sup> List may not include all possible relative contraindications

Adapted from: World Health Organization. Part 2: Guidelines on safety of chiropractic; in WHO guidelines on basic training and safety in chiropractic. Geneva, CH: WHO 2005; [WHO guidelines on basic training and safety in chiropractic](#) Accessed February 2023

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**Table 3. Red Flags<sup>^</sup>**

|     |  |
|-----|--|
| 1.  | History of cancer  |
| 2.  | History of injection drug use  |
| 3.  | Recent genitourinary or gastrointestinal procedure                               |
| 4.  | Fever, chills, night sweats  |
| 5.  | Unexplained recent weight loss   |
| 6.  | Immunocompromised status   |
| 7.  | Pain worse at night  |
| 8.  | Unremitting pain (even when supine)  |
| 9.  | Incontinence   |
| 10. | Saddle anesthesia  |
| 11. | Severe or rapidly progressive neurologic deficit                                 |
| 12. | Previous diagnosis of vertebrobasilar insufficiency or stroke                    |
| 13. | Facial/intraoral anesthesia or paresthesia                                       |
| 14. | Visual disturbances, blurred vision, diplopia                                    |
| 15. | Dizziness/vertigo  |
| 16. | Nausea   |
| 17. | Tinnitus   |
| 18. | Drop attacks   |
| 19. | Dysarthria   |
| 20. | Dysphagia  |
| 21. | Any symptom listed in #s 13 to 20 aggravated by position or movement of the neck |
| 22. | No change or worsening of symptoms after multiple manipulations                  |

<sup>^</sup> List may not include all possible red flags

Adapted from:

- Bratton RL. Assessment and management of acute low back pain. *American Family Physician*. 1999;60(8):2299-308.
- Puentedura EJ, March J, Anders J, et al. Safety of cervical spine manipulation: are adverse events preventable and are manipulations being performed appropriately? A review of 134 case reports. *Journal of Manual & Manipulative Therapy*. 2012;20(2):66-74.

## References

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2. *Guide to Physical Therapist Practice*. Revised 2<sup>nd</sup> edition. Alexandria, VA: American Physical Therapy Association; 2003:167-77.
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5. Clar C, Tsertsvadze A, Court R, et al. Clinical effectiveness of manual therapy for the management of musculoskeletal and nonmusculoskeletal conditions: systematic review and update of UK evidence report. *Chiropractic & Manual Therapies* 2014; 22:12
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7. Puentedura EJ, March J, Anders J, et al. Safety of cervical spine manipulation: are adverse events preventable and are manipulations being performed appropriately? A review of 134 case reports. *Journal of Manual & Manipulative Therapy*. 2012;20(2):66-74.
8. Puentedura EJ, O'Grady WH. Safety of thrust joint manipulation in the thoracic spine: a systematic review. *Journal of Manual & Manipulative Therapy*. 2015;23(3):154-61.
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12. Refshauge KM, Parry S, Shirley D, et al. Professional responsibility in relation to cervical spine manipulation. *Australian journal of Physiotherapy*. 2002;48(3):171-9.

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## Utilization Management Policy

### Policy History/Revision Information

| Date       | Action/Description  |
|------------|---|
| 1/1997     | Original effective date   |
| 3/24/1998  | Annual review completed   |
| 1/28/1999  | Annual review completed   |
| 2/23/2000  | Annual review completed   |
| 3/07/2001  | Annual review completed   |
| 9/20/2002  | Annual review completed   |
| 11/11/2003 | Annual review completed   |
| 11/18/2004 | Annual review completed   |
| 2/14/2006  | Annual review completed   |
| 12/04/2006 | Annual review completed   |
| 4/10/2008  | Annual review completed   |
| 11/11/2008 | Policy header rebranded, "OptumHealth Care Solutions – Physical Health"   |
| 1/15/2009  | Policy placed into new format   |
| 4/30/2009  | Annual review completed   |
| 4/08/2010  | Annual review completed   |
| 10/26/2010 | Policy rebranded to "OptumHealth Care Solutions, Inc. (OptumHealth)"  |
| 4/07/2011  | Annual review completed   |
| 4/19/2012  | Annual review completed   |
| 4/18/2013  | Annual review completed   |
| 4/17/2014  | Annual review completed; Policy rebranded "Optum* by OptumHealth Care Solutions, Inc."  |
| 4/16/2015  | Annual review completed   |
| 4/21/2016  | Annual review completed   |
| 4/20/2017  | Annual review completed. The Title, Definitions and Background were revised to reflect changes in terminology associated with manipulative therapy. The References were updated to support the revisions. Legal entity name changed from "OptumHealth Care Solutions, Inc." to "OptumHealth Care Solutions, LLC."   |
| 4/26/2018  | Annual review completed; no significant changes to the document   |
| 4/25/2019  | Annual review completed; no significant changes to the document   |
| 4/23/2020  | Annual review completed; no significant changes to the document   |
| 4/22/2021  | Annual review completed; no significant changes to the document   |
| 5/03/2022  | Annual review completed; no significant changes to the document   |
| 6/29/2022  | Updated legal entity name "OptumHealth Care Solutions, LLC." to *Optum™ Physical Health ("Optum") includes OptumHealth Care Solutions, LLC; ACN Group IPA of New York, Inc.; ACN Group IPA of California, Inc. d/b/a OptumHealth Physical Health of California; Managed Physical Network, Inc.; and OrthoNet Holdings, Inc. which includes OrthoNet New York IPA, Inc., OrthoNet West, Inc., OrthoNet, LLC, OrthoNet of the South, Inc. |
| 4/27/23    | Annual review and approval completed; no significant changes made to the document. Updated contact email from <a href="mailto:policy.inquiry@optumhealth.com">policy.inquiry@optumhealth.com</a> to <a href="mailto:phpolicy_inquiry@optum.com">phpolicy_inquiry@optum.com</a> .  |

### Contact Information

Please forward any commentary or feedback on Optum utilization management policies to: [phpolicy\\_inquiry@optum.com](mailto:phpolicy_inquiry@optum.com) with the word "Policy" in the subject line.

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## Utilization Management Policy

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.