2013 Outpatient Rehabilitation & Chiropractic Criteria
Spinal Disorders, Cervical: Chiropractic (Adult)

Review Type (choose one and see below)

- Initial Review
- Ongoing Review
- Discharge Review

Initial Review

New episode (Initial 4 wks of treatment)

- Initial Review, All:
  - Clinical presentation, One:
    - Acute cervical radiculopathy, Both:
      - Sx / Findings < 6 wks in nerve root distribution, ≥ One:
        - Unilateral weakness by PE
        - Unilateral pain
        - Unilateral paresthesias
      - Spinal cord compression / Myelopathy excluded by Hx & PE
    - Subacute cervical radiculopathy, All:
      - Sx / Findings ≥ 6 wks in nerve root distribution, ≥ One:
        - Unilateral weakness by PE
        - Unilateral pain
        - Unilateral paresthesias
      - Spinal cord compression / Myelopathy excluded by Hx & PE
    - Cervical spine x-ray, One:
      - Nondiagnostic for etiology of symptoms
      - Not indicated
  - Cervical spinal stenosis, Both:
    - Sx / Findings, ≥ One:
      - Neck / Scapular pain
      - Limited neck ROM
    - Spinal cord compression / Myelopathy excluded by Hx & PE
  - Documented prognosis for clinical / functional improvement

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Progressive treatment program, All:
- Patient agrees to program participation
- Spinal manipulation / Manual therapy
- Therapeutic exercise for strength / ROM / endurance
- Instruction in home Rx program

Goals, All:
- Reduce intensity and frequency of Sx / findings
- Gain independence in home exercise program and self-management
- Maximize functional independence with ADLs / IADLs

Functional status w/ visits, One:
- No functional limitations (≤ 4 visits ≤ 4 wks)
- Mild limitations (≤ 6 visits ≤ 4 wks), Both:
  - Variable limitations with ADLs / IADLs
- Sx / Findings, ≥ One:
  - Intermittent symptoms with variable intensity
  - Limited neck ROM
- Moderate limitations (≤ 8 visits ≤ 4 wks), Both:
  - Consistent limitations with ADLs / IADLs
- Sx / Findings, ≥ One:
  - Consistent symptoms with variable intensity
  - Decreased ROM / strength
- Severe limitations (≤ 12 visits ≤ 4 wks), All:
  - Unable to complete / participate in ADLs / IADLs
  - Consistent frequency and intensity of symptoms
  - Decreased ROM / strength / reflexes / Muscle atrophy

Ongoing Review

Continuation of care (May only be used once for an additional 4 wks of treatment)

Ongoing Review, All:
- Clinical presentation, One:
  - Diagnosis confirmed at initial review
  - Acute cervical radiculopathy, Both:
    - Sx / Findings < 6 wks in nerve root distribution, ≥ One:
      - Unilateral weakness by PE
      - Unilateral pain
      - Unilateral paresthesias
    - Spinal cord compression / Myelopathy excluded by Hx & PE
  - Subacute cervical radiculopathy, All:
    - Sx / Findings ≥ 6 wks in nerve root distribution, ≥ One:
☐ Unilateral weakness by PE
☐ Unilateral pain
☐ Unilateral paresthesias
☐ Spinal cord compression / Myelopathy excluded by Hx & PE
☐ Cervical spine x-ray, **One:**
  ☐ Nondiagnostic for etiology of symptoms
  ☐ Not indicated
☐ Cervical spinal stenosis, **Both:**
  ☐ Sx / Findings, ≥ **One:**
    ☐ Neck / Scapular pain
    ☐ Limited neck ROM
  ☐ Spinal cord compression / Myelopathy excluded by Hx & PE
☐ Documented prognosis for clinical / functional improvement
☐ Progressive treatment program, **All:**
  ☐ Patient committed to program participation
  ☐ Spinal manipulation / Manual therapy
  ☐ Therapeutic exercise for strength / ROM / endurance
  ☐ Continue teaching and evaluate knowledge retention for home Rx program
☐ Partial progress made in meeting treatment goals, **All:**
  ☐ Reduction in intensity and frequency of Sx / findings
  ☐ Improvement in function and reduction in limitations, ≥ **Two:**
    ☐ Improved neck ROM
    ☐ Improved upper extremity muscle strength
    ☐ Improved functional performance
    ☐ Decreased pain
  ☐ Independence in self-management
  ☐ Documented patient adherence to home exercise program
☐ Functional status w/ visits, **One:**
  ☐ No functional limitations (≤ 2 visits ≤ 4 wks)
  ☐ Mild limitations (≤ 4 visits ≤ 4 wks), **Both:**
    ☐ Variable limitations with ADLs / IADLs
    ☐ Sx / Findings, ≥ **One:**
      ☐ Intermittent symptoms with variable intensity
      ☐ Limited neck ROM
  ☐ Moderate limitations (≤ 8 visits ≤ 4 wks), **Both:**
    ☐ Consistent limitations with ADLs / IADLs
    ☐ Sx / Findings, ≥ **One:**
      ☐ Consistent symptoms with variable intensity
      ☐ Decreased ROM / strength
□ Severe limitations (≤ 10 visits ≤ 4 wks), All:
  □ Unable to complete / participate in ADLs / IADLs
  □ Consistent frequency and intensity of symptoms
  □ Decreased ROM / strength / reflexes / Muscle atrophy

Discharge Review

□ Discharge Review, One:
  □ New onset / Worsening of Sx / findings require reassessment prior to continuation of chiropractic treatment
  □ Further improvement / Completion of goals expected with patient adherence to home Rx program
  □ Chiropractic treatment goals met, All:
    □ Sx / Findings, ≥ One:
      □ No longer present
      □ Self care management achieved
    □ Function improved, ≥ One:
      □ Neck ROM returned to preinjury / baseline status
      □ UE muscle strength 4/5 to 5/5
      □ Functional independence with ADLs / IADLs
    □ Independent with home exercise program
  □ Functional plateau reached at last 3 visits, ≥ One:
    □ Neck ROM unchanged / improved ≤ 10%(0.10)
    □ Neck / UE muscle strength unchanged / improved < 1 muscle grade
    □ Functional performance unchanged
  □ Prognosis poor