

# NHS MEDICAL POLICY

# Carpal and Cubital Tunnel Surgery Procedure 2018-003

# A. Carpal tunnel release surgery may be indicated when ALL the following are present:

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|---|------|----------|---------|-------------|----------|--------|----------|-----------|-------|------------|--|
| 1 | Iner | provider | aocumen | led a diagr | 10515 OI | r nign | cimical  | suspicion | 101Ca | arbai      | tunnel syndrome.                       |
|   | 1    |          |         | 0           |          | 0      |          | 1         |       | 1          | 2                                      |

- 2 ONE or more of the following findings were documented:
  - age 50 or more

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- symptoms present 10 months or more
- constant pain, sensory loss or paresthesia in median nerve distribution (1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> fingers)
- physical examination with impaired two-point discrimination testing
- physical examination with positive Phalen sign
- electrodiagnostic testing confirms carpal tunnel syndrome with abnormal motor or sensory latency

3 ONE or more of the following non-operative treatments were tried:

- activity modification
- ergonomic adjustment
- physical therapy
- occupational therapy
- pharmacotherapy (usually oral NSAID or corticosteroid)
- wrist splinting
- corticosteroid injection

4 The patient is not pregnant or within 3 months of delivery.

# **B.** Cubital tunnel release surgery may be indicated when ALL the following are present:

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The provider documented a diagnosis or high clinical suspicion of cubital tunnel syndrome. 2 ONE or more of the following findings were documented: age 50 or more symptoms present 10 months or more constant pain, sensory loss or paresthesia in ulnar nerve distribution (4<sup>th</sup> & 5<sup>th</sup> fingers) physical examination with weakness of intrinsic hand muscles affecting pinch, grip, dexterity or ability to separate fingers physical examination with atrophy of hypothenar or interosseous hand muscles physical examination with clawing contracture of the 4<sup>th</sup> and/or 5<sup>th</sup> fingers physical examination with impaired two-point discrimination testing electrodiagnostic testing confirms cubital tunnel syndrome with abnormal motor or sensory latency ONE or more of the following non-operative treatments were tried: 3 activity modification • ergonomic adjustment physical therapy occupational therapy pharmacotherapy (usually oral NSAID or corticosteroid) elbow splinting corticosteroid injection 4 The patient is not pregnant or within 2 months of delivery.

#### SOURCES

- 1. Jablecki CK, Andary MT, Floeter MK, et al. Practice parameter: Electrodiagnostic studies in carpal tunnel syndrome. Report of the American Association of Electrodiagnostic Medicine, American Academy of Neurology, and the American Academy of Physical Medicine and Rehabilitation. Neurology 2002; 58:1589.
- 2. Kaplan SJ, et al, Predictive factors in the non-surgical treatment of carpal tunnel syndrome, J Hand Surg Br. 1990;15(1):106.
- 3. Lew HL, Wang L, Robinson LR, Test-retest reliability of combined sensory index: implications for diagnosing carpal tunnel syndrome, Muscle Nerve. 2000 Aug;23(8):1261-4.
- 4. McClure P, et al, Evidence-based practice: an example related to the use of splinting in a patient with carpal tunnel syndrome, Hand Ther. 2003;16(3):256.
- 5. Stahl S, et al, Conservative therapy in carpal tunnel syndrome, Harefuah. 1996;130(4):241.
- 6. Wang L, Electrodiagnosis of Carpal Tunnel Syndrome, Phys Med Rehabil Clin N Am 24 (2013) 67–77.
- 7. Witt JC, Hentz JG, Stevens JC. Carpal tunnel syndrome with normal nerve conduction studies. Muscle Nerve 2004; 29:515.
- 8. Yoon JS, et al, Ulnar Neuropathy With Normal Electrodiagnosis and Abnormal Nerve Ultrasound, Arch Phys Med Rehabil. 2010 Feb; 91(2): 318–320.
- 9. Milliman Care Guidelines, 24<sup>th</sup> edition, accessed Mar 3, 2020:
  - Cubital Tunnel Decompression Procedures (A-0392)
  - Carpal Tunnel Decompression Procedures: Open and Endoscopic (A-0211)
  - Musculoskeletal Surgery or Procedure GRG (SG-MS)
- 10. UpToDate.com was accessed May 15, 2018:
  - Carpal tunnel syndrome: Treatment and prognosis
  - Ulnar neuropathy at the elbow and wrist

# **CODE REFERENCE** (This may not be a comprehensive list of codes to apply to this policy.)

25020, 29848, 64721, 64718, 64719

# POLICY HISTORY/REVISION INFORMATION

| Date       | Action/Description   |  |  |  |  |  |
|------------|--|--|--|--|--|--|
| 06/12/2019 | Annual review – no changes   |  |  |  |  |  |
| 03/12/2020 | Added line 4; under Sources line 9 added: 24 <sup>th</sup> edition, accessed March 3, 2020 |  |  |  |  |  |
| 03/12/2021 | Annual review – no changes   |  |  |  |  |  |
| 03/28/2022 | Annual review – no changes   |  |  |  |  |  |
| 02/22/2023 | Annual review – no changes   |  |  |  |  |  |
| 02/20/2024 | Annual review and approval by UM/QM Committee  |  |  |  |  |  |
| 03/24/2025 | Annual review and approval by UM/QM Committee  |  |  |  |  |  |