



**Driscoll Health Plan
Medical Necessity Guideline**



Medical Necessity Guideline: Physical or Occupational Therapy for Carpal Tunnel Syndrome (CPS)	Creation Date: 02/19/2016	Review Date: 05/31/2023	Effective Date: 02/19/2016
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PURPOSE:

To detail the indications and appropriate therapeutic treatment for Carpal Tunnel Syndrome (CTS).

DEFINITIONS:

Carpal tunnel syndrome - a common condition that causes pain, numbness, and tingling in the hand and arm. The condition occurs when one of the major nerves to the hand – the median nerve – is squeezed or compressed as it travels through the wrist. ⁽¹⁾

PT – Physical Therapy

OT – Occupational Therapy

GUIDELINE:

Requests for PT/OT for CTS require prior authorization and medical review. It is anticipated that the physician will provide splints, gliding exercises, and other instruction/counseling in the usual case of CTS.

Because of limited evidence supporting therapeutic activities and modalities in the comprehensive treatment of CTS, DHP will approve limited short sessions for initial evaluation and instruction in a home therapy program. ^(2, 3, 4, 7) DHP considers brief and targeted PT/OT that rapidly transitions to a robust home exercise program of benefit and considered medically necessary in the following situations: ⁽⁷⁾

- Acute or increase in pain resulting in functional impairment that is unresponsive to analgesics, ultrasound, steroids, or splinting.
- In cases where a member requires additional instruction, reinforcement, and frequent modification of a home program due to age, cognitive capacity, compliance, or exacerbations.
- Following successful and asymptomatic conservative treatment to address residual findings such as contracture
- Post-surgical rehabilitation

Documentation Requirements: Clinical records from the attending physician, neurologist, orthopedic surgeon, hand surgeon, or sports medicine physician clearly documenting the

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diagnosis, acute/chronic, related or aggravating conditions, testing to include CTS specific tests, current prior medical and surgical treatments and therapies, and the member's response to them

BACKGROUND:

Routine Physical Therapy (PT) or Occupational Therapy (OT) has not been shown to be of benefit for the treatment of Carpal Tunnel Syndrome and may be contraindicated. Evidence-based treatment of CTS includes non-steroidal anti-inflammatories and nighttime splinting of the wrist for up to 7 weeks, followed by other conservative measures such as oral steroids, limited ultrasound, or carpal tunnel steroid injections. Nerve gliding exercises – According to a Cochrane Review of exercise and mobilization interventions, there is limited and low-quality support for these exercises. ⁽⁸⁾ However, some patients benefit from exercises that help the median nerve move more freely within the confines of the carpal tunnel. ^(2, 3) Specific exercises may be recommended and demonstrated by the doctor or therapist as a component of the home program. These exercises do not require supervision by a therapist and are readily available as self-instructional handouts from sources such as the American Academy of Orthopedic surgeons.

⁽⁸⁾ Referral to Orthopedic Surgeon, Neurologist, or Physiatrist would follow if no improvement. (2, 3, 4, 5, 6)

PROVIDER CLAIMS CODES:

ICD 10				
G56.0	Carpal Tunnel Syndrome			
CPT				
97110	97112	97124	97140	97530
97535	97014			

REFERENCES:

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3. American Academy of Orthopaedic Surgeons. Management of Carpal Tunnel Syndrome Evidence-Based Clinical Practice Guideline. www.aaos.org/ctsguideline. Published February 29, 2016. <https://aaos.org/quality/quality-programs/upper-extremity-programs/carpal-tunnel-syndrome/>; Accessed 05/10/2022.
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DOCUMENT HISTORY:

DHP Committee that Approved	Review Approval Date (last 5 years)					
	2019	2020	2021	2022	2023	2024
Medical Director	06/13/2019	06/22/2020	06/10/2021	05/24/2022	06/07/2022	05/31/2023
CMO	11/21/2018	06/13/2019	06/22/2020	06/10/2021	06/07/2022	06/06/2023
Medical Policy Workgroup Effective 2022					06/07/2022	06/06/2023
Medical Management Retired December 2020	11/21/2018	06/13/2019	06/22/2020			
Utilization Management & Appeals Effective January 2021				6/10/2021	6/21/2022	06/20/2023
Utilization Management	02/28/2019	8/22/2019	06/22/2020			

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Behavioral Health <i>Retired</i> <i>December 2020</i>						
Provider Advisory Committee (PAC) <i>Effective 2022</i>					06/17/2022	06/09/2023
Clinical Management Committee <i>Effective March 2021</i>				06/17/2021	06/24/2022 & 08/23/2022	07/20/2023
Quality Management <i>Retired 2020</i>	04/16/2019	10/22/2019	06/26/2020			
Executive Quality Committee <i>Effective 2021</i>				08/04/2021	06/28/2022	07/25/2023

<i>Document Owner</i>	<i>Organization</i>	<i>Department</i>
Dr. Fred McCurdy, Medical Director	Driscoll Health Plan	Utilization Management

<i>Review/Revision Date</i>	<i>Review/Revision Information, etc.</i>
11/28/2017	No changes
11/16/2018	No changes
11/30/2019	Updated sources and new format by William Brendel, MD and Tom Morris, MD
05/13/2020	Extensive updating of sources, formatting, and codes
06/04/2020	Minor language changes per Dr. Serrao and addition of two sources by Dr. Brendel
06/16/2020	Final review
05/18/2021	Added new reference; verified other references and coding. Dr. Brendel

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05/10/2022	Reviewed and updated by Dr. Dan Doucet
05/24/2022	Reviewed and final editing by Dr. Fred McCurdy
05/31/2023	Reviewed by Drs. Dan Doucet and Fred McCurdy; no changes

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