Criteria #18: Carpal Tunnel Medical record documentation must support ALL of the following: Utah Medicaid Provider Manual Criteria for Medical and Surgical Procedures Division of Medicaid and Health Financing Updated July 2010 Page 76 of 119 Physician, Hospital Manuals

A. History of **one** or more:

1. Persistent pain and/or paraesthesia symptoms affecting the first three digits with or without fourth and fifth digits.
2. Progressive muscle weakness in thumb abductors and opponens.

B. Other diagnoses or conditions have been considered such as:

1. Other nervous system disease if there are continuous symptoms, polyneuropathy, or no pain.
2. Polymyalgia rheumatica if there is bilateral upper-extremity aching in an elderly person.
3. Thoracic outlet syndrome, brachial plexopathy, or vascular compromise if symptoms depend on arm position or use.
4. Cervical-cord or nerve root compression if there is radicular pain, bilateral symptoms, neck pain, or trauma.
5. Systemic diseases: Vitamin B_{12} deficiency, hypothyroidism, diabetes, hypocalcemia, collagen vascular disease, or scleroderma, if there is finger stiffness and Raynaud's.
6. Herpes Zoster.
7. Hand-arm vibration syndrome.
8. Pregnancy.

C. Findings of **two** or more of the following:

1. Positive Phalen test/ Positive Tinel sign.
2. Paresthesia, hypesthesia, pain or numbness affecting at least part of the median-nerve distribution of the hand.
3. Atrophy or the thenar eminence (the fleshy mass on the palm of the hand at the base of the thumb).
4. Abnormal ultrasound indicating median nerve hypertrophy.
5. Abnormal EMG/ nerve conduction study (NCS)

D. At least three months of conservative treatment including:

1. Splinting of wrist in neutral for at least nocturnal wear; day time wear of the splint at the patient's discretion.
2. Physical therapy which may include treatment such as: Intermittent nerve gliding exercise. Exercise may include yoga and relaxation. Therapeutic ultrasound treatment.
3. Activity modification, including avoidance of sustained gripping, awkward wrist position, and repetitive wrist flexion-extension.
4. Oral steroids or injected steroidal agents.
5. Treatment of any underlying disorder.
6. Pregnant patients are offered conservative treatment. Since carpal tunnel symptoms often spontaneously resolve after delivery, surgery will only be considered after delivery when symptoms persist with conservative treatment.

E. Surgery indications include thenar atrophy or muscle weakness with failure to respond the conservative therapy or documentation of severity to justifying early surgical intervention.