Derby and Derbyshire
Clinical Commissioning Group

CLINICAL POLICY ADVISORY GROUP (CPAG)

Carpal Tunnel Syndrome Policy

Statement
Derby and Derbyshire CCG, in line with its principles for procedures of limited clinical value, has deemed that the following should be routinely commissioned for Carpal Tunnel Syndrome (CTS):

- **Non-surgical treatment for mild to moderate symptoms in Primary Care**

- **Referral for surgical treatment should be made via the MSK CATS service where one or more of the following criteria is met:**
    - Daily symptoms such as frequent night waking or daily symptoms measured objectively via the following:
        - Scoring 5 on the Boston Carpal Tunnel Questionnaire
        - scoring 3 or 4 on the Levine Self-assessment Questionnaire or Boston Carpal Tunnel Questionnaire **AND** receive no relief from neutral wrist splinting or other evidence based treatment after up to 12 weeks
    - Persistent symptoms causing functional impairment, not responding to non-surgical treatment

  NB: Urgent referral can be made depending on clinical judgement.

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the CCG.

1. Background

Carpal tunnel syndrome (CTS) is a collection of symptoms and signs that arise as a result of compression of the median nerve in the carpal tunnel within the wrist. The cause of compression is not known but activities with high hand/wrist repetition rate, obesity, hypothyroidism and diabetes mellitus increase the risk of developing CTS.
CTS is more common in women than men and the associated symptoms can affect daily activities and sleep with symptoms often being worse at night. Signs and symptoms can include:

- intermittent tingling
- altered sensation
- pain
- weakness
- impaired fine manipulation sensory loss in the distribution of the median
- atrophy of the muscles of the thenar eminence
- reduced strength of thumb abduction
- dry skin on the thumb, index, and middle fingers.

2. Recommendation

Non-surgical treatment for mild* to moderate symptoms in Primary Care.**
Such treatment includes:

- Physiotherapy
- Neutral wrist splints
- Single steroid plus local anaesthetic injection

Referral for surgical treatment should be made via the MSK CATS service where one or more of the following criteria are met:

- Daily symptoms ,such as frequent night waking, or daily symptoms measured objectively via the following:
  - Scoring 5 on the Boston Carpal Tunnel Questionnaire
  - Scoring 3 or 4 on the Levine Self-assessment Questionnaire or Boston Carpal Tunnel Questionnaire AND receive no relief from neutral wrist splinting or other evidence based treatment after up to 12 weeks
- Persistent symptoms causing functional impairment, not responding to non-surgical treatment

NB: Urgent referral can be made depending on clinical judgement.

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the CCG.

***Mild symptoms**: intermittent paraesthesia in the correct distribution; nocturnal symptoms (or exacerbated at night).

****Moderate symptoms**: intermittent paraesthesia in the correct distribution; regular night waking, NO persistent hypoesthesia,

NB: Nerve conduction studies (NCS) are typically not indicated as part of the initial investigations, and therefore should not be requested by primary care. The decision to perform NCS will typically be at the discretion of the consultant or following referral from

MSK CATS (Musculoskeletal Clinical Assessment and Triage Service) for the following conditions:

- ruling out peripheral neuropathy
- persistent or recurrent carpal tunnel syndrome
- equivocal clinical examination and history

Exclusion Criteria
The management of CTS in the presence of a tumour or fracture, or onset of symptoms was after injury are excluded from this policy.

3. Rationale for Recommendation

Non-surgical treatment for mild to moderate symptoms

NHS EBI Policy advises that mild cases of CTS may never require any treatment. Where CTS interferes with daily activities/sleep the signs and symptoms may resolve or settle to a manageable level with non-operative treatments such as a steroid injection (good evidence of short-term benefit of around 8 to12 weeks).

NICE CKS advise that there is strong evidence to support the immobilization (for example with a splint or orthosis) and use of steroid injections in improving patient orientated outcomes in CTS.

4. Useful Resources

- Carpal Tunnel Syndrome, NICE CKS, last revised September 2016, accessed 13/11/19, https://cks.nice.org.uk/carpal-tunnel-syndrome#!topicSummary

5. References

- British Orthopaedic Association Commissioning Guide: Treatment of Carpal Tunnel Syndrome (2017)
- BMJ Clinical review – Carpal Tunnel Syndrome, MiddletonS et al., BMJ 2014; 349:g6437, November
- American Academy of Orthopaedic Surgeons (AAOS) clinical practice guideline on management of carpal tunnel syndrome. February 2016.
- South Staffs CCGs' Commissioning Policy: Excluded and Restricted Procedures, Incorporating Procedures of Low Clinical Value (PLCV), March 2016.
- Manchester CCGs 2016-17 Effective Use of Resources Treatment Policies Updated: 30 September 2016.
- Carpal Tunnel Syndrome, NICE CKS, last revised September 2016, accessed 13/11/19, https://cks.nice.org.uk/carpal-tunnel-syndrome#!topicSummary
- Evidence-Based Interventions: Guidance for CCGs, NHS England, Updated January

2019, accessed 14/11/19, https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-statutory-guidance-v2.pdf

6. Appendices

Appendix 1- Consultation

Consultee	Date
Clinical Policy Advisory Group	21/11/19
Consultant Orthopaedic Surgeon, CRHFT	29/11/19
Consultant Orthopaedic Surgeon, UHDB	29/11/19
Consultant Hand Surgeon, UHDB	29/11/19
Clinical Policy Advisory group	19/12/19
Clinical and Lay Commissioning Committee	January 2020

Appendix 2- Document Update

Document Update	Date Updated
Changes to include treatment length in the community before referral to secondary care; criteria for urgent/immediate secondary care referral – version 2	Nov 2014
Reviewed in the light of BOA consultation commissioning guide (final publication pending), and informed by S Staffs and Manchester policy reviews. Referrals now based on mild/moderate/severe categorisation with equivalent Boston Questionnaire scores given. Red and yellow flag listed. – version 3	Dec 2016
A clear flow of layout for with mild and moderate symptoms first – version 3.1	Feb 2017
Restrictions apply removed and OR added between paragraph – version 3.2	July 2017
Addition of information regarding the MSK triage service for pts with moderate symptoms of carpal tunnel syndrome. Clarification that Nerve Conduction Studies should not be done as part of the initial investigations and referral should not be purely on this basis – version 3.3	July 2018
Addition of 'This policy is subject to a prior approval' as requested by contracting – version 3.4	September 2019
Removal of 'This policy is subject to a prior approval' and replaced with 'Private physiotherapists treating NHS patients outside of the Derbyshire MSK CATS service are required to complete a prior approval form. Prior approval for this procedure must be sought through Blueteq'; policy re-formatted and re-worded to reflect the new orgamisation; clarification of recommendations; addition of 'Background Information', 'Rationale for Recommendation' and 'Useful Resources'; removal of 'Symptoms occur in the presence of a tumour or fracture, or onset of symptoms was after injury' from referral for surgical treatment criteria and moved under Exclusion Criteria; urgent referral criteria removed from policy; the following statement has been removed from the policy 'Refer urgently if symptoms are deteriorating before this point' and has been replaced with 'Urgent referral can be made depending on clinical judgement'. – version 4	November/ December 2019

Appendix 3 - OPCS code(s)

A651, A652, A658, A659