# Quality  Measures and Treatment Guides for Carpal Tunnel Syndrome

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**In the fall of 2011 the CHSWC released a study from the Rand Corporation on Quality Measures in the Diagnosis and Treatment of Carpal Tunnel Syndrome.**

**It appears that the goal of this study and similar guides is to bring consistency and predictability to our treatment of Carpal Tunnel Syndrome**

**Given the tendency of the Utilization Review programs to misuse, misinterpret, and incorrectly apply such studies and guides, it is in our best interest to proactively inform, apply and use these materials to facilitate our care and services .**

# What is this Rand study all about ?

- The study was paid for by the CHSWC,
a state agency, and by Zenith Insurance

# The Study Claims to Address…..

## "Quality-of-Care Measures for Carpal Tunnel Syndrome"

But I suspect the real goal from this quote.

**"Payers, particularly workers' compensation payers, could use the algorithm and measures as a guideline for when to authorize surgery."**

The algorithm and measures mentioned are from the Rand study

**The Rand study is trying to make the case that we work-up our patients inadequately and operate on too many wrong patients**

**The Rand study
found 78 different quality
measures to look at.**

# How will this be used by Utilization Review?

# My goal today is….

-To introduce this and other carpal tunnel treatment guides to you.

-To show you how to  use them in your favor .

-To show you how to improve your quality of  care and facilitate your treatment requests

# Rand Study Methods

1) Modified "Delphi" process

   which means a panel of appointed experts

  +A literature search

2) Wrote a algorithm

3)"Tested"  the algorithm against a

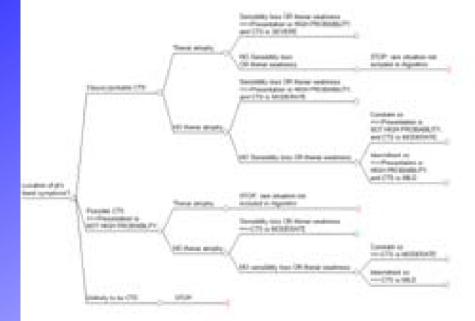tiny series of Kaiser/ state fund patients

# The Test Population

- 50 Kaiser / state fund patients

# Rand study

- Provides a algorithm for use of physicians and payers (read UR)
- Argues that there are efficiencies to be made from better care and better standards

  (read more denials.)

# The small rand treatment algorithm

# The Rand Algorithm

Surgery indicated                     9 situations

Surgery optional                     15 situations

Surgery inappropriate                19 situations

# The Rand Algorithm

Surgery indicated     9 situations

Surgery optional     15 situations

Surgery inappropriate 19 situations

Is the goal of this study to reduce surgery?

I have taken 4  guides:
1)ACOEM
2)AAOS
3)ODG (guides)
4) RAND study
I have done a meta analysis, and created a composite  of common elements.  If you apply every element of this composite you should be able to argue that you have meet all of the accepted standards and there should be no reason for an UR physician to disagree with you recommendations.

# Some Guide Comparisons

| | | |
|---|---|---|
| AAOS | Committee | 163 pages |
| | volunteer physicians | |
| ACOEM | Physicians | 288 pages |
| | + paid researchers | |
| ODG 's | Work Loss Data Ins | 43 pages |
| | private for profit comp | |
| RAND | Report Company | 320 pages |

# If you prefer the full reports

I have a link on the bottom of my hand out that will take you to all of this material in the long version

# Or if you prefer

-I have created a composite of these 4 guides.

-I reduced it to a brief check list.

-It is in your hand out.

**The carriers argue that each CTS case costs them about $ 12k and about $85k in lost wages.**

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# The AAOS Guides

in 2005

   16440 cases of CTS involved lost time from work

   ½  lost more than 31 days from work

The diagnosis of CTS has the highest median number of days from work

Is it any wonder they want to decrease the amount of surgery being done?

# All 4 of the guides advise

1) Take a complete history

2) Do a complete physical examination

3) Do or document non operative care

4) Address and document exclusion of non CTS diagnosis.

5) Include all of the accepted/ required diagnostic studies.

6) Attach to all surgery requests a summary of everything above for the reviewer.

# A WORK SHEET FOR REQUESTING SERVICES IN THE TREATMENT OF CARPAL TUNNEL SYNDROME

# COMPLAINTS

1) Median nerve distribution of complaints

   a) Duration

   b) Numbness   y /n   more   or   less   than pain

   c) Night   awakening  y/n      # times/night
       shakes Hand  +/-

   d)  Sleep deprived    +/-   falls asleep   at wheel,
   work +/-

   e) History of dropping things +/-

   f)  Response to vibratory  tools

   g) Nature , duration , frequency  of employment.

# Additional  History

a) Trauma

b) Past Medical hx

   Rheumatoid Arthritis, Diabetes ,
   Hypothyroidism  Pregnancy, Renal Disease,

 c) Vascular shunt

 d)  Height  and weight

# Studies that were already done at time of first presentation

a) Prior care and extent

b) Emg      +  /-

c) Semmes Weinstein      +/-

d) Hand diagram

e) X rays   neck, shoulder , elbow, wrist

f) Basic lab studies

If they have not been done, do them all!

# Non median nerve symptoms and findings

a) Cranial nerves and balance tests   done   +/-

b) C spine physical exam  done +/-    neg   pos       equivocal

c) Cervical spine   tests   c spine x ray    +/-

d) Thoracic  outlet  exam done  +/-    negative    positive   equivocal

e) Shoulder exam done  +/-    negative positive   equivocal

f) Ulnar nerve  exam done   +/-    negative     positive   equivocal

g) Prior surgical scars  hand, wrist, forearm, elbow, neck

h)  Cmc  joint of Thumb examination  +/-

# Carpal tunnel physical  exam

a) Tinel's  at wrist   +/-

b) Phalen's test     +/-

c) Response to compression at wrist  +/-
   Durkan's   test

d) Thenar muscle strength/ atrophy  +/-

e)  Measure of sensation    distribution,   +/-
    hand diagram,  +/-    two point.+/-

# Emg/Nc

Report should include a mention of skin
temperature/ warming  by tester

# Conservative care

a) Bracing  +/-    how long

    Night bracing   +/-    how long

b)  Oral medication   how long ,

c)  Injected steroids   #times

      response. +/-

d)  Physical therapy     y/n

   Aerobic exercises,    y/n

   Breaks from computer use.  y/n

   Stretching exercises.   y/n

   Response.

# The severity of the carpal tunnel syndrome should be noted as mild, moderate , or severe.

A severe case is likely to have an incomplete response.

# Remember

The most common cause of treatment failure is the wrong diagnosis.

The money saved by not operating on the wrong patient will make the insurance happy

……..At lease for this quarter.