

PROVIDER BULLETIN: 09-06

**Title: Proximal Median Nerve Entrapment (PMNE)
Medical Treatment Guideline**

To: From: (Contact)

ARNPs
Chiropractors
Clinics
Medical Physicians
Naturopathic Physicians
Osteopathic Physicians
Physician Assistants
Self-insured employers

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Provider Hotline 1-800-848-0811 or
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Affects: State Fund claims Self-Insured claims Crime Victims
Compensation Program All locations

Effective Date: August 1, 2009 **Removal from Web Date:** July 1, 2011

Provider Bulletins are temporary communications to announce changes to rule, law, policy, coverage decision or programs. For access to **updated** and complete information to this rule/coverage decision/policy etc., please visit:

<http://www.lni.wa.gov/ClaimsIns/Files/OMD/PMNEFinalGuideline.pdf>

Purpose

This bulletin provides notice of a new medical treatment guideline for Proximal Median Nerve Entrapment (PMNE). This guideline is effective on August 1, 2009. Only highlights and the summary are presented here. The complete updated guideline is posted at:

<http://www.lni.wa.gov/ClaimsIns/Files/OMD/PMNEFinalGuideline.pdf>

The guideline is an educational resource for providers who treat injured workers in the Washington workers' compensation system under Title 51 RCW. It also defines review criteria for claim managers, occupational nurses, and the department's utilization review staff to help ensure diagnosis and treatment of proximal median nerve entrapment is of the highest quality.

Guideline Highlights

- Most recent available scientific literature was reviewed
- A provisional diagnosis can be made based on the worker's history and physical
- A confirmed diagnosis requires an abnormal electrodiagnostic test result
- Surgery will not be authorized without a confirmed diagnosis
- Return to Work issues are addressed
- Electrodiagnostic worksheet is provided
- Correct surgical coding instructions are provided
- Summary table with review criteria is included

Background

This guideline was developed in 2009 by Washington State's Department of Labor and Industries' Industrial Insurance Medical Advisory Committee (IIMAC) and its subcommittee on Upper Extremity Entrapment Neuropathies. The subcommittee is comprised of a group of physicians of various medical specialties, including rehabilitation medicine, occupational medicine, orthopaedic surgery, plastic surgery, neurosurgery, neurology, pain medicine, and electrodiagnostic medicine. The subcommittee based its recommendations on the weight of the best available clinical and scientific evidence from a systematic review of the literature.

PMNE is a rare entrapment neuropathy and there are no high quality clinical or scientific studies regarding this condition. Nonetheless, the subcommittee's consensus opinion is that objective confirmation of the PMNE diagnosis is critical to making the correct diagnosis and directing appropriate treatment.

Department of Labor & Industries

The contents of the complete guideline include:

- I. Introduction
- II. Establishing Work-Relatedness
- III. Making the Diagnosis
 - A. Symptoms and Signs
 - B. Diagnostic Tests
- IV. Treatment
 - A. Conservative Treatment
 - B. Surgical Treatment
- V. Guideline Summary

Guideline Summary

Review Criteria for the Diagnosis and Treatment of Proximal Median Nerve Entrapment (PMNE)				
Various treatments have been described in narrative reviews, case reports, and retrospective case series:				
CONSERVATIVE TREATMENT	SURGICAL TREATMENT	CLINICAL FINDINGS		
		SUBJECTIVE	OBJECTIVE	DIAGNOSTIC
<p>Rest Modified activities Splinting at wrist and elbow Physical therapy Anti-inflammatory drug therapy Corticosteroid injections</p>	<p>Surgical treatment should be considered if the condition does not improve despite conservative treatment, or if the condition interferes with work or activities of daily living.</p> <p>Surgical treatment is only indicated in patients who have appropriate symptoms and one or more objective clinical findings in addition to abnormal EDS.</p> <p>Surgery should include exploration of the median nerve throughout its proximal course, and release of all compressive structures, which may include the ligament of Struthers (if present), the lacertus fibrosis, the fascia of the pronator teres, and the fascia of the flexor digitorum superficialis.</p>	<p>Pain in the proximal volar area of the forearm (pain may be exacerbated with increased physical activity).</p> <p>OR</p> <p>Paresthesias in the first 3 digits (median distribution) of the affected arm.</p>	<p>AND</p> <p>Tenderness to palpation over pronator teres muscle.</p> <p>OR</p> <p>Weakness of deep flexor muscles supplied by the proximal median nerve [pronator teres, flexor carpi radialis, flexor digitorum superficialis, flexor digitorum profundus (radial half), flexor pollicis longus, pronator quadratus] as well as the muscles supplied by the distal median nerve (abductor pollicis brevis, flexor pollicis brevis, opponens pollicis).</p>	<p>AND</p> <p>EDS (NCVs and EMG) are required to objectively confirm the diagnosis of PMNE. EDS are useful both to diagnose PMNE and to rule out other potential sites of median nerve compression, such as CTS.</p> <p><u>EMG criteria are as follows:</u></p> <ol style="list-style-type: none"> Evidence of denervation in a muscle supported by the anterior interosseous nerve (flexor pollicis longus, pronator quadratus, or radial aspect of the flexor digitorum profundus). <p>OR</p> <ol style="list-style-type: none"> Evidence of denervation in a median innervated muscle in the forearm (pronator teres, flexor carpi radialis, flexor digitorum superficialis). <p>AND</p> <ol style="list-style-type: none"> Evidence of denervation in a median innervated muscle in the hand (abductor pollicis brevis, flexor pollicis brevis, opponens pollicis). <p>AND</p> <ol style="list-style-type: none"> Needle EMG of at least one muscle supplied by the ulnar or radial nerve should be normal <p>A pure AIN syndrome would only need to meet criteria 1 and 4.</p>

All Requests for Surgery due to Proximal Median Nerve Entrapment Require Prior Authorization

How to request prior authorization for surgery:

For State Fund Claims

All requests are reviewed by L&I's utilization review (UR) vendor (Qualis).

To request a review for an inpatient hospitalization or an outpatient procedure that requires UR, please contact Qualis Health in any of the following ways:

- **Web:** Qualis Health's preferred method for receiving UR requests is via a secure, Internet application called iExchange. For more information or to schedule a training session, please go to the Qualis Health web page at http://www.qualishealth.org/cm/washington-landi/web-based_um_request.cfm.
- **Phone:** 800-541-2894 (toll free) or 206-366-3360
- **Fax:** 877-665-0383 (toll free) or 206-366-3378

For Self-Insured Claims

Contact the self-insured employer (SIE) or their third party administrator (TPA) to request authorization. For a list of SIE/TPAs, go to:

<http://www.Lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/FindEmps/Default.asp>

For Crime Victims

To request a review for an inpatient hospitalization or an outpatient procedure that requires UR, please contact the Crime Victims' Compensation Program's Claim Manager by:

- **Phone:** 800-762-3716 (toll free)
- **Fax:** 360-902-5333

Additional information is available at: www.CrimeVictims.Lni.wa.gov

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