BOB ICB and Frimley ICB Priorities Committee Clinical Commissioning Policy Statement

Policy Number/ Name	BOBFPC74 Adhesive Capsulitis (Frozen Shoulder)
Date of BOB ICB Adoption	February 2024

The Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee has considered the guidance and evidence for the clinical and cost effectiveness of arthroscopic capsular release. A referral for the secondary care interventions listed below will be considered for patients who meet all of the following criteria:

- Diagnosis of adhesive capsulitis (frozen shoulder) must be from clinical symptoms and an X-ray. If following an x-ray and clinical assessment, the diagnosis is still in doubt then a referral to the secondary care shoulder service is indicated where further specialist assessment and appropriate investigations including USS, CT scans and MRI scans can be arranged.

- The patient must have had symptoms of pain and stiffness for more than 3 months that are unresponsive to all of the following:
    - Analgesics / nonsteroidal anti-inflammatory drugs (NSAIDs)
    - Referral to physiotherapist for subsequent domestic exercise programme
    - Corticosteroid injection (unless contraindicated) with supervised physiotherapy / manual therapy

If the pain has settled and stiffness is the predominant feature, then referral may be made without requirement for a corticosteroid injection if the referring clinician deems a corticosteroid injection to be inappropriate.

Secondary care interventions:

- Distension arthrogram or hydrodilatation with corticosteroid injection where available.
- Manipulation under anaesthesia when the surgeon considers this to be the only option and benefits of the procedure outweigh the risks. The patient must be informed of the associated risks which include humerus fracture.
- Arthroscopic capsular release when symptoms have been present for 6 months and unresponsive to other appropriate intervention.

Red flag symptoms:[1]
Emergency referral - same day:

- Acutely painful red warm joint– e.g. suspected infected joint.
- Trauma leading to loss of rotation and abnormal shape - unreduced shoulder dislocation.

Red flag symptoms continued:
Urgent referral (<2/52) to secondary care:

- Shoulder mass or swelling - suspected malignancy or tumour
- Sudden loss of ability to actively raise the arm (with or without trauma) - acute cuff tear.
- New symptoms of inflammation in several joints – oligo or poly-arthritis or systemic inflammatory joint disease (rheumatology referral).

[1] Rangan et al (2015) BESS / BOA Patient Care Pathways Frozen Shoulder

Primary diagnosis code
M750 Adhesive capsulitis of shoulder

Procedure codes:
W78.1 Release of contracture of shoulder joint *with* Y76.7 Arthroscopic approach to joint (any position)
W78.4 Limited release of contracture of capsule of joint *with* Z81.4 Shoulder joint (any position)
W91.% Unspecified other manipulation of joint *with* Z81.4 Shoulder joint

NOTES:

- Potentially exceptional circumstances may be considered by a patient's ICB where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- BOBFPC clinical policies can be viewed at Clinical Commissioning Policy Statements & IFRs | BOB ICB

Version	**Date**	**Reason for change**
Version 1	Nov 2017	
Version 2	March 2021	Evidence and national guidance reviewed. Policy has been updated to reflect the 2020 Evidence-Based Intervention List 2 Guidance on imaging in primary and intermediate care; no other changes have been made.
Version 3	July 2023	Update to recommendations on use of corticosteroid injections