

**Hampshire, Southampton & Isle of Wight Clinical Commissioning Group,  
Portsmouth Clinical Commissioning Group and Frimley (NEH&F) Clinical  
Commissioning Group Priorities Committee**

<b>Policy title</b> Number/version	<b>Policy 67 Shoulder Radiology: Guided Injections and Scans for Shoulder Pain (2021)</b>
<b>Policy position</b>	<b>NOT NORMALLY FUNDED:</b> Guided subacromial injections for the routine management of patients with subacromial pain
<b>Update</b>	This policy will be updated as per 3-year cycle or in light of a substantial body of new evidence or new national guidance (e.g. NICE)

### **Guided Injections**

Injections for shoulder pain are often indicated as a first line of treatment. The common areas injected are the subacromial space, the glenohumeral joint and the acromioclavicular joint. The most common injection is a subacromial injection.

Guided injections (usually utilising ultrasound) are more expensive than unguided injections. Evidence indicates there is no additional benefit from a guided subacromial injection over an unguided landmark injection; these are no longer recommended in primary, intermediate and secondary care during routine management of patients with subacromial shoulder pain.

The Committee recommends that **guided** subacromial injections for the routine management of patients with subacromial pain are an intervention **NOT NORMALLY FUNDED**.

Other image guided shoulder injections should only be offered under the guidance of a secondary care shoulder service.

#### **For diagnostic imaging for shoulder pain, the Committee recommends;**

- For patients who initially present with shoulder pain in primary or intermediate care, the first line of radiological investigation should be a plain x-ray.
- If following an x-ray and clinical assessment, diagnosis remains in doubt, then a referral to a secondary care shoulder service is supported where further specialist assessment and appropriate investigations including ultrasound, CT scans and MRI scans can be arranged. The use of these investigations outside secondary care is only supported if referral pathways have been developed with the local secondary care specialist shoulder service.

If shoulder RED FLAGS are present, an urgent referral to secondary care should be arranged for further investigation and management:

- Any history or suspicion of malignancy
- Any mass or swelling
- Suggestions of infection (e.g. red skin, fever or systemically unwell)
- Trauma, pain and weakness
- Trauma, epileptic fit or electric shock leading to loss of rotation and abnormal shape.

## EBI List 2 Coding

<b>Image guided injections for shoulder pain:</b>
U13.2 Ultrasound of bone
U13.3 Magnetic resonance imaging of bone
U13.4 Plain x-ray of joint
U13.5 Plain x-ray of bone
U13.6 Computed tomography of bone
U21.1 Magnetic resonance imaging NEC
U21.2 Computed tomography NEC
U21.6 Ultrasound scan NEC
U21.7 Plain x-ray NEC
Z81.2 Acromioclavicular joint
Z81.3 Glenohumeral joint
Z81.4 Shoulder joint
Z81.8 Specified joint of shoulder girdle or arm NEC
Z81.9 Joint of shoulder girdle or arm NEC
Z89.1 Shoulder NEC
Z54.2 Rotator cuff of shoulder
Z54.8 Specified muscle of shoulder or upper arm NEC
Z54.9 Muscle of shoulder or upper arm NEC
Z68.8 Specified bone of shoulder girdle NEC
Z68.9 Bone of shoulder girdle NEC
W90.3 Injection of therapeutic substance into joint + Shoulder
W90.4 Injection into joint NEC + Shoulder

## Reference

<sup>1</sup>NHS England Evidence Based Interventions Programme (Policies 2Wi and 2Wii)

Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.

<b>Version</b>	<b>Date</b>	<b>Reason for policy / change</b>
Version 1	2021	New policy due to publication of Evidence Based Interventions List 2 Guidance