

Hampshire and Isle of Wight Integrated Care Board Priorities Committee

Policy title	Policy 41: Rotator cuff tears
Policy position	Criteria Based Access
Date of issue	April 2023
Update	This policy will be updated in light of a substantial body of new evidence or new national guidance.

The rotator cuff is a group of muscles and tendons that surround the shoulder joint. Tears in the rotator cuff can cause pain and impair arm function but asymptomatic tears also occur.

Physiotherapy and analgesia for 6 weeks is recommended as the first line of treatment for symptomatic tears, with a further 6 weeks of physiotherapy if there has been incomplete resolution, at which point the patient, if not already managed under MSK services, should be referred.

Injection of corticosteroid into the subacromial space may be suitable for some patients. Normally, only one injection should be considered as repeated injections may cause tendon damage. A second injection is occasionally appropriate after 6 weeks but should only be administered in patients who received good initial benefit from their first injection and who need further pain relief to facilitate their structured physiotherapy treatment.

Patients with symptomatic rotator cuff tears may be referred for a surgical opinion if all of the following criteria are met:

- The patient has trialled appropriate conservative measures as described above, ideally this should include face to face physiotherapy.
- The patient has participated in shared decision making with their general practitioner or physiotherapist which includes:
 - An explanation of the healthcare aims of each treatment option and discussion of how they align with the person's aims, priorities and wider goals
 - An open discussion of the risks, benefits and consequences of each option, making sure the person knows this includes choosing no treatment, or no change to what they are currently doing. Make it clear to people how the information you are providing applies to them personally and how much uncertainty is associated with it.
 - Clarification of what the person hopes to gain from a treatment or intervention and discussion of any misconceptions

- Enough time to answer questions, and a further opportunity to discuss options

This guidance does not apply to traumatic rotator cuff tears where urgent referral is recommended. People with traumatic tears have often sustained a dislocation or traction type injury (where the shoulder is forcibly stretched). These patients cannot usually raise their arm.

Urgent referral to secondary care should be arranged for further investigation and management for the following red flag indicators:

- 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.

Please see related policies:

Policy 14: Subacromial Decompression of the Shoulder

Policy 67: Shoulder Radiology: Guided Injections and Scans for Shoulder Pain

Policy 24: Use of Autologous Blood Injections and Platelet Rich Plasma Injections for Musculoskeletal Conditions

References

- 1) Karjalainen et al. Surgery for rotator cuff tears. Cochrane Database of Systematic Reviews 2019, Issue 12. Art. No.: CD013502. DOI: 10.1002/14651858.CD013502. Accessed March 2022.
- 2) NICE Clinical Knowledge Summary (Last revised April 2017): Shoulder Pain. <https://cks.nice.org.uk/topics/shoulder-pain/background-information/causes/> Accessed March 2022.
- 3) British Elbow & Shoulder Society (BESS), British Orthopaedic Association (BOA), Royal College of Surgeons for England (RCSEng) (2014) Commissioning guide: Subacromial Shoulder Pain. <https://bess.ac.uk/subacromial-pain-2/> Accessed March 2022.
- 4) NICE guideline NG197 (June 2021) Shared decision making <https://www.nice.org.uk/guidance/ng197> Accessed March 2022.
- 5) Joint guidance hosted by the Academy of Medical Royal Colleges: NHS Evidence-Based Intervention Programme. <https://www.aomrc.org.uk/ebi/clinician/>. Accessed March 2022.

Clinical coding

Diagnosis code

M75.1 Rotator Cuff Syndrome

Rotator cuff or supraspinatus tear or rupture (complete)(incomplete), not specified as traumatic Supraspinatus syndrome

OPCS procedure codes

T791 Plastic repair of rotator cuff of shoulder NEC

T793 Revisional repair of rotator cuff NEC

- T794 Plastic repair of multiple tears of rotator cuff of shoulder
- T795 Revisional repair of multiple tears of rotator cuff of shoulder
- T798 Other specified repair of muscle + site code Z54.2 (Rotator cuff of shoulder)
- T799 Unspecified repair of muscle + site code Z54.2 (Rotator cuff of shoulder)

If procedure is carried out arthroscopically, use the following in a secondary position:

Y767 Arthroscopic approach to joint

Version	Date	Reason for change
Version 1	2018	
Version 2	Agreed May 2022 (Ratified by the Board – January 2023)	Title has been amended. Red flags and shared decision making considerations added.

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