

Subject: Shoulder Arthroscopy Guidelines		Original Effective Date: 6/9/21
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DISCLAIMER

This Molina clinical policy is intended to facilitate the Utilization Management process. It expresses Molina's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Molina) for a particular member. The member's benefit plan determines coverage. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this Molina clinical policy document and provide the directive for all Medicare members.¹

DESCRIPTION OF PROCEDURE/SERVICE/PHARMACEUTICAL

Arthroscopy is a surgical procedure in which a small fiberoptic camera is inserted into the joint through a small incision. In addition to allowing the surgeon to visualize the joint, arthroscopy may also be utilized for treatment of a variety of conditions involving the joint structures. Surgical indications are based on relevant subjective clinical symptoms, objective physical exam & radiologic findings, and response to previous non-operative treatments when medically

appropriate. Arthroscopic shoulder repair surgeries are performed as dictated by the type and severity of injury and/or disease.

POSITION STATEMENT CLINICAL CRITERIA 2-31 32-38

This policy addresses arthroscopic procedures when performed as an elective, non-emergent technique for disease pathology that will cause progressive destruction.

Please see MCG criteria for rotator cuff repair.

1. **Diagnostic** arthroscopy may be considered medically necessary when ALL of the following criteria are met:

- ☐ Severe, disabling pain and/or a documented loss of shoulder function which interferes with the ability to carry out age appropriate activities of daily living; and
- ☐ Abnormal, shoulder physical examination findings as compared to the non-involved side that includes any of the following:
 - Functionally limited range of motion (active or passive); or
 - Measurable loss in strength; or
 - Positive impingement signs; and
- ☐ Failure of non-surgical management for at least three (3) months in duration including at least two of the following as appropriate:
 - Activity modification
 - Assistive devices (e.g., sling, splint, brace)
 - Physical therapy
 - Physician or physical therapist-supervised therapeutic home exercise program which includes flexibility and muscle strengthening exercises
 - Prescription strength anti-inflammatory medications and analgesics
 - Intraarticular corticosteroid injection(s); and
- ☐ Radiographic work-up completed that includes MRI/CT imaging that is inconclusive for internal derangement pathology; and
- ☐ Other potential diagnostic conditions (e.g., fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain and arthritis) have been excluded.

2. Arthroscopic **debridement (limited or extensive)** may be considered medically necessary when ALL of the following criteria have been met:

- ☐ Severe, disabling pain and/or a documented loss of shoulder function which interferes with the ability to carry out age appropriate activities of daily living; and
- ☐ Abnormal, shoulder physical examination findings as compared to the non-involved side that includes one of the following: [ONE]
 - Functionally limited range of motion
 - Measurable loss of strength
- ☐ One or more of the following positive orthopedic tests/signs: [ONE]
 - Anterior Slide Test
 - Belly-Press Test
 - Biceps Load Test
 - Clunk Test

- Compression Rotation Test
- Cross Body Adduction Test
- Drop Arm Test
- External Rotation Lag Sign
- Hawkins-Kennedy Impingement Test
- Jobe or Empty Can Test
- Lift-Off Test
- Neer Impingement Test
- O'Brien's Test
- Painful Arc Test
- Resisted AC Joint Extension Test
- Speed's Test; and
- ☐ Failure of non-surgical management for at least three (3) months in duration including at least two of the following as appropriate: [TWO]
 - Activity modification
 - Assistive devices (e.g., sling, splint, brace)
 - Physical therapy
 - Physician or physical therapist-supervised therapeutic home exercise program which includes flexibility and muscle strengthening exercises
 - Prescription strength anti-inflammatory medications and analgesics
 - Intraarticular corticosteroid injection(s); and
- ☐ Radiographic work-up completed that includes MRI/CT imaging that demonstrates underlying pathology and correlates with reported symptoms and physical exam findings; and
- ☐ Other potential diagnostic conditions (e.g., fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain and arthritis) have been excluded.

3. Arthroscopic **loose body or foreign body removal** may be considered medically necessary when ALL of the following criteria have been met:

- ☐ Severe, disabling pain and/or a documented loss of shoulder function which interferes with the ability to carry out age appropriate activities of daily living; and
- ☐ Mechanical symptoms including painful locking, clicking, catching, or popping; and
- ☐ Failure of non-surgical management for at least three (3) months in duration, except when the loose body or foreign body has caused an acute restriction of shoulder joint range of motion (i.e., locking) including at least two of the following as appropriate: [TWO]
 - Activity modification
 - Assistive devices (e.g., sling, splint, brace)
 - Physical therapy
 - Physician or physical therapist-supervised therapeutic home exercise program which includes flexibility and muscle strengthening exercises
 - Prescription strength anti-inflammatory medications and analgesics
 - Intraarticular corticosteroid injection(s); and
- ☐ Radiographic work-up completed that includes MRI/CT imaging that is conclusive for the presence of a loose body or foreign body within the shoulder joint; and
- ☐ Other potential diagnostic conditions (e.g., fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain and arthritis) have been excluded.

4. Arthroscopic **Synovectomy (partial or complete)** may be considered medically necessary when ALL of the following criteria have been met:
- ☐ Severe, disabling pain and/or a documented loss of shoulder function which interferes with the ability to carry out age appropriate activities of daily living; and
 - ☐ Demonstration of functionally limited range of motion (active or passive) on physical examination as compared to the non-involved side
 - ☐ Failure of non-surgical management for at least three (3) months in duration, including at least two of the following as appropriate: [TWO]
 - Activity modification
 - Assistive devices (e.g., sling, splint, brace)
 - Physical therapy
 - Physician or physical therapist-supervised therapeutic home exercise program which includes flexibility and muscle strengthening exercises
 - Prescription strength anti-inflammatory medications and analgesics
 - Intraarticular corticosteroid injection(s); and
 - ☐ Radiographic work-up completed that includes MRI/CT imaging that demonstrates underlying pathology consistent with the individual's reported medical condition (e.g., synovitis, joint effusion) which correlates with reported symptoms and physical exam findings; and
 - ☐ Diagnosis of **ONE** of the following conditions:
 - Inflammatory arthritis (i.e., rheumatoid arthritis, gout, pseudogout, psoriatic arthritis)
 - Hemochromatosis
 - Hemophilia
 - Lyme synovitis
 - Non-specific synovitis (including proliferative synovitis, post-operative synovitis as a sequela from a shoulder replacement, etc.)
 - Other potential pathological conditions have been excluded (e.g.; fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain, and arthritis)
 - Pigmented villonodular synovitis (PVNS)
 - Recurrent hemarthrosis secondary to sickle cell anemia, or bleeding diathesis
 - Synovial chondromatosis; and
 - ☐ Other potential diagnostic conditions (e.g., fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain and arthritis) have been excluded.
5. Arthroscopic repair of **labral tear or superior labral anterior posterior (SLAP)** lesion (e.g. Labral repair/biceps tenodesis) may be considered medically necessary when ALL of the following criteria are met:
- ☐ Severe, disabling pain and/or a documented loss of shoulder function which interferes with the ability to carry out age appropriate activities of daily living; and
 - ☐ Demonstration of **BOTH** of the following on physical examination when compared to the non-involved side:
 - Minimally limited or full shoulder range of motion aggravated by heavy lifting, pushing, and overhead motion; and
 - One or more of the following positive orthopedic tests: [ONE]
 - Anterior Slide Test
 - Biceps Load Test
 - Clunk Test

- Compression Rotation Test
- O'Brien's Test
- Speed's Test

- ☐ Failure of non-surgical management for at least three (3) months in duration, including at least two of the following as appropriate: [TWO]
 - Activity modification
 - Assistive devices (e.g., sling, splint, brace)
 - Physical therapy
 - Physician or physical therapist-supervised therapeutic home exercise program which includes flexibility and muscle strengthening exercises
 - Prescription strength anti-inflammatory medications and analgesics
 - Intraarticular corticosteroid injection(s); and
- ☐ Radiographic work-up completed that includes MRI/CT imaging that demonstrates labral tear/biceps tendon pathology (e.g., SLAP, Bankart) and correlates with reported symptoms and physical exam findings
- ☐ Other potential diagnostic conditions (e.g., fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain and arthritis) have been excluded.

6. Arthroscopic **distal clavicle excision and subacromial decompression/acromioplasty** may be considered medically necessary when ALL of the following criteria have been met:

- ☐ Severe, disabling pain and/or a documented loss of shoulder function which interferes with the ability to carry out age appropriate activities of daily living; and
- ☐ Demonstration of localized tenderness to palpation of the acromioclavicular (AC) joint [**not** required for subacromial decompression/acromioplasty]; and
- ☐ One or more of the following positive orthopedic tests on physical examination when compared to the non-involved side: [ONE]
 - Cross Body Adduction Test
 - Hawkins-Kennedy Impingement Test
 - Neer Impingement Test
 - Resisted AC Joint Extension Test; and
- ☐ Failure of non-surgical management for at least three (3) months in duration, including at least two of the following as appropriate: [TWO]
 - Activity modification
 - Assistive devices (e.g., sling, splint, brace)
 - Physical therapy
 - Physician or physical therapist-supervised therapeutic home exercise program which includes flexibility and muscle strengthening exercises
 - Prescription strength anti-inflammatory medications and analgesics
 - Intraarticular corticosteroid injection(s); and
- ☐ Plain radiographs demonstrate findings consistent with pathology in the subacromial space and/or at the AC joint
- ☐ Radiographic work-up completed that includes MRI/CT imaging that demonstrates underlying pathology (e.g., AC joint arthritis, impingement, etc.) which correlates with reported symptoms and physical exam findings [Note: Advanced diagnostic imaging is not required for isolated distal clavicle excision when not associated with subacromial decompression/acromioplasty surgery.

- ☐ Other potential diagnostic conditions (e.g., fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain and arthritis) have been excluded.

7. Arthroscopic **capsulorrhaphy (Bankart procedure)** for shoulder instability and/or laxity may be considered medically necessary when ALL of the following criteria have been met:

- ☐ Documented history of “post-traumatic” or “atraumatic” instability and/or laxity that has resulted in severe, disabling pain and/or a documented loss of shoulder function which interferes with the ability to carry out age appropriate activities of daily living; and
- ☐ Demonstration of one or more of the following positive orthopedic tests on physical examination when compared to the non-involved side: [ONE]
 - Anterior or Posterior Apprehension Test
 - Load and Shift Test
 - Sulcus Sign
- ☐ Failure of non-surgical management for at least three (3) months in duration that includes shoulder stabilization/strengthening exercises except when met in an acute traumatic injury setting for irreducible shoulder dislocation or anterior shoulder instability in competitive contact or collision athletes; and
- ☐ Radiographic work-up completed that includes MRI/CT imaging that demonstrates labral tear/biceps tendon pathology (e.g., SLAP, Bankart) and correlates with reported symptoms and physical exam findings; and
- ☐ Other potential diagnostic conditions (e.g., fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain and arthritis) have been excluded.

8. Arthroscopic **capsular release/lysis of adhesions/manipulation under anesthesia (MUA)** for an individual with documented chronic refractory adhesive capsulitis/arthrofibrosis (frozen shoulder) which has resulted from disease, injury or surgery may be considered medically necessary when ALL of the following criteria have been met:

- ☐ Severe, disabling pain and/or a documented loss of shoulder function which interferes with the ability to carry out age appropriate activities of daily living; and
- ☐ Demonstration of functional limitations and painful loss of active and passive range of motion of at least 50% when compared to the non-involved side; and
- ☐ Failure of non-surgical management for at least three (3) months in duration that includes all of the following as appropriate: [ALL]
 - anti-inflammatory medication, and
 - cortisone injection, and
 - at minimum of two (2) months of physical therapy (i.e., active exercise and manual therapy designed to increase joint mobility and range of motion)
- ☐ Other potential diagnostic conditions (e.g., fracture, thoracic outlet syndrome, brachial plexus disorders, referred neck pain and arthritis) have been excluded.

CONTINUATION OF THERAPY

N/A

LIMITATIONS

Arthroscopic shoulder procedures are considered **not medically necessary** for any other indication or condition not detailed above.

SUMMARY OF MEDICAL EVIDENCE ²⁻³¹

There is an abundance of lower quality literature in the peer reviewed medical journals regarding arthroscopic shoulder procedures as a treatment for disease and injury. The majority of the literature does not compare one procedure to other and consists of observational case studies based on disease or illness. There are a few systematic reviews on specific disease or injury. These studies generally demonstrated a reduction in pain, and an increase in functional ability including activities of daily living for arthroscopic shoulder procedures as a treatment for disease and injury.

CODING INFORMATION: THE CODES LISTED IN THIS POLICY ARE FOR REFERENCE PURPOSES ONLY. LISTING OF A SERVICE OR DEVICE CODE IN THIS POLICY DOES NOT IMPLY THAT THE SERVICE DESCRIBED BY THIS CODE IS COVERED OR NON-COVERED. COVERAGE IS DETERMINED BY THE BENEFIT DOCUMENT. THIS LIST OF CODES MAY NOT BE ALL INCLUSIVE.

CPT	Description
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
29820	Arthroscopy, shoulder, surgical; synovectomy, partial
29821	Arthroscopy, shoulder, surgical; synovectomy, complete
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair
29828	Arthroscopy, shoulder, surgical; biceps tenodesis

HCPCS	Description
	N/A

ICD-10	Description: [For dates of service on or after 10/01/2015]
M19.019	Primary osteoarthritis, unspecified shoulder
M19.219	Secondary osteoarthritis, unspecified shoulder
M19.90	Unspecified osteoarthritis, unspecified site
M24.019	Loose body in unspecified shoulder
M24.411	Recurrent dislocation, right shoulder

M24.412	Recurrent dislocation, left shoulder
M24.419	Recurrent dislocation, unspecified shoulder
M25.51	Pain in shoulder
M25.511	Pain in right shoulder
M25.512	Pain in left shoulder
M25.519	Pain in unspecified shoulder
M65.811	Other synovitis and tenosynovitis, right shoulder
M65.812	Other synovitis and tenosynovitis, left shoulder
M65.819	Other synovitis and tenosynovitis, unspecified shoulder
M75.00	Adhesive capsulitis of unspecified shoulder
M75.01	Adhesive capsulitis of right shoulder
M75.02	Adhesive capsulitis of left shoulder
M75.20	Bicipital tendinitis, unspecified shoulder
M75.21	Bicipital tendinitis, right shoulder
M75.22	Bicipital tendinitis, left shoulder
M75.40	Impingement syndrome of unspecified shoulder
M75.41	Impingement syndrome of right shoulder
M75.42	Impingement syndrome of left shoulder
M75.40	Impingement syndrome of unspecified shoulder
M89.511	Osteolysis, right shoulder
M89.512	Osteolysis, left shoulder
M89.519	Osteolysis, unspecified shoulder
S43.431A	Superior glenoid labrum lesion of right shoulder, initial encounter
S43.431D	Superior glenoid labrum lesion of right shoulder, subsequent encounter
S43.432A	Superior glenoid labrum lesion of left shoulder, initial encounter
S43.432D	Superior glenoid labrum lesion of left shoulder, subsequent encounter
S43.4	Sprain and strain of shoulder joint

REFERENCES

Government Agency

- Centers for Medicare & Medicaid Services (CMS). Medicare Coverage Database. National coverage determination (NCD) Search. Accessed at: <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>

Peer Reviewed Publications

- Arciero RA, Wheeler JH, Ryan JB, et al. Arthroscopic Bankart Repair Versus Nonoperative Treatment for Acute, Initial Anterior Shoulder Dislocations. *Am J Sports Med.* 1994;22(5):589-594.
- Budoff J, Nirschl R, Guidi E. Current Concepts Review-Debridement of Partial-Thickness Tears of the Rotator Cuff without Acromioplasty. Long-term follow-up and review of the literature. *J Bone Joint Surg Am.* 1998; 80(5):733-748.
- Choi L. Overuse injuries. In: DeLee J, et al. DeLee and Drez's Orthopaedic Sports Medicine. 3 ed. Philadelphia, Pa.: Saunders Elsevier; 2009.
- Creech MJ, Yeung M, Denkers M, et al. Surgical indications for long head biceps tenodesis: a systematic review. *Knee Surg Sports Traumatol Arthrosc.* 2016;24(7):2156-66. doi: 10.1007/s00167-014-3383-9.
- Denard PJ, Brady PC, Adams CR, et al. Preliminary results of arthroscopic superior capsule reconstruction with dermal allograft. *Arthroscopy.* 2018;34(1): 93-99

7. Erickson J, Lavery K, Monica J, et al. Surgical treatment of symptomatic superior labrum anterior posterior tears in patients older than 40 years: a systematic review. (2015) *Am J Sports Med.* 2015;43(5):1274-82. doi: 10.1177/0363546514536874. Epub 2014 Jun 24.
8. Forsythe B, Agarwalla A, Puzzitiello RN, Sumner S, Romeo AA, Mascarenhas R. The Timing of Injections Prior to Arthroscopic Rotator Cuff Repair Impacts the Risk of Surgical Site Infection. *The Journal of Bone and Joint Surgery.* 2019;101(8):682-687. doi:10.2106/jbjs.18.00631.
9. Forsythe B, Frank RM, Ahmed M, , et al. Identification and treatment of existing copathology in anterior shoulder instability repair. *Arthroscopy.* 2015;31(1):154-66. doi: 10.1016/j.arthro.2014.06.014.
10. Godeneche A, Elia F, Kempf J, et al. Fatty infiltration of stage 1 or higher significantly compromises long-term healing of supraspinatus repairs. *J Shoulder Elbow Surg.* 2017;26:1818-1825. doi: 10.1016/j.jse.2017.03.024.
11. Harris JD, Gupta AK, Mall NA, et al. Long-term outcomes after Bankart shoulder stabilization. *Bach Arthroscopy.* 2013;29(5):920-33. doi: 10.1016/j.arthro.2012.11.010. Epub 2013 Feb 5.
12. Hegedus EJ, Goode AP, Cook CE, et al. Which physical examination tests provide clinicians with the most value when examining the shoulder? Update of a systematic review with meta-analysis of individual tests. *Sports Med.* 2012;46(14):964-78. doi: 10.1136/bjsports-2012-091066. Epub 2012 Jul 7
13. Hippensteel KJ, Brophy R, Smith MV, et al. A comprehensive review of physical examination tests of the cervical spine, scapula, and rotator cuff. *J Am Acad Orthop Surg.* 2019;27: 385-94. doi: 10.5435/JAAOS-D-17-00090.
14. Hirahara AM, Andersen WJ, Panero AJ. Superior capsular reconstruction: clinical outcomes after minimum 2-year follow-up. *Am J Orthop.* 2017: 266-78.
15. Hovelius L, Olofsson A, Sandström B. Nonoperative treatment of primary anterior shoulder dislocation in patients forty years of age and younger. a prospective twenty-five year follow-up. *J Bone Joint Surg Am.* 2008;90(5):945-952
16. Kanbe K, Chiba J, Inoue Y, et al. Analysis of clinical factors related to the efficacy of shoulder arthroscopic synovectomy plus capsular release in patients with rheumatoid arthritis. *Eur J Orthop Surg Traumatol.* 2015;25(3):451-5. doi: 10.1007/s00590-014-1570-5. Epub 2014 Dec 24.
17. Kibler WB, Sciascia A. Current Practice for the Diagnosis of a SLAP Lesion: Systematic Review and Physician Survey. *Arthroscopy.* 2015;31(12):2456-69. doi: 10.1016/j.arthro.2015.06.033. Epub 2015 Aug 28
18. Leroux, TS, Saltzman BM, Meyer M, et al. The Influence of Evidence-Based Surgical Indications and Techniques on Failure Rates After Arthroscopic Shoulder Stabilization in the Contact or Collision Athlete with Anterior Shoulder Instability. *Am J Sports Med.* 2017;45(5):1218-1225.
19. Lim S, Alramadhan H, Kwak J-M, Hong H, Jeon I-H. Graft tears after arthroscopic superior capsule reconstruction (ASCR): pattern of failure and its correlation with clinical outcome. *Archives of Orthopaedic and Trauma Surgery.* 2018;139(2):231-239. doi:10.1007/s00402-018-3025-7.
20. McCormick F, Bhatia S, Chalmers P, et al. The management of type II superior labral anterior to posterior injuries. *Orthop Clin North Am.* 2014;45(1):121-8. doi: 10.1016/j.ocl.2013.08.008. Epub 2013 Oct 1.
21. Mishra D, Fanton G. Two-year outcome of arthroscopic Bankart repair and electrothermal-assisted capsulorrhaphy for recurrent traumatic anterior shoulder instability. *Arthroscopy.* 2001;17(8):844- 849.
22. Paavola M, Malmivaara A, Taimela S, et al. Subacromial decompression versus diagnostic arthroscopy for shoulder impingement: Randomised, placebo surgery controlled clinical trial. *BMJ.* 2018 Jul 19; 362:k2860.
23. Pensak M, Grumet RC, Slabaugh MA, et al. Open versus arthroscopic distal clavicle resection. *Arthroscopy.* 2010;26(5):697-704. doi: 10.1016/j.arthro.2009.12.007.
24. Petrera A, Dwyer T, Tsuji MRS, et al. Outcomes of Arthroscopic Bankart Repair in Collision Versus Noncollision Athletes. *Orthopedics.* 2013;36(5):e621-e626.
25. Rabalais RD, McCarty E. Surgical treatment of symptomatic acromioclavicular joint problems: a systematic review. *Clin Orthop Relat Res.* 2007;455:30-7.

26. Rendeiro D, Deyle G, Gill N. Effectiveness of translational manipulation under interscalene block for the treatment of adhesive capsulitis of the shoulder: A nonrandomized clinical trial. *Physiother Theory Pract*. 2019 Aug;35(8):703-723.
27. Rhon DI, Boyles RB, Cleland JA. One-year outcome of subacromial corticosteroid injection compared with manual physical therapy for the management of the unilateral shoulder impingement syndrome: a pragmatic randomized trial. *Ann Intern Med*. 2014;161(3):161-169.
28. Strauss EJ, Barker JU, McGill K, et al. The evaluation and management of failed distal clavicle excision. *Sports Med Arthrosc*. 2010;18(3):213-9. doi: 10.1097/JSA.0b013e3181e892da.
29. Streubel PN, Krych AJ, Simone JP, et al. Anterior Glenohumeral Instability: A Pathology-based Surgical Treatment Strategy. *J Am Acad Orthop Surg*. 2014;22(5):283-294.
30. Vitale M, Arons R, Hurwitz S, et al. The Rising Incidence of Acromioplasty. *J. Bone Joint Surg*. 2010;92(9):1842-1850.
31. Werner BC, Brockmeier SF, Miller MD. Etiology, Diagnosis, and Management of Failed SLAP Repair. *J Am Acad Orthop Surg*. 2014;22(9):554-565.

Professional Society Guidelines

32. American College of Radiology (ACR) Appropriateness Criteria for acute shoulder pain. *J Am Coll Radiol*. 2018 May;15(5S):S171-S188.
33. American College of Radiology/Society of Pediatric Radiology/Society of Skeletal Radiology (ACR/SPR/SSR) practice guideline on performance and interpretation of magnetic resonance imaging (MRI) of shoulder. 2020. Accessed at: <https://www.acr.org/-/media/ACR/Files/Practice-Parameters/mr-shldr.pdf?la=en>
34. American Physical Therapy Association (APTA) clinical practice guideline on Shoulder pain and mobility deficits: adhesive capsulitis. *J Orthop Sports Phys Therapy*. 2013 May;43(5):A1-31.
35. AIM's Clinical Appropriateness Guidelines for Musculoskeletal, Joint Surgery. 2021.
36. eviCore Comprehensive Musculoskeletal Management Guidelines. 2021.
37. McKesson InterQual Procedures criteria. Arthroscopy or Arthroscopically Assisted Surgery, Shoulder. 2019.
38. NIA Clinical Guidelines for Medical Necessity Review. Musculoskeletal and surgery guidelines. 2020-2021.

Other Resources

39. American Academy of Orthopedic Surgeons (AAOS). OrthoInfo. Shoulder Arthroscopy. 2019. Accessed at: <https://orthoinfo.aaos.org/en/treatment/shoulder-arthroscopy>
40. Dynamed. EBSCO Industries, Inc. 2021:
 - Superior Labrum Anterior Posterior (SLAP) Tears.
 - Management of Superior Labrum Anterior Posterior (SLAP) Tears.
 - Management of Throwing Injuries of the Shoulder.
 - Adhesive Capsulitis of Shoulder.
 - Recurrent Subluxation of Shoulder.
41. UpToDate [website]. Waltham, MA: Walters Kluwer Health; 2021.
 - Simmons S. Physical examination of the shoulder.
 - Simmons S. Biceps tendinopathy and tendon rupture.
 - Berkoff D. Multidirectional instability of the shoulder.
 - Ireland ML. Superior labrum anterior posterior (SLAP) tears.
42. IRO: Policy reviewed by AMR practicing physician Board certified in Orthopaedic Surgery, Surgery Spine. 4/23/21

REVISION/REVIEW HISTORY:

6/9/21: New Policy

DEFINITIONS

Acromioplasty is defined as the removal of bone from the acromion and partial resection of the coracoacromial ligament.

Adhesive Capsulitis also called frozen shoulder, is a disabling and sometimes severely painful condition resulting from excessive scar tissue or adhesions across the glenohumeral joint capsule, leading to stiffness, pain, and limited passive and active range of motion in shoulder and is clinically divided into classes:

- Primary adhesive capsulitis is characterized by a significant limitation of both active and passive motions on the shoulder; individuals are typically unable to recall a possible cause of the condition (idiopathic adhesive capsulitis).
- Secondary adhesive capsulitis is characterized by a trauma or a possible cause prior to the onset of the symptoms, such as fracture of the humerus, rotator cuff repair, shoulder girdle injury/surgery, or prolonged immobilization.

Distal clavicle excision is the removal of the end of the clavicle at the acromioclavicular (AC) joint. The superior AC ligament remains intact so that the joint remains stable.

Impingement syndrome commonly results from friction, abrasion, and inflammation of the rotator cuff and the long head of the biceps tendon with the subacromial arch (anterior lip of the acromion, coracoacromial ligament, and acromioclavicular joint) from acute trauma, repetitive use or degenerative changes.

Labral tears result when the glenoid labrum becomes injured or torn. Tears are typically classified by the position of the tear in relation to the glenoid.

- **Bankart tear** is a tear in the labrum located in the front, lower (anterior, inferior) part of the glenoid. This type of tear occurs most commonly during a shoulder dislocation and makes the shoulder more prone to recurrent dislocations.
- **SLAP tear (Superior Labral, Anterior and Posterior tear)** A SLAP tear is an injury to the superior labrum, extending anterior to posterior of the biceps tendon attachment, which may include disruption of the origin of the long head of biceps brachii. SLAP tears are commonly found in athletes involved in overhead activities (such as baseball pitchers), and range of motion deficits. Scapula dyskinesis may increase the risk of SLAP tears.

Shoulder Dislocation is defined as the complete loss of the humeral articulation with the glenoid fossa, usually as a result of acute trauma.

Shoulder Instability/Laxity is defined as a partial loss of the glenohumeral articulation. Two categories are identified: Post traumatic shoulder instability includes an individual with a previous injury that has stretched or torn the ligaments of the shoulder. A traumatic instability/loose shoulder joint includes an individual with generalized looseness of the joints “double-jointed” or “multi-directional instability” usually representing a type of congenital ligamentous laxity.

Shoulder Subluxation is defined as a partial loss of humeral articulation with the glenoid fossa (incomplete or partial dislocation) usually as a result of repetitive trauma to the degree that symptoms are produced.

Subacromial decompression is the removal of bone or other abnormality to enlarge the space between the rotator cuff musculature and the acromion.

Synovitis is common in many shoulder conditions and typically resolves when the primary pathology is treated. Most commonly, this includes loose bodies, inflammatory arthritis or degenerative arthritis, labral tears and adhesive capsulitis.