

Policy for Arthroscopic Shoulder Decompression Surgery for the Management of Pure Subacromial Shoulder Impingement

Ref:	LSCICB_Clin46
Version:	2
Purpose	This document is part of a suite of policies that the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite.
Supersedes:	1.1
Author (inc Job Title):	Clinical Policy Group
Ratified by: (Name of responsible Committee)	Commissioning Committee
Cross reference to other Policies/Guidance	
Date Ratified:	July 2026
Date Published and where (Intranet or Website):	October 2026 (Website)
Review date:	July 2031
Target audience:	All LSCICB Staff

This policy can only be considered valid when viewed via the ICB website or ICB staff intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one published.

Document control:		
Date:	Version Number:	Section and Description of Change
07.03.2019	V1	Policy ratified by Healthier Lancashire and South Cumbria's Joint Committee of Clinical Commissioning Groups (JCCCGs)
July 2022	V1.1	Policy adopted by Lancashire and South Cumbria ICB – references to CCGs replaced by ICBs where relevant
July 2026	V2	Policy updated to align with EBI guidance and include clearer clinical criteria, including exclusion of red flags and rotator cuff tears, a minimum of three months' physiotherapy, up to two steroid injections prior to surgery, and a 12-month symptom duration based on local clinical expert opinion.

1. Policy

1.1 Arthroscopic subacromial decompression surgery for pure subacromial pain is routinely commissioned if all of the criteria below are satisfied:-

1.1.1 The pain has been present for at least 12 months.

AND

1.1.2 The following “red flag” warnings have all been excluded:-

1.1.2.1 Acute, painful, *red warm joint* (suspected infection).

1.1.2.2 *Trauma* (with loss of rotation and abnormal shape, unreduced dislocation).

1.1.2.3 *Shoulder mass/swelling* (suspected malignancy).

1.1.2.4 Sudden *inability to actively raise the arm*, with or without trauma (acute cuff tear).

1.1.2.5 New symptoms of *inflammation in several joints* (suspected systemic inflammatory joint disease).

AND

1.2 There are no signs of calcific tendinopathy/tendinitis. **AND**

1.3 There is no history of rotator cuff tear or acromioclavicular joint pain. **AND**

1.4 Shoulder specific exercises have been performed for at least 3 months and/or up to 2 subacromial corticosteroid injections have been administered. **AND**

1.5 Despite (1.4) above, the patient’s pain and loss of function persist. **AND**

1.6 The patient is considered fit for surgery. **AND**

1.7 After a discussion between the surgeon and patient, a joint decision is taken to proceed with surgery.

1.8 Exclusions

1.8.1 The conditions described as “red flag” warnings (paragraph 2) should be considered and are excluded from this policy.

1.8.2 Shoulder arthroscopy for indications other than pure subacromial shoulder pain are not within the scope of this policy.

2. Scope and definitions

2.1 This policy is based on the ICBs Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).

2.2 Arthroscopic subacromial decompression is a surgical procedure that involves decompressing the subacromial space by removing bone spurs and soft tissue arthroscopically.

2.3 The scope of this policy includes requests for sub-acromial decompression to treat clinically confirmed pure sub-acromial impingement in adults aged 18 years or older.

2.4 For the purpose of this policy “pure subacromial shoulder impingement” means subacromial pain not caused by associated diagnoses such as rotator cuff tears, acromio-clavicular joint pain, or calcific tendinopathy.

2.5 The scope of this policy does not include surgical repair of confirmed torn rotator cuff or any other shoulder joint problems as stated in section 2.4 above.

- 2.6 The ICB recognises that a patient may have certain features, such as
- having pure subacromial impingement
 - wishing to have a service provided for their subacromial impingement
 - being advised that they are clinically suitable for arthroscopic subacromial decompression, and
 - be distressed by their subacromial impingement and by the fact that they may not meet the criteria specified in this commissioning policy.
- Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.

3. Appropriate Healthcare

- 3.1 The ICB considers that the purpose of shoulder surgery for subacromial pain is to improve the health of patients by reducing pain, discomfort and disability.
- 3.2 This places them within the category of interventions that accord with the Principle of Appropriateness in the Statement of Principles.

4. Effective Healthcare

- 4.1 It is generally acknowledged that surgical management of subacromial shoulder pain is a controversial area. Whilst some surgeons have decried the lack of quality evidence, current practice dictates that the practice is effective in some cases and this is supported by national guidelines.
- 4.2 The risk of serious adverse events associated with common shoulder arthroscopy procedures is considered to be low. Serious complications do occur but these are rare e.g. pneumonia may occur in 0.3% of cases and pulmonary embolic events in 0.1%.
- 4.3 This policy relies on the criterion of effectiveness as the ICB considers that in many patients pure subacromial shoulder impingement will resolve following conservative management. Arthroscopic subacromial decompression surgery will therefore only be commissioned where conservative management has failed to adequately resolve symptoms, in line with the criteria at section one of the policy.

5. Cost Effectiveness

- 5.1 The ICB does not call into question the cost-effectiveness of arthroscopic subacromial decompression surgery and therefore this policy does not rely on the Principle of Cost-Effectiveness. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be Cost Effective in this patient before confirming a decision to provide funding.

6. Ethics

- 6.1 The ICB does not call into question the ethics of arthroscopic subacromial decompression surgery and therefore this policy does not rely on the Principle of Ethics. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to raise ethical concerns in this patient before confirming a decision to provide funding.

7. Affordability

- 7.1 The ICB does not call into question the affordability of arthroscopic subacromial decompression surgery and therefore this policy does not rely on the Principle of Affordability. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be affordable in this patient before confirming a decision to provide funding.

8. Exceptions

- 8.1 The ICB will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
- 8.2 In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this ICB. A circumstance in which a patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality.

9. Force

- 9.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative treatments for the same condition.
- 9.2 In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:
- If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory.
 - If the new NICE guidance does not have mandatory status, then the ICB will aspire to review and update this policy accordingly. However, until the ICB adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this ICB are concerned.

10. References

- Karjalainen TV, Jain NB, Page CM, et al. Subacromial decompression surgery for rotator cuff disease. *Cochrane Database of Systematic Reviews* 2019(1) doi: 10.1002/14651858.CD005619.pub3
- Nazari G, MacDermid JC, Bobos P. Conservative versus Surgical Interventions for Shoulder Impingement: An Overview of Systematic Reviews of Randomized Controlled Trials. *Physiotherapy Canada* 2020;72(3):282–97. doi: <https://dx.doi.org/10.3138/ptc-2018-0111>
- Sorensen L, van Tulder M, Johannsen HV, et al. Responsiveness and minimal important change of the Oxford Shoulder Score, EQ-5D, and the Fear-Avoidance Belief Questionnaire Physical Activity subscale in patients undergoing arthroscopic

- subacromial decompression. *JSES International* 2021;5(5):869–74. doi: <https://dx.doi.org/10.1016/j.jseint.2021.05.008>
- Kulkarni R, Gibson J, Brownson P, et al. BESS/BOA Patient Care Pathways: Subacromial shoulder pain. *Shoulder & Elbow* 2015;7(2):135–43. doi: 10.1177/1758573215576456
 - Farfaras S, Sernert N, Rostgard Christensen L, et al. Subacromial Decompression Yields a Better Clinical Outcome Than Therapy Alone: A Prospective Randomized Study of Patients With a Minimum 10-Year Follow-up. *Am J Sports Med* 2018;46(6):1397–407. doi: 10.1177/0363546518755759 [published Online First: 20180315]
 - Rees JL, Craig R, Nagra N, et al. Serious adverse event rates and reoperation after arthroscopic shoulder surgery: population based cohort study. *Bmj* 2022;378 doi: <https://dx.doi.org/10.1136/bmj-2021-069901>
 - Waterman BR. Editorial Commentary: Classic Arthroscopic Anterolateral Acromioplasty Does Not Translate to Clinically Meaningful Differences in Lateral Acromial Overcoverage. *Arthroscopy - Journal of Arthroscopic and Related Surgery* 2022;38(11):2969–71. doi: <https://dx.doi.org/10.1016/j.arthro.2022.08.006>
 - Vandvik PO, Lahdeoja T, Arden C, et al. Subacromial decompression surgery for adults with shoulder pain: a clinical practice guideline. *BMJ* 2019;364:l294. doi: <https://dx.doi.org/10.1136/bmj.l294>
 - Lahdeoja T, Karjalainen T, Jokihaara J, et al. Subacromial decompression surgery for adults with shoulder pain: a systematic review with meta-analysis. *British Journal of Sports Medicine* 2020;54(11):665–73. doi: <https://dx.doi.org/10.1136/bjsports-2018-100486>
 - Beard DJ, Rees JL, Cook JA, et al. Arthroscopic subacromial decompression for subacromial shoulder pain (CSAW): a multicentre, pragmatic, parallel group, placebo-controlled, three-group, randomised surgical trial. *Lancet* 2018;391(10118):329–38. doi: 10.1016/s0140-6736(17)32457-1 [published Online First: 20171120]
 - Paavola M, Malmivaara A, Taimela S, et al. Subacromial decompression versus diagnostic arthroscopy for shoulder impingement: randomised, placebo surgery controlled clinical trial. *BMJ* 2018;362:k2860. doi: 10.1136/bmj.k2860
 - Aresti NA, Di Mascio L. Subacromial decompression surgery for shoulder pain. *BMJ* 2019;364:l586. doi: <https://dx.doi.org/10.1136/bmj.l586>
 - Nizam Siron K, Mat Lani MT, Low CL, et al. Arthroscopic Subacromial Decompression in the Treatment of Shoulder Impingement Syndrome: A Prospective Study in Malaysia. *Cureus* 2021;13(11):e19254. doi: <https://dx.doi.org/10.7759/cureus.19254>
 - Petersson AH, Björnsson Hallgren HC, Adolfsson LE, et al. No need for subacromial decompression in responders to specific exercise treatment: a 10-year follow-up of a randomized controlled trial. *Journal of Shoulder and Elbow Surgery* 2025;34(6):e477–e87. doi: <https://dx.doi.org/10.1016/j.jse.2024.10.027>
 - Lathiere T, Jaubert A, Lewis J, et al. The health economic analysis of surgery versus rehabilitation in non-traumatic musculoskeletal shoulder disorders: A systematic review of trial-based studies. *Clinical rehabilitation* 2025;39(2):139–52. doi: <https://dx.doi.org/10.1177/02692155241300121>
 - Commissioning guide: subacromial shoulder pain. 2014;Royal College of surgeons:19.
 - Rees JL, Kulkarni R, Rangan A, et al. Shoulder Pain Diagnosis, Treatment and Referral Guidelines for Primary, Community and Intermediate Care. *Shoulder*

Elbow 2021;13(1):5–11. doi: 10.1177/1758573220984471 [published Online First: 20210223]

- Evidence-based interventions: guidance for CCGs. *Evidence-based interventions: guidance for CCGs: List 1* 2018 (updated 2019);NHS England:180.
- Buchbinder R, Karjalainen TV, Gorelik A. Editorial Commentary: Arthroscopic Treatment Should No Longer Be Offered to People With Subacromial Impingement. *Arthroscopy - Journal of Arthroscopic and Related Surgery* 2022;38(8):2525–28. doi: <https://dx.doi.org/10.1016/j.arthro.2022.03.017>
- Ladermann A, Denard PJ. Proper Indications for Shoulder Subacromial Decompression Result in Excellent Outcomes. *Arthroscopy* 2021;37(6):1705–07. doi: <https://dx.doi.org/10.1016/j.arthro.2021.04.023>
- Hohmann E, Glatt V, Tetsworth K, et al. Subacromial Decompression in Patients With Shoulder Impingement With an Intact Rotator Cuff: An Expert Consensus Statement Using the Modified Delphi Technique Comparing North American to European Shoulder Surgeons. *Arthroscopy* 2022;38(4):1051–65. doi: <https://dx.doi.org/10.1016/j.arthro.2021.09.031>
- Rossi LA, Ranalletta M. Regarding "Subacromial Decompression in Patients With Shoulder Impingement With an Intact Rotator Cuff: An Expert Consensus Statement Using the Modified Delphi Technique Comparing North American to European Shoulder Surgeons". *Arthroscopy - Journal of Arthroscopic and Related Surgery* 2022;38(9):2596–97. doi: <https://dx.doi.org/10.1016/j.arthro.2022.06.011>

11. OPCS and ICD codes

OPCS codes	ICD codes
O291 - Subacromial decompression Y767 - Arthroscopic approach to joint	M754 - Impingement syndrome of shoulder
ICD (Exceptions) codes	
M751 - Rotator cuff syndrome M753 - Calcific tendinitis of shoulder	