

Consideration factors for the fast track assessment of shoulder surgery requests (Updated October 2012)



The Shoulder & Elbow Society (SES) on behalf of the New Zealand Orthopaedic Association (NZOA), and the Clinical Advisory Panel (CAP) on behalf of ACC, have agreed on the following factors that will allow for the fast track assessment (FTA) of shoulder surgery requests.

If a request meets the FTA criteria, ACC can issue a surgery funding decision quickly based on the information provided in the Assessment Report & Treatment Plan (ARTP) and the information that we already hold. If a request does not meet the FTA criteria, it must go through the full surgery assessment process.

The more information that is provided up front, the faster ACC can make a decision on surgery funding.

CONDITIONS INCLUDED FOR FTA

1. Glenohumeral dislocations with a labral tear
2. AC joint dislocations
3. Fractures about the shoulder and the clavicle
4. Isolated subscapularis tendon tears
5. Pectoralis major tendon ruptures
6. A rotator cuff tear requiring repair within six months of the date of injury (DOI)

CONDITIONS EXCLUDED FROM FTA

1. Multidirectional laxity/ instability
2. Pathological fractures
3. Adhesive Capsulitis/ Frozen Shoulder
4. Calcific tendinitis
5. Glenohumeral OA/ Total Shoulder Replacement
6. Osteolysis outer end of clavicle or AC joint OA
7. Subacromial bursitis/ Impingement
8. Any other shoulder condition not already mentioned

ESSENTIAL CRITERIA FOR FTA

If a condition is one that is included for FTA, the following criteria must also be met:

1. There is an ACC covered shoulder injury.
2. There is no relevant, previously documented injury or claims for that shoulder.
3. The mechanism of incident must involve an unexpected and high energy force - controlled activities/ activities of daily living (ADLs) are excluded from FTA.
4. There is no unexplained delay between the DOI and the initial presentation for treatment.
5. There is no history mismatch between the history recorded in the ARTP and the contemporaneous medical records.
6. The ARTP must include an X-ray and, where applicable, appropriate soft tissue imaging (MRI/US).

ADDITIONAL CRITERIA FOR ELIGIBLE ROTATOR CUFF REQUESTS

In addition to the Essential Criteria noted above, there are additional criteria for included rotator cuff requests as follows:

Imaging Requirements

ARTPs for rotator cuff tears that require repair within six months of the DOI must include an X-ray and advanced soft tissue imaging (MRI/US). If an X-ray and/or soft tissue imaging study is not included, the request will be excluded from FTA.

Veto Factors

Rotator cuff requests with the following radiological features are excluded from FTA:

- Acromiohumeral interval (AHI) less than or equal to 7mm
- Large acromial spur (greater than 10mm)
- Rotator cuff arthropathy
- Severe fatty infiltration (Goutallier Stage III or IV)
- Imaging reporting anterior greater tuberosity cysts
- Bilateral cuff pathology

Corroborative Features

The following table of corroborative features for and against acuity is used by ACC to determine whether a rotator cuff request can be included for FTA:

Corroborative features in favour of acuity	Corroborative features against acuity
<ul style="list-style-type: none">• Loss of strength or active range of motion (ROM) at assessment	<ul style="list-style-type: none">• Retraction beyond rim or >35 mm
<ul style="list-style-type: none">• Excessive bursal fluid, blood or debris	<ul style="list-style-type: none">• No fluid (joint or bursa)
<ul style="list-style-type: none">• Mid substance tears (tissue on tuberosity)	<ul style="list-style-type: none">• Medium spurs (5 - 10mm)
<ul style="list-style-type: none">• MRI oedema on the greater tuberosity	<ul style="list-style-type: none">• Inferior AC joint osteophyte shown to be impinging on the cuff on soft tissue imaging
<ul style="list-style-type: none">• Unilateral tears if bilateral USS available	<ul style="list-style-type: none">• Greater tuberosity irregularity on USS imaging (X-ray changes not clear evidence)
	<ul style="list-style-type: none">• Generalised tendinopathy in multiple tendons