

Policy title	Joint Injections: ultrasound guided joint injections (adults) v1.1
Policy position	Criteria Based Access
Date of Forum recommendation	September 2018

This guidance does not apply to patients under the age of 18 years old, patients having treatment as part of the management of pain due to cancer or patients with inflammatory arthritides (rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis).

Referral to secondary care services for ultrasound-guided corticosteroid injections for the named joints in Box 1 will only be funded when at least one of the criteria has been met and documented:

- History of severe trauma which would derange the normal architecture of the joint.
- Failure to identify landmarks due to morbid obesity (BMI>40) or another disease process.
- Failure of initial attempt of a corticosteroid injection due inability to identify landmarks.
- No symptomatic relief after two landmark guided injections.
- Significant adverse effects associated with a landmark guided injection, such as severe procedural pain.

AND

No response over (minimum) six months to conservative treatment.

In cases where the above criteria are met up to 2 joint injections are supported.

Patients who have been referred to secondary care due to diagnostic uncertainty, and who are advised to have a corticosteroid injection, should not be referred for an ultrasound guided injection in secondary care (unless the above criteria are met).

Box 1:

<u>Upper Limb</u>	<u>Lower Limb</u>
<ul style="list-style-type: none">• Glenohumeral joint (GHJ)• Subacromial space• Acromioclavicular joint (ACJ)• Lateral epicondyle (tennis elbow)• Medial epicondyle (golfers elbow)• Carpal tunnel syndrome• 1st Carpometacarpal joint (CMCJ)• Trigger finger/thumb• De Quervian's tendinosis	<ul style="list-style-type: none">• Trochanteric bursa injection• Knee joint• Planter fascia• 1st Metatarsal phalangeal joint (MTPJ)

Rationale

Corticosteroid injections are commonly used for patients with ongoing joint pain. It is a recognised step according to NICE guidance on the pain management pathway for a number of conditions including osteoarthritis, rotator cuff disorders and frozen shoulder. ^{i,ii} Whilst there is some evidence that ultrasound guided injections may be more accurate and be more effective in reducing pain, this evidence is variable, often showing only small improvements which are frequently not statistically significant, in particular for shoulder injections. ^{iii,iv,v,vi,vii,viii} There does appear to be more evidence for increased accuracy associated with ultrasound guidance in knee injections ^{ix,x} however, the impact on long-term outcomes is less clear. Ultrasound guided injections are more expensive than landmark guided injections, and therefore should be reserved for more complexed cases, or those which do not initially respond well to landmark guided treatment.

References

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NOTE:

- This policy will be reviewed in the light of new evidence or new national guidance e.g. from NICE
- Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process

Clinical coding:

OPCS Procedure Codes

W90.3 Injection of therapeutic substance into joint

W90.4 Injection into joint NEC

Key words: Ultrasound guided, joint injections