

Policy statement:	Arthroscopy Knee
Status:	Individual Prior Approval

M&SECCGs commission knee arthroscopy on a restricted basis. Cases will only be funded if they meet the criteria below:

Arthroscopy of the knee can be undertaken where a competent clinical examination (or MRI scan if there is diagnostic uncertainty or red flag* symptoms/signs/conditions/ reason) has demonstrated clear evidence of an internal joint derangement (meniscal tear, ligament rupture or loose body) and where conservative treatment has failed or where it is clear that conservative treatment will not be effective.

Knee arthroscopy can therefore be carried out for:

- Removal of loose body where there is a clear history of locking and other treatment has failed
- Meniscus resection/meniscectomy or meniscus repair
- Articular cartilage debridement/chondroplasty or microfracture of chondral defect
- Anterior or posterior ligament reconstruction-primary or revision
- Synovectomy / symptomatic plica
- To assist selection of appropriate patients for uni-compartmental knee replacement
- Treatment of osteoarthritis with arthroscopic lavage (washout) and debridement only if the person has knee osteoarthritis with a clear history of mechanical locking (not gelling, 'giving way' or X-ray evidence of loose bodies)
- Continuing diagnostic uncertainty following MRI, but only in the following circumstances:
 - When the MRI is of low quality and cannot be interpreted
 - The report shows a significant degree of movement artefact
 - Where the patient has had an Anterior Cruciate Ligament reconstruction and the metal screws are affecting the image quality
 - Patient has a pacemaker

Knee arthroscopy **will not be funded** for any of the following indications:

- Diagnostic purposes only (noting the above exception)
- Investigation of knee pain (MRI is a less invasive alternative for the investigation of knee pain)
- Treatment of osteoarthritis including arthroscopic lavage (washout) and debridement without a clear history of mechanical locking (not gelling, 'giving way' or X-ray evidence of loose bodies).

*Red flag symptoms or signs include recent trauma, constant progressive non-mechanical pain (particularly at night), previous history of cancer, long term oral steroid use, history of drug abuse or HIV, fever, being systematically unwell, recent unexplained weight loss, persistent severe restriction of joint movement, widespread neurological changes, and structural deformity. Red flag conditions include infection, carcinoma, nerve root impingement, bony fracture and avascular necrosis.

Funding for knee arthroscopy outside the defined criteria will only be funded in clinically exceptional circumstances.

Individual funding requests should only be made where the patient demonstrates clinical exceptionality.

Further information on applying for funding in exceptional clinical circumstances can be found on the CCGs' website.

References:

- Osteoarthritis – National Clinical Guideline for Care and Management in Adults, (2008) NICE <https://www.nice.org.uk/guidance/CG59>
- Vincken PW et al: Effectiveness of MR imaging in selection of patients with arthroscopy of the knee. Radiology.2002 Jun: 223(3):739-46)
- Brooks, S, Morgan, M: Accuracy of clinical diagnosis in knee arthroscopy. Annals of the Royal College of Surgeons of England 2002, 84:265-268