

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. TVPC76

**Arthroscopic Knee Surgery for Meniscal Tears
(reviewed in light of Evidence-based intervention (EBI)
guidance)**

**Recommendation made by
the Priorities Committee:**

January 2018, January 2020¹, November 2020²

Date of issue:

November 2020

- In cases where a twisting injury has resulted in an acute locked knee (i.e. with a fixed flexion deformity) with a likely clinical diagnosis of a bucket handle meniscal tear, arthroscopic surgery will be funded and should be performed on an urgent basis. An MRI scan is not essential if it will delay treatment.
- In cases where the knee is not locked, and regardless of whether there is a clear history of injury, the diagnosis of a meniscal tear should be made with an MRI scan. An MRI is not recommended for a suspected degenerative meniscal tear unless there are mechanical symptoms (e.g. locking) or lack of improvement with conservative treatment. Funding for arthroscopic surgery will be considered after 3 months of unresolved symptoms. Conservative treatments undertaken during this period, such as non-steroidal anti-inflammatory drugs (NSAIDs), physiotherapy and exercise, are not a pre-requisite for funding.
- Arthroscopic surgery for meniscal tears in the degenerate knee, where there is full thickness cartilage loss on both sides of the respective compartment as evidenced by radiological imaging, is not normally funded. This is due to lack of evidence of positive long term outcomes over conservative treatment.

See also:

Thames Valley Priorities Committee Commissioning Policy Statement Policy No. TVPC83 Anterior Cruciate Ligament (ACL) reconstruction.

Thames Valley Priorities Committee Commissioning Policy Statement Policy No. TVPC6 Arthroscopic lavage and debridement for patients with osteoarthritis of the knee.

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g. from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.ccsu.nhs.uk/>

¹ Edited as a result of TVPC discussion to clarify: position on acute locked knee as a result of bucket handle tear; use of conservative treatment prior to surgery; change of policy title; link to knee related policies

² Updated to reflect EBI list 2 guidance regarding the use of MRI in diagnosing meniscal tears.

ICD10 Diagnosis Codes:

M23.2 Derangement of meniscus due to old tear or injury
M23.3 Other meniscus derangements including degenerate, detached and retained meniscus
S83.2 Tear of meniscus

OPCS4 Procedure Codes:

W82.1 Endoscopic total excision of semilunar cartilage
W82.2 Endoscopic resection of semilunar cartilage NEC
W82.3 Endoscopic repair of semilunar cartilage
W82.8 Other specified therapeutic endoscopic operations on semilunar cartilage
W82.9 Unspecified therapeutic endoscopic operations on semilunar cartilage

With

Y76.7 Arthroscopic approach to joint

W85.1 Endoscopic removal of loose body from knee joint
W85.2 Endoscopic irrigation of knee joint (including lavage and washout)
W85.8 Other specified therapeutic endoscopic operations on cavity of knee joint

With

Y76.7 Arthroscopic approach to joint

W80.1 Open debridement and irrigation of joint or
W80.2 Open debridement of joint NEC or
W80.3 Open irrigation of joint NEC or
W80.8 Other specified debridement and irrigation of joint or
W80.9 Unspecified debridement and irrigation of joint

With

Y76.7 Arthroscopic approach to joint

And

Z84.6 Knee joint

W70.1 Open total excision of semilunar cartilage or
W70.2 Open excision of semilunar cartilage NEC (includes open excision of lesion of semilunar cartilage) or
W70.3 Open repair of semilunar cartilage or
W70.8 Other specified open operations on semilunar cartilage or
W70.9 Unspecified open operations on semilunar cartilage

With

Y76.7 Arthroscopic approach to joint