

## KNEE MENISCAL TEAR SURGERY CRITERIA BASED ACCESS (CBA) POLICY

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Application Form	EBI Generic application form if appropriate to apply

**KNEE MENISCAL TEAR  
CRITERIA BASED ACCESS (CBA) POLICY**

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**VERSION CONTROL**

<b>Document Status:</b>	Current policy
<b>Version:</b>	2324.v2c

**DOCUMENT CHANGE HISTORY**

<b>Version</b>	<b>Date</b>	<b>Comments</b>
2122.v1	Dec 2021	Policy title changed from Locked Knee – Meniscal Tear to Knee Meniscal Tear
2122.v2	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v2a	March 2023	Wording change on 3.6
2223.v2b	November 2023	3-year review, no clinical amendments, change of policy title to Knee Meniscal Tear Surgery, clarification around 'giving way' in section 2.6

<b>Equality Impact Assessment (EIA)</b>	N/A
<b>Quality Impact Assessment QIA</b>	August 2021 v1
<b>Sponsoring Director:</b>	Dr Bernie Marden
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## **1 GENERAL PRINCIPLES (CBA)**

- 1.1 Treatment should only be given in line with these general principles. Where patients are unable to meet these principles, in addition to the specific treatment criteria set out in this policy, funding approval may be sought from the ICB's Evidence Based Interventions Service (EBI) by submission of an EBI application form
- 1.2 Clinicians should assess their patients against the criteria within this policy prior to a referral and/or treatment
- 1.3 Treatment should only be undertaken where the criteria have been met and there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment
- 1.4 Referring patients to secondary / community care without them meeting the criteria or funding approval not secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment
- 1.5 On limited occasions, the ICB may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meet the criteria to access treatment in this policy
- 1.6 Patients should be advised being referred does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment
- 1.7 The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate
- 1.8 Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.  
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>  
(Thelwall, 2015)
- 1.9 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing

## 2 **KNEE MENISCAL TEAR POLICY CRITERIA BASED ACCESS – CBA**

Patients who are not eligible for treatment under this policy, please refer to section 3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS on how to apply for funding with evidence of clinical exceptionality

### 2.1 **Ligament Rupture**

- Arthroscopic Ligament rupture repair is routinely commissioned for all patients (with or without osteoarthritis) who have not responded adequately to conservative treatment as detailed in point 2.9
- Ligament rupture surgery does not require prior approval funding

2.2 There are occasions when arthroscopic meniscal surgery can be considered as a first line treatment

- a) Patients who have a locked knee need urgent assessment
- b) If a bucket handle tear of the meniscus is present, most cases need arthroscopic repair or resection of the meniscus
- c) Recurrent knee locking
- d) Loose body within the knee (with a combination of significant mechanical issues of pain, locking)
- e) Where the patient has had an acute injury and an MRI scan reveals a potentially repairable meniscus tear, an arthroscopic meniscal repair should be considered

2.3 Patients with a clear history of a significant acute knee injury and and/or who have a recurrent locking knee may have an unstable or symptomatic meniscal tear and should undergo referral to intermediate or secondary care and there should be consideration of an MRI investigation

2.4 Most patients who initially present in primary/intermediate care with knee symptoms, no red flags and no history of acute knee injury or a locked knee **DO NOT NEED AN MRI** investigation and can be treated with non-operative supportive measures

2.5 Where symptoms have not settled after three months of non-operative treatment an MRI scan should be considered. In cases with an unstable meniscal tear on MRI, arthroscopic meniscal surgery may be indicated

2.6 Patients with persistent mechanical knee symptoms should be referred to an orthopaedics assessment service and consideration of an MRI scan of the knee to investigate for a meniscal tear and/or other pathology

### 2.7 **Patients with Osteoarthritis**

Please refer to the ICB Knee Arthroscopy with Osteoarthritis EBI Policy Prior Approval (PA)

Degenerate meniscal tears with Osteoarthritis (OA) are extremely common in the general population.

- a) 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 e.g., exercise/therapy, weight loss, bracing, topical or oral analgesia
- b) Routine use of arthroscopy for degenerative knee disease, where no specific target pathology has been identified (e.g., proven meniscal tear and persistent symptoms), is not recommended. Use of arthroscopy in patients with generic degenerative knee disease and no specific target pathology has not been found to be clinically beneficial and is unlikely to be cost-effective
- c) 'Giving way' **is not a criterion for surgery** of arthroscopy and is not routinely commissioned. Refer to the Knee BASK guideline under section 2.8

## 2.8 Arthroscopic Meniscectomy

The use of arthroscopic surgery to treat degenerate meniscal tears should follow published BASK guidelines

- British Association for Surgery of the Knee BASK meniscal guideline [Meniscal surgery guidelines - Professional \(baskonline.com\)](https://www.baskonline.com/guidelines/meniscal-surgery-guidelines-professional)
- The bone & Joint Journal - Arthroscopic meniscal surgery A National Society Treatment Guideline and Consensus Statement <https://online.boneandjoint.org.uk/doi/pdf/10.1302/0301-620X.101B6.BJJ-2019-0126.R1>
- The Bone & Joint Journal Arthroscopic Meniscal Surgery <https://doi.org/10.1302/0301-620X.101B6.BJJ-2019-0126.R1>

## 2.9 Meniscal Tear

Most patients with a meniscal tear should be initially treated non-operatively and should not have arthroscopic meniscectomy as a first line treatment. Non-operative treatment is highly effective, and many patients treated this way will improve and do not require surgery

Non-operative treatment:

- Patient education using verbal and written materials
- Physiotherapy
- Weight loss interventions
- Exercise should comprise both local muscle strengthening

- and general aerobic fitness
- Paracetamol and topical NSAIDs should be first line pharmacological pain management strategies

2.10 Patients considering arthroscopic knee surgery should go through a shared decision-making process and have a good understanding of the risks of surgery. The procedure is a relatively safe intervention but does carry a low risk of infection and deep vein thrombosis, both of which are serious complications

2.11 Using agreed guidelines for employing arthroscopic surgery to treat meniscal tear pathology and avoiding indiscriminate use will reduce unwarranted variation in clinical care

2.12 **RED FLAG**

If clinical assessment suggests the patient may have a “red flag” condition therefore treatment is needed urgently, refer for treatment without delay and without further reference to the criteria within this policy “red flag” conditions include:

- Septic Arthritis/infection
- Carcinoma
- Bony fracture
- Avascular necrosis
- Locked knee

2.13 Autologous chondrocyte implantation as approved by NICE is commissioned by NHS England

### **3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS**

3.1 Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or Consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy

3.2 Completion of a **Generic EBI Application Form** by a patient’s GP or Consultant is required

3.3 Applications cannot be considered from patients personally

3.4 Only electronically completed EBI applications will be accepted to the EBI Service

3.5 It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the EBI service. This will reassure the service that the patient has a reasonable expectation of the outcome of the application and its context

- 3.6 EBI funding application are considered against clinical exceptionality. To eliminate discrimination for patients, **social, environmental, workplace, and non-clinical personal factors cannot be taken into consideration**

For further information on 'clinical exceptionality' please refer to the NHS Somerset ICB EBI webpage [Evidence Based Interventions - NHS Somerset ICB](#) and click on the section titled Generic EBI Pathway

- 3.7 Where appropriate photographic supporting evidence can be forwarded with the application form

- 3.8 An application put forward for consideration must demonstrated some unusual or unique clinical factor about the patient that suggests they are exceptional as defined below:

- Significantly different to the general population of patients with the condition in question
- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

## 4 ACCESS TO POLICY

- 4.1 If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067

- 4.2 **Or write to us:** NHS Somerset ICB, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** [somicb.pals@nhs.net](mailto:somicb.pals@nhs.net)

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