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Medical Benefit		Effective Date: 07/01/09	Next Review Date: 03/15
Preauthorization	No	Review Dates: 09/09, 09/10, 07/11, 07/12, 03/13, 03/14	

*The following Protocol contains medical necessity criteria that apply for this service. It is applicable to Medicare Advantage products unless separate Medicare Advantage criteria are indicated. If the criteria are not met, reimbursement will be denied and the patient cannot be billed. **Preauthorization is not required but is recommended when osteoarthritis is the only diagnosis.** Please note that payment for covered services is subject to eligibility and the limitations noted in the patient's contract at the time the services are rendered.*

Description

Arthroscopic lavage and cartilage debridement are operative treatments for osteoarthritis (OA). Lavage is a procedure in which intra-articular fluid is aspirated and the joint is washed out, removing inflammatory mediators, debris, or small loose bodies from the osteoarthritic knee. Articular debridement involves removal of cartilage or meniscal fragments but also can include cartilage abrasion, excision of osteophytes, and synovectomy. Debridement is intended to improve symptoms and joint function in patients with mechanical symptoms such as locking or catching of the knee.

Background

Osteoarthritis (OA) affects approximately 21 million people in the United States. (1) By age 65 years, the majority of the population has radiographic evidence of OA, and 11% have symptomatic OA of the knee. The diagnosis of OA is established using a combination of clinical information derived from history, physical examination, radiologic imaging, and laboratory evaluation. An algorithm of diagnostic criteria for OA of the knee has been proposed by the American College of Rheumatology (ACR). The diagnosis of OA of the knee is defined as presenting with pain and meeting at least five of the following criteria:

- Patient older than 50 years of age
- Less than 30 minutes of morning stiffness
- Crepitus (noisy, grating sound) on active motion
- Bony tenderness
- Bony enlargement
- No palpable warmth of synovium
- Erythrocyte sedimentation rate (ESR) < 40 mm/hr
- Rheumatoid factor < 1:40
- Noninflammatory synovial fluid.

The presence of clinical symptoms of OA does not always correlate well with the degree of abnormality seen radiographically. It has been noted that approximately 40% of patients who have severe findings on x-ray film report no symptoms; conversely, patients with clinical symptoms may show no significant radiologic changes.

Treatment for OA of the knee aims to alleviate pain and improve function to mitigate reduction in activity. However, most treatments do not modify the natural history or progression of OA and thus are not considered curative. Nonsurgical modalities that are used include exercise; weight loss; various supportive devices;

acetaminophen or nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen; nutritional supplements (glucosamine and chondroitin); and intra-articular viscosupplements. Corticosteroid injection may be considered when relief from NSAIDs is insufficient or the patient is at risk from gastrointestinal adverse effects. If symptom relief is inadequate with conservative measures, invasive treatments may be considered. Operative treatments for symptomatic OA of the knee include arthroscopic lavage and cartilage debridement, osteotomy, and ultimately, total joint arthroplasty. Surgical procedures intended to repair or restore articular cartilage in the knee, e.g., abrasion arthroplasty, microfracture techniques, and autologous chondrocyte implantation, are appropriate only for younger patients with focal cartilage defects secondary to injury and are not addressed in this Protocol.

Related Protocols

Intra-articular Hyaluronan Injections for Osteoarthritis

Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions

Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions

Policy (Formerly Corporate Medical Guideline)

Except as noted below, arthroscopic debridement and/or lavage are considered **not medically necessary** for treatment of osteoarthritis of the knee.

Note: Arthroscopic debridement may be considered **medically necessary** when preoperative imaging indicates that specific anatomic lesions other than osteoarthritis, e.g., large meniscal tears, loose bodies, are the cause of the patient's symptoms regardless of the presence of osteoarthritis.

Services that are the subject of a clinical trial do not meet our Technology Assessment Protocol criteria and are considered investigational. *For explanation of experimental and investigational, please refer to the Technology Assessment Protocol.*

It is expected that only appropriate and medically necessary services will be rendered. We reserve the right to conduct prepayment and postpayment reviews to assess the medical appropriateness of the above-referenced procedures. **Some of this Protocol may not pertain to the patients you provide care to, as it may relate to products that are not available in your geographic area.**

References

We are not responsible for the continuing viability of web site addresses that may be listed in any references below.

1. Samson DJ, Grant MD, Ratko TA et al. Treatment of Primary and Secondary Osteoarthritis of the Knee. Evidence Report/Technology Assessment No. 157 (Prepared by Blue Cross and Blue Shield Association Technology Evaluation Center Evidence-based Practice Center under Contract No. 290-02-0026). AHRQ Publication No. 07-E012. Rockville, MD: Agency for Healthcare Research and Quality. September 2007. Available online at: <http://archive.ahrq.gov/clinic/tp/oakneetp.htm>. Last accessed November, 2013.
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3. Laupattarakasem W, Laopaiboon M, Laupattarakasem P et al. Arthroscopic debridement for knee osteoarthritis. *Cochrane Database Syst Rev* 2008; (1):CD005118.
4. Chang RW, Falconer J, Stulberg SD et al. A randomized, controlled trial of arthroscopic surgery versus closed-needle joint lavage for patients with osteoarthritis of the knee. *Arthritis Rheum* 1993; 36(3):289-96.
5. Hubbard MJ. Articular debridement versus washout for degeneration of the medial femoral condyle. A five-year study. *J Bone Joint Surg Br* 1996; 78(2):217-9.
6. Reichenbach S, Rutjes AW, Nuesch E et al. Joint lavage for osteoarthritis of the knee. *Cochrane Database Syst Rev* 2010; (5):CD007320.
7. Kirkley A, Birmingham TB, Litchfield RB et al. A randomized trial of arthroscopic surgery for osteoarthritis of the knee. *N Engl J Med* 2008; 359(11):1097-107.
8. Spahn G, Hofmann GO, Klinger HM. The effects of arthroscopic joint debridement in the knee osteoarthritis: results of a meta-analysis. *Knee Surg Sports Traumatol Arthrosc* 2013; 21(7):1553-61.
9. Marx RG. Arthroscopic surgery for osteoarthritis of the knee? *N Engl J Med* 2008; 359(11):1169-70.
10. Zhang W, Moskowitz RW, Nuki G et al. OARSI recommendations for the management of hip and knee osteoarthritis, Part II: OARSI evidence-based, expert consensus guidelines. *Osteoarthritis Cartilage* 2008; 16(2):137-62.
11. American Academy of Orthopaedic Surgeons. Treatment of osteoarthritis of the knee - 2nd edition. 2013. Available online at: <http://www.aaos.org/research/guidelines/GuidelineOAKnee.asp>. Last accessed November, 2013.
12. Centers for Medicare and Medicaid Services National Coverage Determination (NCD) for Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee (150.9), Implementation Date 7/11/2004.
13. National Government Services Local Coverage Article: Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee – Medical Policy Article (A48361), Revision Effective Date 10/25/2013.