Ms. Kurth:

Thank you for asking me to review the ODG-TWC for the knee. Overall, I found it to be very appropriate. However, there are a several things that came to my attention as I reviewed it. Unfortunately, many of the reference articles are old and need to be updated. In several areas treatment is based only on papers that are older than a decade old. While the treatment is unchanged in several areas, the treatment of articular cartilage in particular has changed significantly in the past 10 years.

I will go thru the procedure summary as written in alphabetical order and make comments as warranted.

ACL injury rehabilitation: A perfect example of the references need to be updated. It states studies are necessary, but the references are from 1998 and 2002. Such studies have now been done.

ACL reconstruction: Please remember that repair and reconstruction are different. Anytime one makes reference to use one tissue to recreate another, it is reconstruction. If the same tissue then it is a repair. Under this heading and others, the words are in some places used interchangeably.

ACI: A good example of the treatment of articular cartilage needing updated. Guidelines for its use is often quoted as 2.5cm or greater not 3cm. Under point C it lists 1.5cm.

Chondroplasty: This is often abused in coding. As written, chondroplasty is not a stand- alone procedure, but it is combined with other knee procedures. All of the parameters that are required can occur with nearly all other reasons for an arthroscopy- meniscus tears, loss bodies, etc. I think the indications should be brought up to date since references are 10+ years old.

CPM-It is not the standard of care to use in ACL reconstruction unless a history of fibrosis and I don't know who performs ACL's as in inpatient care. CPM is also often used with major articular cartilage procedures or patella realignment surgeries. These procedures are not listed, but should be.

Hospital length of stay: It needs to be significantly updated. Osteochondral autografts and allografts are never more than overnight. The same for collateral ligament repair/reconstructions, patella dislocations, and quadriceps repair.

Knee brace: References need updated, since an area of some debate.

Knee joint replacement: The objective clinical finding of over 50 years of age is of some debate. Just because a person is under 50 should not preclude him from getting one. I know parameters need to be set but should this wording be less definitive?

Lateral release: It has extremely rare indications as shown but more recent studies. In fact, it has been abused over the years (over aggressively done) and can cause more problems than benefit. The rules should be more stringent and references brought up to date to confirm this decision.

Microfracture: Most physicians do not perform microfracture on greater than 2-2.5cm lesions although it lists 3cm. A current algorithm should be used when making statements regarding chondral lesions. Several publications are available to use as confirmation.

Osteochondral autografts: They are recommended for lesions 2-2.5cm or less not 3 cm.

I hope that my comments are of some assistance, but if you have any questions, please feel free to let me know.

Respectfully;

Tom Carter