Enabling rapid decisions on knee surgery requests

Condition: acute traumatic separation of an osteochondritis dissecans (OCD) lesion

This information has been developed by ACC's Clinical Advisory Panel together with the Knee Society (on behalf of the New Zealand Orthopaedic Association). It's designed to let you know what's needed for us to be able to make rapid decisions on surgery requests that require prior approval and will be performed outside of the Public Health Acute Services (PHAS) period[1].

How you can help us make a rapid decision?

It's important that we make decisions for clients as quickly as possible especially when, for some, getting surgery sooner is likely to lead to a better outcome.

When we make a decision it's based on information provided in the Assessment Report & Treatment Plan (ARTP), all contemporaneous notes and imaging you provide, and information we already hold. A surgery request can be fast tracked if it meets all of the Fast Track Assessment (FTA) criteria associated with the condition outlined below.

Acute traumatic separation of an osteochondritis dissecans (OCD) lesion

Osteochondritis dissecans (OCD) is a focal, idiopathic alteration of subchondral bone with risk for instability and disruption of the adjacent articular cartilage that may result in premature osteoarthritis (1). It's a disease condition and the development of loose bodies is considered to be part of the natural history of the disease. There is no need for any trauma/injury for the fragment to become unstable or detached. It is commonly identified in the medial femoral condyle of a younger demographic. An acute separation of an OCD fragment may occur after an accident and fixation of this lesion may be considered to be clinically urgent. The time taken from presentation to performing an internal fixation of a traumatically displaced OCD fragment is a significant factor affecting outcomes, recovery and return to work and/or pre-injury function.

FTA criteria and exclusions

We can rapidly assess your surgery funding request if there isn't any information missing, the following FTA criteria are met and none of the exclusions apply:

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[1] For more details regarding PHAS funding, refer to Accident Compensation Corporation (2014). Accident Services: a guide for DHB and ACC staff, from http://www.acc.co.nz/for-providers/contracts-and-performance/operational-guidelines/index.htm

1. There is a need to perform urgent surgery. The timeframe between the accident and requirement for fixation is no more than 30 days (High Priority).
2. There is a clear history of significant, unexpected single episode trauma with an associated ACC covered claim that has caused traumatic separation of an OCD fragment.
3. There is an acute presentation for treatment following the accident.
4. There is a history of locking/mechanical symptoms from the displaced fragment.
5. There is no previous history of symptoms including pain and locking.
6. There is an effusion on examination.
7. X-rays: There is a non-corticated loose body on X-rays.
8. MRI: There is evidence of acute injury on MRI including subchondral bone oedema in the femoral condyle donor site and on the corresponding dislodged fragment. MRI should demonstrate Stage IV of the disease (ie complete separation of the osteochondral fragment including the overlying cartilage (2)) or Arthroscopic Staging, Stage F (ie Displaced osteochondral fragment (3)).

Exclusions:

1. Corticated loose bodies or loose bodies that have increased in size. A corticated loose body is considered to be longstanding.
2. Chondral lesions.

References

1. Edmonds E, Shea K. Osteochondritis Dissecans. Clinical Orthopaedics and Related Research. 2013;471:1105-06.
2. Anderson I, Crichton K, Grattan-Smith T, Cooper R, Brazier D. Osteochondral fractures of the dome of the talus. Journal of Bone and Joint Surgery (American Volume). 1989;71:1143-52.
3. Pape D, Filardo G, Kon E, van Dijk C, Madry H. Disease-specific clinical problems associated with the subchondral bone. Knee Surgery, Sports Traumatology, Arthroscopy 2010;18:448-62.