

CLINICAL POLICY ADVISORY GROUP (CPAG)

Knee Magnetic Resonance Imaging (MRI) for suspected meniscal tears

Statement

NHS Derby and Derbyshire ICB, in line with its principles for evidence-based interventions has deemed that Knee MRI for suspected meniscal tears should not routinely be commissioned unless the criteria within this policy are met.

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the ICB.

1. Background

Patients who have knee pain with persistent mechanical symptoms (locking, catching and intermittent sudden pain on movement) that has not responded to three months of initial non-operative care may have a symptomatic meniscal tear. These patients are referred to intermediate or secondary care and in these circumstances an MRI scan is the best investigation to determine the cause of symptoms.

Patients who have a clear history of a significant acute knee injury and mechanical symptoms or who have a locked knee require referral to intermediate or secondary care and should undergo MRI investigation.

The majority of patients who present to primary care with knee pain do not require initial investigation with an MRI scan once red flag symptoms and signs have been excluded.

2. Recommendation

This policy applies to adults aged 19 years and over.

NHS Derby and Derbyshire ICB, in line with its principles for evidence-based interventions has deemed that Knee MRI for suspected meniscal tears should not routinely be commissioned unless the following criteria are met:

- Patients with a clear history of a significant acute knee injury and mechanical symptoms or who have a locked knee may have a repairable meniscal tear and should undergo referral to intermediate or secondary care and have MRI investigation.
- Patients with persistent mechanical knee symptoms should be referred to secondary care and should have an MRI scan of the knee to investigate for a meniscal tear and/or other pathology.

The majority of patients who initially present in primary 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 measure

3. Rationale for Recommendation

Degenerate meniscal tears and OA are extremely common in the general population. 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). Acute knee injury can result in meniscal pathology that may require surgical intervention such as meniscal repair and an MRI scan is the investigation of choice in these cases. A locked knee requires urgent assessment, and an MRI scan is the investigation of choice to define the cause.

4. Personalised Care

Personalised care simply means that people have more control and choice when it comes to the way their care is planned and delivered, considering their individual needs, preferences and circumstances. It includes supporting shared decision making and self-management.

Shared decision-making means people are supported to:

- *understand the care, treatment and support options available and the risks, benefits and consequences of those options*

- *decide on a preferred course of action, based on evidence based, good quality information and their personal preferences.*

Supported self-management means increasing the knowledge, skills and confidence a person has in managing their own health and care. This involves using self-management education, peer support, and health coaching.

Decision support tools, also called patient decision aids support shared decision making by making treatment, care and support options explicit. They provide evidence-based information about the associated benefits/harms and help patients to consider what matters most to them in relation to the possible outcomes, including doing nothing.

5. Useful Resources

- [BRAN leaflet](#) – Shared decision making supports individuals to make the right decision for them. This easy-to-use leaflet supports this people to consider their treatment options.

6. References

- [Knee MRI for suspected meniscal tears - EBI](#) – (Accessed 05/02/25)
- Choosing Wisely Canada (2015) sport and Exercise Medicine
- Arthritis Alliance of Canada. The Impact of Arthritis in Canada: Today and Over the Next 30 Years [Internet]. 2011 [cited 2017 May 5].
- Buchbinder R, et al. Management of degenerative meniscal tears and the role of surgery. *BMJ*. 2015;350:h2212. PMID: 26044448.
- Englund M. The role of the meniscus in osteoarthritis genesis. *Rheum Dis Clin North Am*. 2008;34:573-9. PMID: 18687273.
- Englund M. Meniscal tear — a common finding with often troublesome consequences. *J Rheumatol*. 2009;36:1362-4. PMID: 19567632.
- Englund M, et al. Incidental meniscal findings on knee MRI in middle-aged and elderly persons. *N Engl J Med*. 2008;359:1108-15. PMID: 18784100.
- Strobel MJ. Manual of Arthroscopic Surgery. Springer: Verlag Berlin Heidelberg; 2002;1:99-200. US Department of Veteran Affairs. VA/DoD Clinical Practice Guidelines: The Non-Surgical Management of Hip & Knee Osteoarthritis (OA) [Internet]. 2014 [cited 2017 May 5].
- G.F. Abram, D. J. Beard, A. J. Price, BASK Meniscal Working Group. Bone Joint J 2019;101-B:652–659. Arthroscopic meniscal surgery a national society treatment guideline and consensus statement. *The Bone & Joint Journal* Vol. 101-B, No. 6, 2019. DOI: <https://doi.org/10.1302/0301-620X.101B6.BJJ-2019-0126.R1>.

7. Appendices

Appendix 1 - Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

Consultee	Date
Clinical Policies Advisory Group (CPAG)	August 2021
Consultant Orthopaedic Surgeon, CRHFT	August 2021
Clinical Director, Integrated Surgery, Surgical Division, CRHFT	August 2021
Consultant Orthopaedic Surgeon, UHDBFT	August 2021
Clinical Director for Trauma and Orthopaedics, UHDBFT	August 2021
Consultant Trauma, Orthopaedic & Spinal Surgeon, Asst Clinical Director, UHDBFT	August 2021
Consultant Radiologist, UHDBFT	August 2021
Clinical Lay Commissioning Committee	August 2021
Academy of Medical Royal Colleges	September 2024
Clinical Policy Advisory Group (CPAG)	March 2025

Appendix 2 - Document Update

Document Update	Date Updated
<u>Version 1.0</u> New Local DDICB policy– aligned to Academy of Medical Royal Colleges EBI Guidance	March 2025