

Evidence Discussion [CMM-312 Knee Surgery-Arthroscopic and Open Procedures: Medial/Lateral Collateral Ligament (MCL/LCL) Repair/Reconstruction]

Risks of knee surgery for medial/lateral collateral ligament (MCL/LCL) reconstruction include but are not limited to failure to improve, failure to heal, MCL/LCL graft retearing, iatrogenic articular cartilage damage, complications related to fixation implants, neurovascular injury, infection, ecchymosis, hemarthrosis, arthrofibrosis, deep venous thrombosis, pulmonary embolism, and death, as well as complications related to risks of general and local anesthesia. **1, 2**

Given the potential possibility for significant complications, proper patient selection is crucial to minimize the risk-benefit ratio.

Symptoms of medial/lateral collateral ligament injury / tear may include pain as well as medial or lateral instability, and swelling. Supportive exam findings include joint effusion/ hemarthrosis, positive instability tests to valgus/varus stress, and tenderness to palpation. **2**

The medial collateral ligament (MCL) is the most common traumatically-injured ligament in the knee, and often injured concomitantly with the ACL. While the majority of MCL injuries are amenable to non-operative management and rehabilitation, operative management may be necessary in multi-ligament injuries, tibiofemoral knee dislocations or open injuries. **3**

MRI may be indicated for grade III MCL laxity to assist in identification of additional injuries and localize the exact site of damage **4** and diagnosis of structural LCL injuries with identification of additional associated injuries.**5** Imaging findings should document complete tearing of the involved ligament that corresponds to the patient's symptoms and physical examination.

Non-operative management which may include rest, ice, compression, NSAID medication, bracing and rehabilitation, is the therapeutic approach for Grade I and II LCL injuries. For Grade III isolated LCL injuries, recent studies show that both knee range of motion and pain reduction was highest with surgical reconstruction. **6** Recent systematic reviews demonstrate improved functional and clinical outcomes with early operative treatment of multi-ligament knee injuries. **7**

It has been shown that many patients may improve with a course of conservative care and this may very well obviate the need for surgical treatment. **8** As risk for major complications exists, symptoms, physical exam findings and imaging findings should support surgical intervention. Although the use of any coverage criteria includes the possible risk of delayed care, EviCore firmly believes the benefits of our evidence-based criteria best ensure patient safety and highly outweigh any clinical harms.

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