

Provider Led Entity

CDI Quality Institute AUC Questions: Knee Pain

03/14/2018

Patient/Problem: Appropriateness of advanced imaging procedures in patients with the following clinical presentations or diagnoses:

- Knee pain with suspected internal derangement after an injury
- Nontraumatic knee pain with suspected internal derangement
- Nontraumatic knee pain with nondiagnostic radiographs after a period of conservative care
- Nontraumatic knee pain with moderate to severe osteoarthritis on initial radiographs
- Patellofemoral syndrome (PFS) with nondiagnostic radiographs, with or without joint effusion
- Patellofemoral syndrome (PFS) with osteoarthritis on radiographs, with or without joint effusion
- Clinical or radiological suspicion for avascular necrosis (osteonecrosis)
- Clinical or radiological suspicion for insufficiency, subchondral or stress fracture with negative or indeterminate radiographs
- Clinical or radiological suspicion for septic arthritis or osteomyelitis
- Baker's cyst(s) with or without abnormalities on radiographs

For patients > 18 years of age, in a community outpatient setting, and for the purposes of diagnosis.

Interventions: Advanced testing (MRI w/o contrast, MRI w/ contrast, MRI w/ & w/o contrast, *MR arthrography*, CT, *CT arthrography*, Nuclear medicine w/ or w/o SPECT, PET, or PET/CT)

Comparison: Gold standard (surgical findings, arthroscopic findings or patient outcome)

Outcome: Diagnostic accuracy, positive predictive value, effect on patient management, surgical rate and/or patient outcomes

Exclusions:

- Inflammatory arthritis except for possible infection;
- Incidental bone lesions;
- Primary bony or soft tissue neoplasm;
- Painful total knee arthroplasty;
- Primary synovial abnormalities such as PVNS or osteochondromatosis;
- Crystal deposition disease;
- Major trauma; and
- Pregnant patients.