MRI Lower Extremity Questionnaire

INSTRUCTIONS FOR COMPLETING QUESTIONNAIRE:

- Answer all of the initial questions (Page 1)
- Complete ONLY the section for the part of the body for which you are requesting imaging. Answering questions in multiple sections will lead to a technical denial.
- Failure to answer **mandatory** questions in any part of the questionnaire may lead to technical denial regardless of other answers provided.
- Chart notes are not required for questionnaire based reviews
- Follow directions exactly. If the question says “select one” answer then only one is needed. Selecting more than one can lead to technical denial.

**INSTRUCTIONAL NOTE FOR WASHINGTON MEDICAID REQUESTS ONLY**: You are responsible for verifying eligibility prior to submitting requests. Information on when to submit to Qualis Health can be found in the Washington Medicaid Apple Health Medical Provider Guides located on-line at: http://www.hca.wa.gov/billers-providers/claims-and-billing/professional-rates-and-billing-guides

Initial Questions

1. **(Mandatory)** This guideline based review will result in a RECOMMENDATION ONLY to either Washington State Department of Labor and Industries or Washington Medicaid. If the recommendation is to approve, PLEASE NOTE THAT services ARE NOT authorized until final determination is made by the appropriate agency.

   □ Acknowledge

2. **(Mandatory)** Select the side of the body for this imaging request
   - □ Right
   - □ Left
   - □ Bilateral

3. **(Mandatory)** Will you be submitting more than one request for complex imaging **including bilateral joint imaging**?
   - □ Yes **(STOP: Do not complete the questionnaire. Full review is required for multiple requests, including bilateral imaging. You must submit chart notes for review to avoid delays in final determinations)**
   - □ No Continue to next question

4. **(Mandatory)** Are you requesting imaging on the thigh/femur or lower leg/shin?
   - □ Yes **(STOP: Please use the LNI Non-Joint Extremity MRI assessment which contains the appropriate clinical questions.)**
   - □ No Continue to next question

5. **(Mandatory)** Indicate the body part for the requested imaging. **Select one**
   - □ Knee – answer Section A only
   - □ Hip – answer Section B only
   - □ Ankle – answer Section C only
   - □ Foot – answer Section D only

Proceed to the appropriate section based on the body part being imaged and answer ONLY that section.

**END of INITIAL QUESTIONS** – proceed to complete ONLY one other section
MRI Knee - SECTION A

NOTE: Read the questions and responses carefully. If the answer says “Select One”, selecting more than one answer can lead to technical denial regardless of how other questions are answered.

(Mandatory) DISCLAIMER: I understand that the answers marked on this questionnaire must be supported by the medical records.

☐ Acknowledge

1. (Mandatory) Have weight bearing x-rays been done?
   □ Yes
   □ No or Unknown

2. What were the findings on the weight bearing x-rays? Select one
   □ Normal/no evidence of arthritis or degenerative disease
   □ Evidence of mild/early arthritis or degenerative disease
   □ Evidence of arthritis or degenerative disease
   □ Significant osteoarthritis, bone-on-bone or near total joint collapse
   □ Unknown

3. Please select the primary clinical indication for the requested imaging? Select one
   □ Internal derangement (e.g., meniscal or cruciate ligament injury)
   □ Occult fracture
   □ Dislocation
   □ Collateral ligament injury
   □ Patellar subluxation or dislocation
   □ Cartilage injury
   □ Extensor mechanism injury
   □ Osteonecrosis
   □ Hemarthrosis
   □ Stress or insufficiency fracture
   □ Inflammatory arthritis
   □ Tendinopathy (including iliotibial band) -answer #4
   □ Bursitis (including the pes anserinum)
   □ None of the above

4. Has the patient’s tendinopathy been unresponsive to conventional treatment? Select one
   □ Yes
   □ No
   □ Treatment not yet initiated

END SECTION A – KNEE MRI
MRI HIP - SECTION B

NOTE: Read the questions and responses carefully. If the answer says “Select One”, selecting more than one answer can lead to technical denial regardless of how other questions are answered.

(Mandatory) DISCLAIMER: I understand that the answers marked on this questionnaire must be supported by the medical records.

☐ Acknowledge

1. (Mandatory) Have hip x-rays been done?

☐ Yes
☐ No or Unknown

2. Did the x-rays show any of the following? Select one

☐ Normal hip x-rays
☐ Equivocal for osteonecrosis of the femoral head
☐ Monoarticular or atypical arthritis
☐ Mild arthritis but the hip is the suspected source of referred pain
☐ Suggestive of Pigmented Villonodular Synovitis or osteochondromatosis
☐ Unknown results

3. Please indicate the primary clinical indication for the requested imaging? Select one

☐ Septic arthritis or osteomyelitis
☐ Radiographically occult condition
☐ Stress or insufficiency fracture
☐ Severe muscle or tendon injury (including adductor aponeurosis)
☐ Avascular necrosis of the femoral head is suspected with negative or equivocal plain x-rays
☐ Osseous or surrounding soft tissue abnormality suspected but plain x-rays are negative
☐ None of the above – answer #4

4. Would an existing surgical plan be adversely affected if MRI information is not available?

☐ Yes
☐ No

END SECTION B – HIP MRI
MRI ANKLE – Section C

NOTE: Read the questions and responses carefully. If the answer says “Select One”, selecting more than one answer can lead to technical denial regardless of how other questions are answered.

(Mandatory) DISCLAIMER: I understand that the answers marked on this questionnaire must be supported by the medical records.

☐ Acknowledge

1. Have ankle x-rays been done and interpreted? Select one
   ■ Yes
   ■ No
   ■ Interpretation is pending
   ■ Unknown

2. Is this imaging for acute ankle pain?
   ■ No
   ■ Yes  STOP: Do not complete the questionnaire. Full clinical review is required for acute ankle pain. Attach clinical documentation including x-ray results, history, physical exam and reason for MRI.

3. Please indicate the primary clinical indication for the requested imaging? Select one
   ■ Ankle impingement syndrome is suspected based on clinical exam
   ■ Ankle instability is suspected based on clinical exam
   ■ Tendon abnormality is suspected clinically
   ■ Osteochondral injury is suspected clinically
   ■ Multiple sites of degenerative joint disease by ankle x-rays
   ■ Suspected stress fracture
   ■ Suspected infection
   ■ Suspected neoplasm
   ■ None of the above

END SECTION C – ANKLE MRI
MRI FOOT – Section D

NOTE: Read the questions and responses carefully. If the answer says “Select One”, selecting more than one answer can lead to technical denial regardless of how other questions are answered.

(Mandatory) DISCLAIMER: I understand that the answers marked on this questionnaire must be supported by the medical records.

☐ Acknowledge

1. Have foot x-rays been done and interpreted? Select one
   - Yes
   - No
   - Interpretation is pending
   - Unknown

2. Is this imaging for acute foot pain?
   - No
   - Yes STOP: Do not complete the questionnaire. Full clinical review is required for acute foot pain. Attach clinical documentation including x-ray results, history, physical exam and reason for MRI.

3. Please indicate the primary clinical indication for the requested imaging? Select one
   - Inflammatory arthropathy
   - Plantar fasciitis
   - Tarsal tunnel syndrome
   - Morton’s neuroma
   - Osteomyelitis
   - Avascular necrosis
   - Neoplasm
   - Stress fracture
   - none of the above

END SECTION D – FOOT MRI