Lower Extremity Imaging Questionnaire

1. **INSTRUCTIONAL NOTE:** Advanced Imaging UR program applies ONLY to STATE FUND WORKERS’ compensation claims. For authorization of services pertaining to Self-Insured claims, please contact the injured worker’s employer or the third party administrator.

2. **(Mandatory) DISCLAIMER:** This is a guideline-based review that will result in a recommendation only. L&I must make the final determination of payment based on legal claim validity. Approval should occur within 24-48 hours.

3. **(Mandatory) Side of Body:**
   - [] Bilateral
   - [] Left
   - [] Right

4. **(Mandatory) Body Part:**
   - [] Ankle
   - [] Foot
   - [] Knee
   - [] Hip

5. **SECTION A: CHRONIC ANKLE PAIN – MRI W/O CONTRAST.** Plain films of the ankle(s) have been obtained and interpreted, AND additional imaging information is required. Select at least one of the following:
   - [] Ankle impingement syndrome suspected clinically
   - [] Ankle instability suspected clinically
   - [] Mult sites of degenerative joint disease by x-rays
   - [] Osteochondral injury is suspected clinically
   - [] Suspect infection or neoplasm
   - [] Suspect stress fracture
   - [] Tendon abnormality is suspected clinically

6. **SECTION B: CHRONIC FOOT PAIN – MRI:** Plain films of the foot (feet) have been obtained and interpreted, AND additional imaging information is required. Answer question 6, and 7 – 9 if all is applicable.

7. **B1: If Yes AND Patient is a child or adolescent (select ALL):**
   - [] CT w/o contrast is contraindicated
   - [] Tarsal coalition is suspected

8. **B2: If Yes AND Patient has pain and tenderness over the navicular tuberosity (select ALL):**
   - [] Condition unresponsive to non-surg therapy
   - [] X-rays show an accessory navicular
9. B3: If Yes AND Patient is clinically suspected to have one of the following conditions (select one):
   - Avascular necrosis
   - Inflammatory arthropathy
   - Morton’s neuroma
   - Neoplasm
   - Osteomyelitis
   - Plantar fasciitis
   - Stress fracture
   - Tarsal tunnel syndrome
   - Tendinopathy

10. SECTION C: ACUTE TRAUMA TO THE KNEE – MRI is indicated if there is clinical suspicion for any of the following (select all applies):
    - Cartilage injury
    - Collateral ligament injury
    - Dislocation
    - Extensor mechanism injury
    - Internal derangement (menisc/cruc lig injury)
    - Occult fracture
    - Patellar subluxation/dislocation

11. SECTION D: NON-TRAUMATIC KNEE PAIN – MRI is indicated if there is clinical suspicion for any of the following (select all applies):
    - Bursitis (incl the pes anserinus)
    - Cartilage injury
    - Collateral ligament injury
    - Dislocation
    - Extensor mechanism injury
    - Hemarthrosis
    - Inflammatory arthritis (w/neg x-rays)
    - Internal derangement (menisc/cruc lig injury)
    - Occult injury
    - Osteonecrosis
    - Patellar subluxation/dislocation
    - Severe osteoarthritis NOT on x-ray
    - Stress or insufficiency fracture
    - Tendinopathy (incl iliotibial band)
12. SECTION E: CHRONIC HIP PAIN – Have plain films been obtained and interpreted AND additional imaging information is required?

☐ Yes
☐ No

13. E1: If Yes, MUST select at least one of the following:

☐ Septic arthritis or osteomyelitis
☐ Severe muscle or tendon injury
☐ Stress or insufficiency fracture
☐ Surg plan affected were MR inf not avail
☐ X-ray occult condition
☐ X-rays are equivocal for osteonecrosis
☐ Xrays neg & bony/surrnd tiss abnorm susp
☐ Xrays neg/reveal mild osteoarthritis
☐ Hip is the suspected source of ref pain
☐ Xrays normal, avasc necro fem head susp
☐ Xrays pos for monoartic/atyp arthritis
☐ Xrays suggest of villonodular synovitis
☐ Xrays suggestive of osteochondromatosis