

## 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.  
 Acknowledge
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 clin  
 Ankle instability suspected clinically  
 Mult sites of degen joint dis by x-rays  
 Osteochondral injury is suspected clin  
 Suspect infection or neoplasm  
 Suspect stress fracture  
 Tendon abnorm 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.  
 Yes  
 No
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 ther  
 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