

Patient Name: _____ Insurance ID or Claim #: _____

MRI Upper 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, 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)** For Labor and Industries ONLY: Are you requesting imaging on the upper arm or forearm (e.g., humerus, ulna, radius)?
 - Yes **(STOP: Please use the LNI Non-Joint Extremity MRI assessment which contains the appropriate clinical questions. For Wa Medicaid CPT codes for nonjoint imaging do not require review)**
 - No Continue to next question
5. **(Mandatory)** Indicate the body part for the requested imaging. **Select one**
 - Shoulder – answer Section A only
 - Elbow – answer Section B only
 - Wrist/Hand – answer Section C 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 Shoulder - 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 x-rays been done and interpreted?

- Yes
- No
- Interpretation is pending
- Unknown

2. Please select the primary clinical indication for the requested imaging? **Select one**

- Acute pain (answer *ONLY* question 3 and if directed to do so, questions 4 or 5)
- Subacute or chronic pain (answer *ONLY* question 6 and if directed to do so, question 7)

3. Select the clinical indication for imaging with acute shoulder pain? **Select one**

- Significant trauma with shoulder pain, weakness and suspected RTC tear requiring immediate imaging and treatment
- Continued pain after shoulder trauma which has not been responsive to at least 4 weeks of conservative treatment (**answer #4**)
- Clinical signs and symptoms suspicious for rotator cuff tear or impingement in patient age 35 or greater
- Suspected instability or labral tear, patient age less than 35 years (**answer #5**)
- None of the above

4. Indicate which of the following symptoms or physical exam findings are present to indicate the need for MRI after 4 weeks of treatment? **Select up to two:**

- External rotational pain or weakness
- Anterior or posterior shoulder instability
- Impingement signs
- Loss of abduction
- Persistent pain with activity
- Normal exam
- None of the above

5. Select the clinical indication for imaging in patient age 34 or less with suspected instability or labral tear?

Select one:

- Recurrent dislocation
- Suspected intra-articular loose bodies
- Suspected avascular necrosis
- None of the above

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6. Select the clinical indication for imaging in patient with subacute or chronic pain. **Select one**
- Pain with clinical suspicion for instability, rotator cuff tear or labral tear
 - Prior surgery with substantial increase in objective signs of impingement, instability or labral tear
 - Surgery planned and no MRI has been done within the last 6 months
 - Imaging to evaluate abnormality or red flag **answer #7**
 - None of the above
7. Select the abnormality or red flag for which MRI evaluation is requested. **Select one**
- Palpable mass on exam
 - Suspected fracture
 - Suspected infection
 - Abnormalities on plain x-rays
 - Suspected neoplasm
 - Hemarthrosis
 - None of the above

END SECTION A – SHOULDER MRI

MRI Elbow - 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 elbow x-rays been done and interpreted?

Yes

No

Interpretation is pending

Unknown

2. Based on the findings, including physical exam, clinical suspicion of which of the following is necessitating MRI at this time? **Select one**

Suspected fracture and/or ligament tear after severe, acute trauma

*Date of trauma **must** be documented here: _____*

Biceps tendon rupture

Mass (palpable or by x-ray)

Avascular necrosis

Intra-articular loose bodies or heterotopic calcifications

Cartilaginous defect

Epicondylitis **answer #3**

None of the above

3. If imaging is for medial or lateral epicondylitis, **select all that apply:**

Pain at or just distal to the epicondyle

Pain worse with resisted wrist extension

Steroid injection done or contraindicated

Wrist splinting or forearm band attempted

PT/OT or activity modification for 12 weeks

NSAID's or other medications for 3 weeks or more

None of the above

END SECTION B – ELBOW MRI

MRI Hand or Wrist - 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. (Mandatory) Have wrist and/or hand x-rays been done and interpreted?

Yes

No

Interpretation is pending

Unknown

2. Is this imaging for RECENT acute trauma? **Select one**

Yes (answer question #3)

No **STOP: Do not complete the questionnaire.** Full clinical review is required for chronic wrist/hand pain. Attach clinical documentation including x-ray results, history, physical exam and reason for MRI

3. Is there clinical suspicion for one of the following, necessitating an MRI for this patient? **Select one**

Suspected fracture (i.e. evaluation of scaphoid fracture)

Suspected ligament or cartilage tear (i.e. triangular cartilage tear)

Kienbock's disease

Ganglion cyst

Soft tissue mass

Carpal tunnel syndrome

None of the above

END SECTION C – HAND/WRIST MRI