**Provider Checklist-Outpatient –Imaging**

**Checklist: Magnetic Resonance Imaging (MRI) Shoulder**

**(CPT Code: 73221, 73222, 73223)**

All Indications [**\*One has to be present**]

**\***Chronic monarticular joint pain [**All have to be present**]

Symptoms at shoulder [**One has to be present**]

Joint pain

Locking

Findings at shoulder [**Two have to be present**]

Pain with passive ROM

Limited ROM

Tenderness

Crepitus

Shoulder x−ray nondiagnostic for etiology of pain

Continued Sx/findings after Rx [**Both have to be present**]

NSAID [**One has to be present**]

-1 Rx ≥ 4 wks

-2 Contraindicated/not tolerated

OT/PT ≥ 6 wks

**\***Suspected intra−articular loose body [**All have to be present**]

Symptoms at shoulder [**One has to be present**]

Joint pain

Locking

Findings at shoulder [**Two have to be present**]

Pain with passive ROM

Limited ROM

Clicking

Shoulder x−ray nondiagnostic for loose body

**\***Suspected acute rotator cuff tear [**All have to be present**]

Traumatic event by Hx ≤ 2 wks

Shoulder pain

Findings by PE [**All have to be present**]

Weakness of shoulder abduction

Passive ROM normal/passive ROM > active ROM

Subacromial tenderness

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Shoulder x−ray nondiagnostic for etiology of Sx/findings

**\***Suspected chronic rotator cuff tear/tendonitis [**All have to be present**]

Shoulder pain

Findings by PE [**All have to be present**]

Pain/weakness on resisted shoulder abduction/rotation

Passive ROM normal/passive ROM > active ROM

Tenderness over rotator cuff

Shoulder x−ray nondiagnostic for etiology of Sx/findings

Continued Sx/findings after Rx [**All have to be present**]

NSAID [**One has to be present**]

-1 Rx ≥ 3 wks

-2 Contraindicated/not tolerated

OT/PT ≥ 6 wks

Subacromial corticosteroid injection [**One has to be present**]

-1 Ineffective

-2 Contraindicated/not tolerated/refused

Activity modification ≥ 6 wks

**\***Suspected avascular necrosis (osteonecrosis), humeral head [**All have to be present**]

Shoulder pain

Pain with passive ROM

Shoulder x−ray nondiagnostic for avascular necrosis

Continued pain after Rx [**Both have to be present**]

NSAID [**One has to be present**]

-1 Rx ≥ 4 wks

-2 Contraindicated/not tolerated

OT/PT ≥ 6 wks

**\***Suspected osteomyelitis [**Both have to be present**]

Findings [**One has to be present**]

ESR > 30 mm/hr

Temperature > 100.4 F(38.0 C)

WBC > 10,000/cu.mm(10x109/L)

Blood culture positive

C−reactive protein > 10 mg/L

Shoulder x−ray nondiagnostic for osteomyelitis

**\***Suspected labral tear