

## MRI Lower Extremity (Hip, Knee, Leg, Ankle, or Foot)

### Preauthorization Documentation Guidelines

1. Suspicious **Mass or Tumor**
  - a. On initial evaluation or follow up
2. Staging of known **Cancer**
3. Known or suspected **infection**
4. Suspected **Osteonecrosis** or Legg-Calve-Perthes Disease
5. Suspected SCFE, tarsal coalition
6. Evaluation of **Post-op complication**:
  - a. Infection, delayed union, other
7. **Suspected fracture** with prior imaging non-diagnostic
8. **Abnormal bone scan** with non-diagnostic xray
9. Significant injury with suspected ligament, cartilage, or bone injury
10. Evaluation of **pain or more minor injury** with initial imaging negative:
  - a. Pain lasting 3 months or greater
  - b. Failed conservative therapy: Must include each one:
    - i. Rest: modified activities or assistive devices/rigid splints or braces
    - ii. Ice or heat
    - iii. Medications and/or injections
    - iv. Physical therapy or a physician directed home exercise program or chiropractic care
      1. Document instructions given
      2. Document compliance and results
      3. Document duration