

MRI Upper Extremity (Shoulder, Upper Arm, Elbow, Forearm, Wrist, or Hand)

Preauthorization Documentation Guidelines

1. Suspicious **mass or tumor**
 - a. On initial evaluation or follow up
2. Staging of known **cancer**
3. Suspected or known **infection** (septic arthritis or osteomyelitis)
4. Suspected **Osteonecrosis**
5. Evaluation of **Rheumatoid Arthritis** or other autoimmune diseases
6. Evaluation of **Post-op Complications**
 - a. Infection, delayed union, other
7. **Suspected fracture** with prior imaging non-diagnostic
8. **Abnormal bones scan** with non-diagnostic Xray
9. **Significant injury** with suspected ligament, cartilage, tendon, nerve or bone injury with non-diagnostic prior imaging
 - a. Suspected **massive rotator cuff tear**
10. Evaluation of **pain or more minor injury** with initial imaging non-diagnostic:
 - 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 and dates