

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 \geq 4 wks
-2 Contraindicated/not tolerated

OT/PT \geq 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 \leq 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 \geq 3 wks

-2 Contraindicated/not tolerated

OT/PT \geq 6 wks

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

-1 Ineffective

-2 Contraindicated/not tolerated/refused

Activity modification \geq 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 \geq 4 wks
- 2 Contraindicated/not tolerated

OT/PT \geq 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(10×10^9 /L)
Blood culture positive
C-reactive protein > 10 mg/L

Shoulder x-ray nondiagnostic for osteomyelitis

*Suspected labral tear