

## MRI APPROPRIATENESS CHECKLIST

A RUMI Initiative – Responsible Utilization of Medical Imaging  
**Attach to Ocean Referral or**  
**Fax to MRI Booking Office: 519-383-8536**

**IMPORTANT:** The following information is required for **any patients over age 40** in order to process your request. Yellow highlighted fields must be completed to avoid delays in patient processing. Please include the MRI appropriateness checklist with the MRI requisition.

PATIENT INFORMATION	
LAST NAME	FIRST NAME
DATE OF BIRTH  DD/MM/YYYY	HEALTH CARD NUMBER

MRI KNEE and HIP APPROPRIATENESS CRITERIA	
<p>The purpose of an MRI for knee or hip is primarily for surgical planning. In most cases, using MRI does not add useful information for patients with moderate-to-severe osteoarthritis (OA) especially for those with chronic degenerative conditions. A weight-bearing x-ray at Bluewater Health or other Hospital institution is recommended to identify OA.</p> <p><b>One or more of the following <u>must</u> apply in order to be eligible for MRI knee or hip:</b></p>	
<input type="checkbox"/> MRI was recommended on a previous imaging report (please attach report) <input type="checkbox"/> Previous knee or hip surgery <input type="checkbox"/> Suspected infection <input type="checkbox"/> Suspected tumor	<input type="checkbox"/> Osteonecrosis <input type="checkbox"/> Fixed locked knee <input type="checkbox"/> Patient has had a weight-bearing x-ray within the past 6 months <u>and</u> referring physician has confirmed mild or no evidence of osteoarthritis in the knee or hip

MRI SHOULDER APPROPRIATENESS CRITERIA	
<p>In most cases, using MRI does not add useful information for patients with moderate-to-severe osteoarthritis (OA) especially for those under the age of 40, or over the age of 60. A shoulder x-ray at Bluewater Health or other Hospital institution is recommended to identify OA.</p> <p><b>One or more of the following <u>must</u> apply in order to be eligible for MRI Shoulder:</b></p>	
<input type="checkbox"/> All patients with suspecting rotator cuff injury who have had treatment failure with conservative treatment <input type="checkbox"/> Patient has had x-rays (AP, lateral, and axillary) within the past 6 months: <ul style="list-style-type: none"> <li><input type="checkbox"/> History of fall or trauma</li> <li><input type="checkbox"/> No history of trauma, over age of 60</li> </ul>	<input type="checkbox"/> MRI was recommended on a previous imaging report (please attach report) <input type="checkbox"/> Patients over 50 with history of dislocation or subluxation <input type="checkbox"/> Consult orthopaedics if concerned prior to ordering MRI

Appropriateness criteria are consistent with the Choosing Wisely Canada recommendations. For more information, visit <https://choosingwiselycanada.org>. **Please contact the DI department if the patient does not meet these criteria but you feel the patient still needs an MRI.**

Physician Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

