



Date: June 25, 2026

To: AHS and Covenant Health Ordering Providers, Primary Care Physicians, Nurse Practitioners

From: Dr. Roy Park, Senior Medical Director, Diagnostic Imaging Alberta, ACA;  
Drew Doering, Senior Lead, Diagnostic Imaging Alberta, ACA

**Re: Expansion of MRI appropriateness processes for hip, shoulder and low back pain imaging**

In alignment with Choosing Wisely Canada (CWC) guidelines, Acute Care Alberta (ACA) is expanding the MRI Knee appropriateness initiative, originally launched in 2021, to include MRI Hip and MRI Shoulder for patients aged 55 and older. This expansion supports evidence-based diagnostic testing and ensures imaging is necessary and beneficial to the patient's outcomes.

### **CWC Clinical Guidance**

- **Knee** MRI is generally not recommended when weight-bearing X-rays and symptoms already indicate osteoarthritis. In these situations, MRI rarely provides information that changes diagnosis or treatment. Knee osteoarthritis can usually be diagnosed accurately using the patient's history, physical exam, and plain X-rays.
- **Hip** MRI is generally not recommended when X-rays and symptoms are consistent with osteoarthritis. In most cases, MRI does not add information that would alter the care plan. Hip osteoarthritis can typically be diagnosed effectively through history, physical examination, and standard X-rays.
- **Shoulder** Advanced imaging (ultrasound or MRI) is generally not recommended for long-standing or non-traumatic shoulder pain. If movement is significantly limited, symptoms are not improving, or there is concern for an injury, an X-ray is a helpful first step. Ultrasound or MRI may be appropriate when there is concern for a specific or serious condition. When further investigation is needed after an X-ray, ultrasound is usually the next best tool for assessing soft-tissue issues such as rotator cuff tears, tendinopathy, bursitis, or calcification.



### **CT/MR Lumbar Spines** for low back pain reminder:

- CWC guidelines recommend physicians **not** *routinely image patients with low back pain regardless of the duration of symptoms unless:*
  - (a) *there are clinical reasons to suspect serious underlying pathology such as cauda equina syndrome; severe or progressive neurologic deficits; suspected cancer; suspected infection; suspected fracture and suspected epidural abscess or hematoma or,*
  - (b) *imaging is necessary for the planning and/or execution of a particular evidence-based therapeutic intervention on a specific spinal condition.*

### **What to Expect**

When a request does not align with routine evidence-based guidance, the examination may be declined at which time notification will be sent to the referring provider.

- If the requestor is a Connect Care user, a decline message will be sent to their inbox, OR;
- Diagnostic Imaging will fax decline notifications to the ordering prescriber's office

We recognize imaging decisions are complex and rely on your clinical assessment of each patient. This initiative is intended to support your decision making.

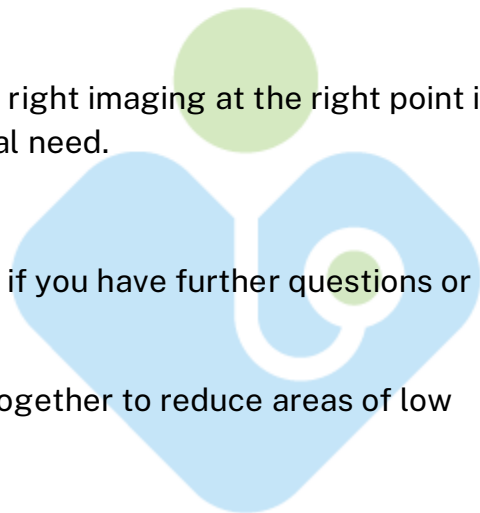
**Note: If imaging is expected to meaningfully inform care based on the individual patient context, you can provide additional clinical details, and the referral can be reconsidered.**

These changes help ensure patients receive the right imaging at the right point in their care, based on current evidence and clinical need.

We welcome your feedback. Please email [diagnosticimagingalberta@acutearealberta.ca](mailto:diagnosticimagingalberta@acutearealberta.ca) if you have further questions or comments.

Thank you for your understanding, as we work together to reduce areas of low value imaging, whenever possible.

For more information, please see the following resources:





- [Orthopaedics - Choosing Wisely Canada](#)
- [MSK Shoulder Assessment Clinical Pathway](#)
- [Spine - Choosing Wisely Canada](#)
- [Radiology - Choosing Wisely Canada](#)
- [All CPGs \(albertadoctors.org\)](http://albertadoctors.org)

Sincerely,

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