Overview

BWC relies on Managed Care Organizations to gather pertinent medical documentation from all treating providers to support the allowance determination. To perform this function efficiently, BWC, MCOs and providers need to know the guidelines and criteria for diagnosis determination essential to substantiate diagnoses in claims. The medical documentation contained in the claim file is critical as evidence for the claims determination especially when this evidence is presented for a hearing.

The primary objective of the Diagnosis Determination Guidelines is implementation of consistent criteria for diagnosis determination/coding decisions between BWC and the MCOs. These documents are to be utilized as reference tools. The document “BWC Diagnosis Determination Guidelines” is the detailed expanded version to be utilized as a reference manual if a guideline is unclear in the abbreviated document. The document “BWC Diagnosis Determination – Quick Reference” is the abbreviated version of the first document “BWC Diagnosis Determination Guidelines”. This lists the ICD-9 code with the diagnosis narrative description, subjective and objective exam findings, diagnostic tests and findings for diagnosis substantiation. The medical reports, documentation and diagnostic tests are submitted to the customer care team to assist in the claim determination.

These documents are not intended to direct medical care or to be utilized in authorization of medical treatment. In determination of allowed diagnoses in a claim it is appropriate to perform diagnostic studies to determine or rule out those conditions which have specific diagnostic requirements.
# Quick Reference

**Guidelines for Diagnosis Determination**

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<tr>
<th>ICD-9 Code</th>
<th>Description</th>
<th>Physical Exam Findings (Should have at least one Subjective and at least one Objective)</th>
<th>Dx Test</th>
<th>Dx Test Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>354.0</td>
<td>Carpal Tunnel Syndrome&lt;br_NOTE: This is a common and potentially overused diagnosis. May suggest performing electrodiagnostics to support this condition. Please code condition under tenosynovitis of wrist or hand, 727.05 or sprain/strain of wrist, 842.00 if supported by a physician’s review and treat appropriately. (See medical evidence policy)_</td>
<td>Subjective:&lt;br&gt;♦ numbness and tingling in the median sensory distribution&lt;br&gt;♦ aching pain volar hand and wrist at the carpal tunnel&lt;br&gt;Objective:&lt;br&gt;♦ positive Phalen test and positive Tinel sign&lt;br&gt;♦ weakness of thenar muscles, an ‘early sign’&lt;br&gt;♦ positive median nerve compression test&lt;br&gt;♦ atrophy of thenar muscles, a ‘late sign’&lt;br&gt;♦ loss or deviation in 2 point discrimination, greater than 5-6 mm</td>
<td>Nerve Conduction Velocity (NCV)</td>
<td>Positive test findings through examination of the sensory and motor conduction of the median nerve.</td>
</tr>
<tr>
<td>722.0</td>
<td>♦ Herniated Cervical Disc with or without radiculopathy&lt;br&gt;♦ Cervical Disc Displacement without myelopathy&lt;br_NOTE: With radiculopathy code in conjunction with 723.4_</td>
<td>Subjective:&lt;br&gt;♦ neck pain&lt;br&gt;♦ referred pain: upper limb and posterior shoulder&lt;br&gt;♦ paresthesia in a dermatomal pattern&lt;br&gt;Objective:&lt;br&gt;♦ decreased range of motion of neck, and positive Spurling Sign&lt;br&gt;♦ decreased or absent upper limb muscle stretch reflexes&lt;br&gt;♦ muscle weakness&lt;br&gt;♦ muscle atrophy&lt;br&gt;♦ decreased sensation in a dermatomal pattern</td>
<td>♦ MRI or&lt;br&gt;♦ CT Scan or&lt;br&gt;♦ Myelo-gram/CT Scan</td>
<td>herniated, ruptured, prolapsed, sequestered, or extruded cervical disc, identifying the disc number(s)</td>
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<tr>
<td></td>
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<td>positive for cervical radiculopathy&lt;br&gt;♦ H Reflex Latency (flex c.r.): C-7</td>
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</table>
| 722.10    | ♦ Herniated Lumbar Disc with or without Radiculopathy  
♦ Lumbar Disc Displacement without Myelopathy | **Subjective:**  
♦ low back pain  
♦ referred pain: buttock, thigh, calf/shin, heel or ankle  
**Objective:**  
♦ decreased or absent muscle stretch reflexes  
♦ muscle weakness in radicular pattern  
♦ muscle atrophy  
♦ decreased sensation in a dermatomal pattern  
♦ positive straight leg raising (SLR) verified by an aggravating maneuver  
♦ foot drop, weakness dorsiflexor muscles, L5 involvement | ♦ MRI  
♦ CT Scan  
♦ Myelo-gram/CT Scan | herniated, ruptured, prolapsed, sequestered, or extruded lumbar disc, identifying the disc number(s) |

| 722.11    | ♦ Herniated Thoracic Disc with or without Radiculopathy  
♦ Thoracic Disc Displacement without Myelopathy | **Subjective:**  
♦ thoracic pain  
♦ referred pain: rib area  
**Objective:**  
♦ EMG abnormal in intercostals | ♦ MRI  
♦ CT Scan  
♦ Myelo-gram/CT Scan | herniated, ruptured, prolapsed, sequestered, or extruded thoracic disc, identifying the disc number(s) |

NOTE: With radiculopathy code in conjunction with 724.4.

NOTE: With radiculopathy code in conjunction with 724.4.
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</table>
| 722.2      | Disc Displacement NOS, Bulging Disc, Discogenic Syndrome | **Subjective:**  
♦ pain consistent with level affected  
**Objective:**  
♦ complaints of pain on palpation or movement | † MRI or † CT Scan or † Myelo-gram/CT Scan | bulging or protruded disc without nerve root impingement, identifying the disc number |
| 723.1      | Cervicalgia | **Subjective:**  
♦ pain in neck  
**Objective:**  
♦ complaints of pain on palpation or movement | None | N/A |
| 723.4      | Cervical Radiculopathy, Cervical Radiculitis, Cervical Neuritis | **Subjective:**  
♦ sclerotomal pain  
♦ paresthesia in a dermatomal pattern  
**Objective:**  
♦ muscle weakness  
♦ muscle atrophy  
♦ decreased sensation dermatomal pattern | † MRI or † CT Scan or † Myelo-gram/CT Scan | herniated, ruptured, prolapsed, sequestered, or extruded cervical disc, identifying the disc number(s)  
EMG (supports the claim allowance of radiculopathy)  
♦ positive for cervical radiculopathy  
♦ H Reflex Latency (flex c.r.): C-7 |
| 724.2      | Lumbago | **Subjective:**  
♦ complaints of low back pain without radicular symptoms usually greater than 3 months duration  
**Objective:**  
♦ may have tenderness or complaints of pain with palpation | None | N/A |
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| 724.4      | ✦ Lumbosacral Radiculopathy ✦ Lumbosacral Radiculitis ✦ Lumbosacral Neuritis | **Subjective:**
- sclerotomal pain
- pain exacerbated with Valsalva
- paresthesia in a dermatomal pattern

**Objective:**
- decreased or absent muscle stretch
- muscle atrophy
- impaired bowel and bladder function, Cauda Equina involvement
- foot drop, weakness of dorsiflexor muscles, L5 involvement
EMG (supports the claim allowance of radiculopathy)
- positive needle EMG lumbar radiculopathy consistent with disc lesion
- increased H reflex latency:S-1
See DX. Test findings as defined in the determination guidelines. |

| 726.10     | Rotator Cuff Syndrome | **Subjective:**
- shoulder pain generally described as upper lateral and anterior arm down to the deltoid insertion
- night pain interrupting sleep

**Objective:**
- muscle atrophy or deformity
- positive Neer impingement sign
- positive Hawkins impingement sign
X-rays:
- AP view in internal rotation and
- Axillary and
- Scapular-Y view
See DX. Test findings as defined in the determination guidelines. |

| 726.2      | Impingement Syndrome | **Subjective:**
- shoulder pain in the upper lateral and anterior arm
- night pain interrupting sleep

**Objective:**
- tenderness about the shoulder usually centered around the greater tuberosity
- positive Neer impingement sign
- positive Hawkins impingement sign
X-rays:
- AP view in internal rotation and
- Axillary and
- Scapular-Y view
See DX. Test findings as defined in the determination guidelines. |
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<tr>
<td>726.31</td>
<td>Medial Epicondylitis</td>
<td>Subjective: ♦ aching in the proximal volar forearm</td>
<td>None</td>
<td>N/A</td>
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<td>Subjective: ♦ resisted wrist flexion and pronation often produce symptoms</td>
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<td>Subjective: ♦ weakness proximal volar forearm</td>
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<td></td>
<td>Objective:</td>
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<tr>
<td></td>
<td></td>
<td>♦ resists wrist flexion and pronation often produce symptoms</td>
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<tr>
<td>726.32</td>
<td>Lateral Epicondylitis</td>
<td>Subjective: ♦ aching in proximal forearm</td>
<td>None</td>
<td>N/A</td>
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<tr>
<td></td>
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<td>Objective:</td>
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<td>♦ tenderness directly over or slightly distal to the lateral epicondyle</td>
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<td>♦ pain on resisted wrist or finger extension</td>
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<tr>
<td>727.04</td>
<td>Radial Styloid Tenosynovitis ♦ De Quervain's Tenosynovitis</td>
<td>Subjective: ♦ aching at the radial styloid in distal forearm</td>
<td>None</td>
<td>N/A</td>
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<td></td>
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<td>Objective:</td>
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<tr>
<td></td>
<td></td>
<td>♦ tenderness at radial styloid</td>
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<td></td>
<td>♦ positive Finkelstein test</td>
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<td>♦ crepitation over the sheath</td>
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<td>♦ occasional &quot;locking&quot; similar to triggering that occurs with tenosynovitis of digital flexor sheath</td>
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<tr>
<td>727.05</td>
<td>Tenosynovitis of hand and wrist ♦ extensor carpi ulnaris tenosynovitis ♦ extensor pollicis longus tenosynovitis</td>
<td>Subjective: ♦ pain on the ulnar side of the wrist</td>
<td>None</td>
<td>N/A</td>
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<tr>
<td></td>
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<td>Objective:</td>
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<td>♦ tenderness where the tendon passes through its sheath at its insertion or along its entire length</td>
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<td>♦ pain with resisted ulnar deviation</td>
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<td>Subjective: ♦ pain which may be vague on dorsum of wrist</td>
<td>None</td>
<td>N/A</td>
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<td></td>
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<td>Objective:</td>
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<td></td>
<td>♦ triggering may occur</td>
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<td></td>
<td>♦ tenderness and swelling over the tendon just distal to Lister’s tubercle</td>
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<tr>
<td>727.05</td>
<td>Tenosynovitis of hand and wrist:</td>
<td>Subjective: • pain over the flexor carpi radialis just proximal to the wrist flexor crease. May extend distally in tunnel</td>
<td>None</td>
<td>N/A</td>
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<tr>
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<td>Objective: • pain produced on resisted wrist flexion • tenderness and swelling over the tendon at the wrist</td>
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<td>Subjective: • pain in region of pisiform or proximal to pisiform over flexor carpi ulnaris tendon</td>
<td>Lateral X-Ray</td>
<td>Rule out calcific deposit or pisotriquetral arthritis</td>
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<tr>
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<td>Objective: • tenderness of flexor carpi ulnaris just proximal to the pisiform.</td>
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<td>Subjective: • stabbing or burning pain proximal to carpal tunnel</td>
<td>None</td>
<td>N/A</td>
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<td>Objective: • Tenderness and swelling just proximal to the wrist flexor creases • Median neuritis may be co-existent as evidenced by positive Phalen Test and Tinel sign</td>
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<tr>
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</table>
| 729.1      | ♦ Myalgia and Myositis, NOS  
♦ Myofascial Pain Syndrome  
♦ Fibromyalgia  
♦ Fibromyositis  
♦ Post Traumatic Fibromyalgia  
♦ Muscle Strain, third degree | **Subjective:**  
♦ painful muscles  
♦ fatigue  
**Objective:**  
♦ tenderness on palpation of a given muscle or muscle group  
♦ increased consistency of muscle on palpation  
♦ definitive fibromyalgia with positive findings in 11/18 points of palpation | None | N/A |
| 739.0-739.9 | ♦ Nonallopathic Lesions  
♦ Intersegmental Dysfunction  
♦ Subluxation | **Subjective:**  
♦ pain and tenderness  
**Objective:**  
♦ asymmetry of joint function  
♦ restricted range of motion  
♦ soft tissue changes, i.e. spasm, edema, tenderness | None | N/A |
| 836.0      | Tear of Medial Cartilage or Meniscus of knee | **Subjective:**  
♦ painful popping in knee with motion  
**Objective:**  
♦ positive McMurray test  
♦ locking of knee | MRI | "Bright signals" within the meniscus which should reach the surface of the meniscus or report of deformity or amputation of meniscus  
Arthroscopy  
NOTE: Arthroscopy originally auth. for diagnostic reasons may result in nec. surgical repair which requires submission of op report for additional claim allowance consideration  
Arthroscopy tear medial meniscus |
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<tbody>
<tr>
<td>840.0 - 840.9</td>
<td>Sprains and strains of shoulder and upper arm</td>
<td>Establish causal relationship utilizing mechanism of injury, injured worker history and complaints to substantiate sprain/strain diagnosis. Possible subjective/objective findings: Pain, tenderness, swelling, bruising, decreased ROM.</td>
</tr>
<tr>
<td>841.0 - 841.9</td>
<td>Sprains and strains of elbow and forearm</td>
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<tr>
<td>842.00 - 842.9</td>
<td>Sprains and strains of wrist</td>
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<tr>
<td>842.10 - 842.9</td>
<td>Sprains and strains of hand</td>
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<tr>
<td>843.0 - 843.9</td>
<td>Sprains and strains of hip and thigh</td>
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<tr>
<td>844.0 - 844.9</td>
<td>Sprains and strains of knee and leg</td>
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<tr>
<td>845.00 - 845.9</td>
<td>Sprains and strains of ankle</td>
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<tr>
<td>845.10 - 845.9</td>
<td>Sprains and strains of foot</td>
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<tr>
<td>846.0 - 846.9</td>
<td>Sprains and strains of sacroiliac region</td>
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<tr>
<td>847.0 - 847.4</td>
<td>Sprains and strains of other and unspecified parts of back</td>
<td></td>
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<tr>
<td>848.0 - 848.8</td>
<td>Other and ill-defined sprains and strains</td>
<td></td>
</tr>
<tr>
<td>840.4</td>
<td>Rotator Cuff Tear</td>
<td><strong>Subjective:</strong> ♦ shoulder pain over the insertion of the rotator muscles</td>
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<td><strong>Objective:</strong> ♦ pain when resists elevation of the arm and shoulder ♦ muscle atrophy over the insertion of the rotator muscles, if chronic ♦ tenderness over the insertion of the rotator muscles</td>
</tr>
</tbody>
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<tr>
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| 844.2     | Tear of Cruciate Ligament of knee | **Subjective:**  
- knee instability  
- knee pain  

**Objective:**  
- knee effusion  
- instability of knee joint with positive Drawer sign  
- positive Lachmans sign | MRI | disruption or tear cruciate ligament |
|            |             | Arthroscopy  
NOTE: Arthroscopy originally auth. for diagnostic reasons may result in nec. surgical repair which requires submission of op report for additional claim allowance consideration | Arthroscopy | disruption or tear cruciate ligament |
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|            | Tendinitis and tenosynovitis | **Subjective:**  ♦ localized pain  ♦ swelling  
**Objective:**  ♦ pain on resisted motion | None | N/A |
|            | Nerve compression syndromes | **Subjective:**  ♦ pain  ♦ numbness  ♦ tingling  
**Objective:**  ♦ weakness | None | N/A |
|            | Myofascial Pain | **Subjective:**  ♦ localized soft tissue pain | None | N/A |
|            | Repetitive Motion Syndrome  
Cumulative Trauma Disorder  
Overuse Syndrome | Conditions Can Include: | | |
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| 719.4      | Pain in Joint (Chronic) | Subjective: ♦ Pain in joint  
Possible Subjective/Objective Findings: ♦ Joint swelling, buckling, decreased motion, or instability.  
Objective: ♦ None | | Diagnostic studies show absence of other appropriate diagnoses, i.e., osteoarthritis, recurrent injury or degenerative condition of cartilage. |
| 722.8      | Postlaminectomy Syndrome | Subjective: ♦ Pain in low back  
Possible Subjective/Objective Findings: ♦ Leg pain, weakness, decreased spinal movement  
Objective: ♦ None | | Diagnostic studies show prior surgical procedure and absence of more specific diagnosis, i.e., recurrent herniated disc, etc. |
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| 724.6     | Chronic Lumbosacral Sprain/Strain | **Subjective:**  
♦ Pain in low back  
**Possible Subjective/Objective Findings:**  
♦ Leg pain, weakness, decreased spinal movement  
**Objective:**  
♦ None | Diagnostic studies show absence of other appropriate diagnoses, i.e., other disc pathology, spondylosis, spondylolistheses, degenerative disc disease, and degenerative osteoarthritis | |
| 337.21    | Complex regional pain syndrome I of upper limb (CRPS I)  
Reflex Sympathetic Dystrophy (RSD) of upper limb  
Shoulder-hand syndrome | **Subjective:**  
♦ Pain in hand and arm  
♦ Pain, burning or aching  
♦ Pain is regional  
♦ Tingling or numbness of the distal limb  
**Objective:**  
♦ Stage 1 (Few Weeks to 6 months)  
♦ Skin pitting edema, redness and warmth  
♦ Excessive sweating  
♦ Decreased range of motion of joints  
♦ Stage 2 (Lasts 3-6 months after Stage 1)  
♦ Edema described as brawny or spreading  
♦ Skin temperature normal or cool  
♦ Excessive sweating  
♦ Decreased range of motion of joints  
♦ Atrophy of muscles and subcutaneous tissues  
♦ Stage 3 (additional months after Stage 2)  
♦ Skin smooth, glossy, dry, cool  
♦ Coarse limb hair, ridged nails  
♦ Permanent atrophy of muscle, soft tissue  
♦ Loss of motion of joints | None.  
Condition may be supported by:  
♦ Triple phase bone scan showing increased uptake  
♦ X-rays of the involved limb |  
♦ Triple phase bone scan showing increased uptake  
♦ X-rays showing osteoporosis of the involved limb |
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| 337.22     | Complex regional pain syndrome I of lower limb (CRPS I) Reflex Sympathetic Dystrophy (RSD) of lower limb | **Subjective:**
♦ Pain in lower limb
♦ Pain, burning or aching
♦ Pain is regional
♦ Tingling or numbness of the distal limb

**Objective:**
♦ Stage 1 (Few Weeks to 6 months)
   ♦ Skin pitting edema, redness and warmth
   ♦ Excessive sweating
   ♦ Decreased range of motion of joints
♦ Stage 2 (Lasts 3-6 months after Stage 1)
   ♦ Edema described as brawny or spreading
   ♦ Skin temperature normal or cool
   ♦ Excessive sweating
   ♦ Decreased range of motion of joints
   ♦ Atrophy of muscles and subcutaneous tissues
♦ Stage 3 (additional months after Stage 2)
   ♦ Skin smooth, glossy, dry, cool
   ♦ Coarse limb hair, ridged nails
   ♦ Permanent atrophy of muscle, soft tissue
   ♦ Loss of motion of joints

<p>| None. Condition may be supported by: |
| ♦ Triple phase bone scan showing increased uptake |
| ♦ X-rays showing osteoporosis of the involved limb |</p>
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<td>Complex regional pain syndrome II of upper limb (CRPS II)</td>
<td>Subjective:  ♦ Pain, hand or arm  ♦ Pain, burning or aching  ♦ Pain follows specific nerve distribution  ♦ Tingling or numbness of the distal limb</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Causalgia of upper limb</td>
<td>Objective:  ♦ Vasomotor changes:  ♦ Skin color mottled, cyanotic  ♦ Skin temperature cool  ♦ Edema  ♦ Edema  ♦ Sudomotor changes:  ♦ Skin dry, overly moist  ♦ Trophic changes:  ♦ Skin smooth, nonelastic  ♦ Soft tissue atrophy  ♦ Joint stiffness, decreased passive motion  ♦ Nail changes, blemished, curved, talonlike  ♦ Hair growth changes – falls out, longer, finer  ♦ Trophic bone changes</td>
<td></td>
<td>♦ Triple phase bone scan  ♦ X-rays showing osteoporosis of the involved limb</td>
</tr>
</tbody>
</table>

Dx Test Findings:
- Triple phase bone scan showing increased uptake
- X-rays showing osteoporosis of the involved limb
<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>Description</th>
<th>Physical Exam Findings (Should have at least one Subjective and at least one Objective)</th>
<th>Dx Test</th>
<th>Dx Test Findings</th>
</tr>
</thead>
</table>
| 355.71     | Complex regional pain syndrome II of lower limb (CRPS II)  
Causalgia of lower limb | Subjective:  
♦ Pain, distal lower limb  
♦ Pain, burning or aching  
♦ Pain follows specific nerve distribution  
♦ Tingling or numbness of the distal limb  
Objective:  
♦ Vasomotor changes:  
    ♦ Skin color mottled, cyanotic  
    ♦ Skin temperature cool  
    ♦ Edema  
♦ Sudomotor changes:  
    ♦ Skin dry and overly moist  
♦ Trophic changes:  
    ♦ Skin smooth, nonelastic  
    ♦ Soft tissue atrophy  
    ♦ Joint stiffness, decreased passive motion  
    ♦ Nail changes - blemished, curved, talonlike  
    ♦ Hair growth changes – falls out, longer, fine  
    ♦ Trophic bone changes | None.  
Condition may be supported by:  
♦ Triple phase bone  
♦ X-rays of the involved limb | ♦ Triple phase bone scan showing increased uptake  
♦ X-rays showing osteoporosis of the involved limb |