

**School:** ATEC – Medical Management  
**Course:** Common Misperceptions – Is This Your Compensable Pathology?  
**Faculty:** Donald A. Abrams, Orthopedic Physician Assistant, Executive Vice President, WorkCompCollege

### **Summary**

In the course titled "Common Misperceptions – Is This Your Compensable Pathology?" taught by Donald Abrams, one of the founding partners of WorkCompCollege.com, several key points are emphasized regarding the identification and evaluation of compensable injuries in workers' compensation claims.

The course begins with an introduction to evidence-based medicine, underscoring its importance in making informed decisions about compensable injuries. Abrams defines evidence-based medicine as a systematic approach where healthcare professionals use the best available scientific evidence from clinical research to make decisions about patient care. This approach replaces subjective opinions and practices with objective, data-driven decisions.

Abrams then discusses common misconceptions related to meniscal tears. He explains that the meniscus, a rubbery shock absorber in the knee, tends to wear out with age, leading to conditions such as posterior horn tears. These tears are often age-related and not necessarily linked to a compensable injury. He emphasizes the importance of understanding the mechanism of injury, noting that tears associated with degenerative processes are common in the elderly and often not compensable unless acute injury markers are present.

The discussion moves to rotator cuff injuries, where Abrams details the anatomy of the shoulder and the common causes of rotator cuff tears. He explains that acute injuries, such as falls or dislocations, can cause rotator cuff tears, while degenerative changes are typically age-related. The assessment of such injuries involves a thorough review of clinical data, including the mechanism of injury, MRI findings, and physical examination results. Abrams also highlights impingement syndrome, a condition where the rotator cuff tendons are trapped between bony structures, often leading to degenerative changes.

Low back pain, a prevalent issue in workers' compensation, is examined next. Abrams discusses osseous abnormalities like spinal stenosis and spondylolisthesis, conditions often resulting from degenerative processes rather than acute injuries. He emphasizes the need for comprehensive clinical data to differentiate between acute and chronic

conditions, using imaging studies and physical examinations to establish whether an injury is compensable.

Abrams also addresses preexisting conditions, such as osteoarthritis, and the challenges in determining whether an acute injury has exacerbated these conditions. He explains that preexisting conditions like arthritis develop over years and are typically not the result of an acute workplace injury. The assessment should involve a detailed review of the patient's medical history, physical examination findings, and diagnostic imaging.

Throughout the course, Abrams stresses the importance of correlating clinical findings with the mechanism of injury and diagnostic imaging to determine the compensability of a pathology. He advocates for a rigorous, evidence-based approach to claims management, ensuring that only injuries directly related to the compensable event are considered.

In conclusion, the course provides a comprehensive overview of common misconceptions in workers' compensation claims, emphasizing the necessity of evidence-based medicine in accurately identifying compensable pathologies. By understanding the nuances of various injuries and their causes, claims managers can make informed decisions, ultimately improving the accuracy and fairness of workers' compensation determinations.

### **Learning Objectives**

1. Understand the principles of evidence-based medicine and its application in workers' compensation claims.
2. Identify common misconceptions about compensable injuries related to meniscal tears, rotator cuff injuries, and low back pain.
3. Recognize the significance of clinical data, including medical history, physical examination, and diagnostic imaging in determining the compensability of an injury.
4. Assess the role of age, comorbidities, and degenerative changes in evaluating claims for compensable pathology.
5. Evaluate the importance of clear clinical correlation between the mechanism of injury, clinical findings, and imaging results.

### **Primary Takeaways**

1. Evidence-based medicine is essential for determining compensable injuries, moving beyond subjective opinions to objective clinical data.
2. Meniscal tears, particularly posterior horn tears, are often age-related and may not be compensable unless acute injury markers are present.

3. Rotator cuff injuries require detailed assessment of the mechanism of injury, MRI findings, and physical examination to establish compensability.
4. Low back pain and spinal abnormalities, such as stenosis and spondylolisthesis, are frequently degenerative and not compensable without clear evidence of acute injury.
5. Understanding preexisting conditions and differentiating them from compensable injuries is crucial in managing workers' compensation claims.

### **Course Outline**

- 1) Introduction to Common Misconceptions in Compensable Pathology
  - a) Importance of evidence-based medicine
  - b) Overview of common pathologies and compensability
- 2) Meniscal Tears
  - a) Anatomy and function of the meniscus
  - b) Common types of meniscal tears
    - i) Posterior horn tears
    - ii) Horizontal or cleavage tears
  - c) Assessing compensability
    - i) Mechanism of injury
    - ii) Clinical data and comorbidities
- 3) Rotator Cuff Injuries
  - a) Anatomy of the shoulder and rotator cuff
  - b) Common causes of rotator cuff tears
    - i) Acute injuries
    - ii) Degenerative changes
  - c) Evaluating rotator cuff injuries
    - i) Mechanism of injury
    - ii) MRI findings and physical examination
- 4) Low Back Pain and Spinal Abnormalities
  - a) Overview of low back pain in workers' compensation
  - b) Osseous abnormalities
    - i) Spinal stenosis
    - ii) Spondylolisthesis
  - c) Disc injuries
    - i) Bulging discs
    - ii) Herniated discs

iii) Sequestration

- 5) Preexisting Conditions and Compensability
  - a) Identifying preexisting conditions
  - b) Differentiating between acute and degenerative changes
  - c) Role of age, obesity, and other comorbidities
  - d) Importance of clinical correlation and thorough assessment
  
- 6) Conclusion
  - a) Recap of key points
  - b) Importance of objective data in workers' compensation claims
  - c) Final thoughts and contact information for further questions

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