



Survey: Surgeons Recommend Greater Time Off for Rotator Cuff Tears in Workers' Compensation Claims

By Michael H. Weier • July 29, 2014

Do you have a rotator cuff tear? I do. The fraying and small tear of the supraspinatus tendon in my right shoulder probably occurred as a result of repeatedly throwing a baseball at the highest velocity my 16-year-old arm could deliver and regularly attempting to lift "just five more pounds" above my previous personal best at the gym in my 20s.



Use and abuse of the shoulder joint during adolescence and early adulthood finally caught the attention of my body now that I am in my 50s. Will I have surgery? Absolutely not! I am smarter (or at least more aware) now and can easily adjust to accommodate the minor shoulder limitations; however, many others with a rotator cuff tear undergo surgical repair and miss time from work.

On July 16, 2014, the *Journal of Bone and Joint Surgery* reported the results of a survey of 372 members of the American Shoulder and Elbow Surgeons (ASES) to identify common clinical practices among experts regarding rotator cuff repair. Of greatest interest is the reported difference in recommendations for time off work in non-occupational versus workers' compensation claim settings.

The rotator cuff consists of four tendons and adjoining muscles that encapsulate the top of the upper arm and connect it to the shoulder blade. A tear in one or more of the tendons is a common injury frequently treated by surgical repair.

The table below reflects some of the findings of the survey for return to manual labor work. If the tear is small (two cm), surgeons commonly recommend a time-off-work period of three months in a non-occupational setting, while surgeons are significantly more likely to recommend six months off-work if the patient is a workers' compensation claimant.

Among those surveyed, if the tear is "massive" (greater than five cm), surgeons recommend a non-occupational patient return to work after recuperating either four months (29.4 percent) or six months (34 percent). If surgery was performed under a workers' compensation claim, however, surgeons split between recommending return to work after 6 months (40.2 percent) and "maybe never" (38.2 percent).

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	Non-Occupational	WC Claim
Small Tears (2 cm)		
3 mos.	4.7%	35.4%
4 mos.	35.6%	N/A
6 mos.	17.8%	56.6%
Large Tears (2 to 4 cm)		
4 mos.	29.4%	N/A
6 mos.	34%	68%
Massive Tears (> 5 cm)		
4 mos.	29.4%	N/A
6 mos.	34%	40.2%
"Maybe Never"	N/A	38.2%

The survey of ASES members documents what many in the workers' compensation industry have surmised: treating surgeons typically advise greater periods off work for post-surgical convalescence if the patient has workers' compensation coverage. Tears from the abuse of youth apparently warrant less time for recovery than identical tears proximately caused by industrial injuries or occupational diseases.

I look forward to a future survey or medical study that provides a reasonable explanation for the difference. ■

¹Acevedo, Daniel C., et al, A Survey of Expert Opinion Regarding Rotator Cuff Repair, *J Bone Joint Surg Am*, Jul 2014;96:e123

²Supraspinatus, Teres Minor, Infraspinatus and Subscapularis.

³Humerus Bone.

⁴Scapula