

Comprehensive Shoulder Treatment and Rehab

Michael J. Milne MD
Board Certified and Fellowship Trained
in Shoulder and Knee Surgery
Head Team Physician/Head Team Orthopaedic Surgeon,
St. Louis Cardinals (MLB)



Athletico Webinar
February 24, 2016



Team Physicians in affiliation with Mercy

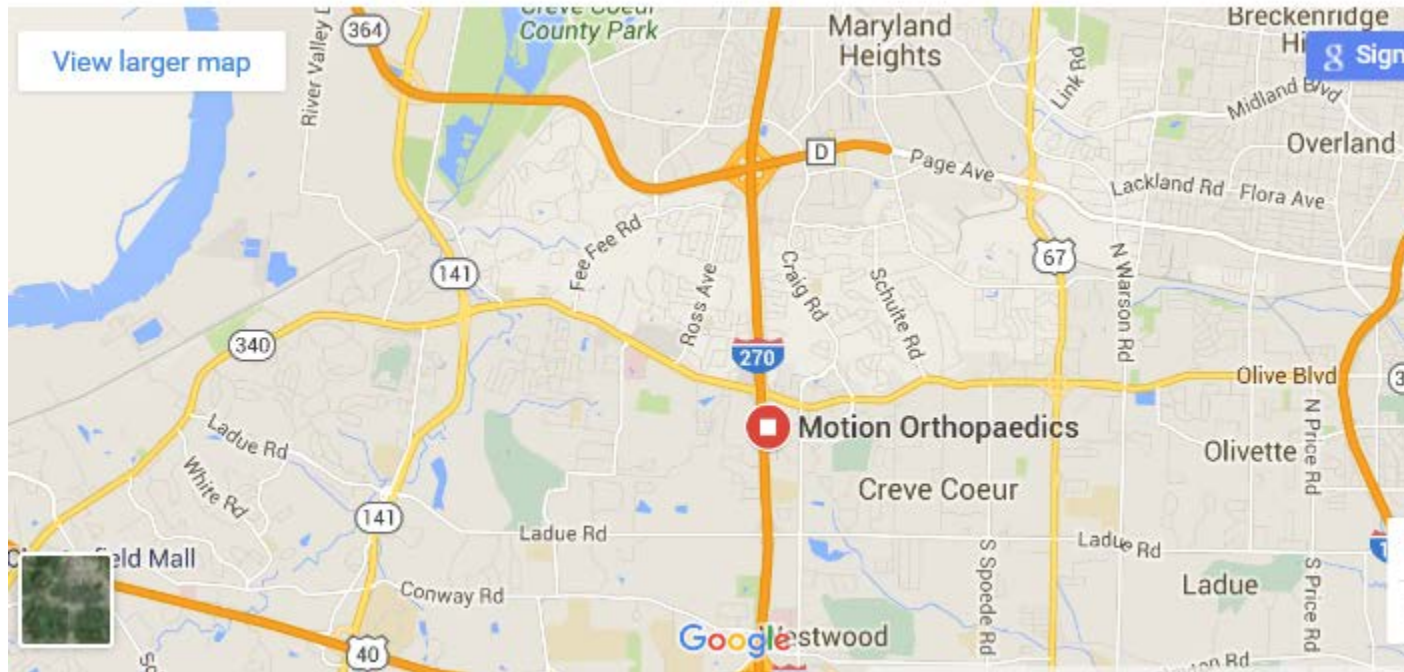
Location in St. Louis County

Board Certified and Fellowship Trained in Orthopedic Surgery
with Specialty in Shoulder and Knee Surgery

► Founded Motion Orthopaedics in 2013

633 Emerson Road (I-270 at Olive) St. Louis, MO 63141

(314) 991-2002 Work Comp HOTLINE



Motion Orthopaedics



- ▶ Fellowship Trained Orthopaedic Surgeons
 - ▶ Michael Milne, MD (Sports, Shoulder, Knee, Carpal Tunnel)
 - ▶ David King, MD (Hip, Knee, Shoulder)
 - ▶ Timothy Farley, MD (Elbow, Knee, Shoulder)
- ▶ PM&R/WC Specialist
 - ▶ James Doll, DO



Motion Orthopaedics

Highest Level of Personal Service to the patient, the employer, the adjuster, the case manager, and the attorney

Our Team

Michael J. Milne, MD

Drew Vandas, PA-C

Wendy Wertel, MA

Nicole Clooney, MA

Amy Scheibler, WC Liason



The Facility

- ▶ On site 1.5 T GE MRI, with MSK Radiologist, arthrograms, ultrasound, fluoroscopy, digital PACS/xray
- ▶ Emerson Road Surgery Center, 2 ORs, state of the art
- ▶ Visible from 270 and easy access from all directions



Workers Compensation Experience

- ▶ 13th year in practice in St Louis
- ▶ Fellowship Trained at Steadman Hawkins Clinic, Vail, Colorado
- ▶ Licensed in MO, IL, FL
- ▶ Board Recertified thru 2025
- ▶ Approx 50% of practice WC
 - ▶ Good Balance
- ▶ Head Team Physician/Head Team Orthopaedic Surgeon, St. Louis Cardinals
- ▶ Extensive Experience in IME writing, Causation
- ▶ Eval and Treat, 2nd Opinions, and Depos
- ▶ Certified to provide AMA 6th Edition Ratings
- ▶ 1/3 of our surgery is “re-do” from outside locations



MOTIONORTHOPAEDICS

My Philosophy of Care

- ▶ Treat all patients with respect and dignity.
- ▶ Understand that WC has the “Dr. Phil” side to it.
- ▶ WC patients perceive highest quality care (long drives, Cardinals experience)
- ▶ FACT: Happy, satisfied patients will heal quicker, feel cared for by their employer and be less likely to hire an attorney.
- ▶ Light Duty, RTW, MMI as quickly as possible



Jupiter Feb 18 2016

Today We Will Cover

- ▶ Anatomy of the Shoulder
- ▶ Type of Injuries: How the Trauma Occurs
- ▶ What to LOOK for in the Medical Records
- ▶ New Injury vs Recurrence vs Aggravation
- ▶ Common Medical Treatments



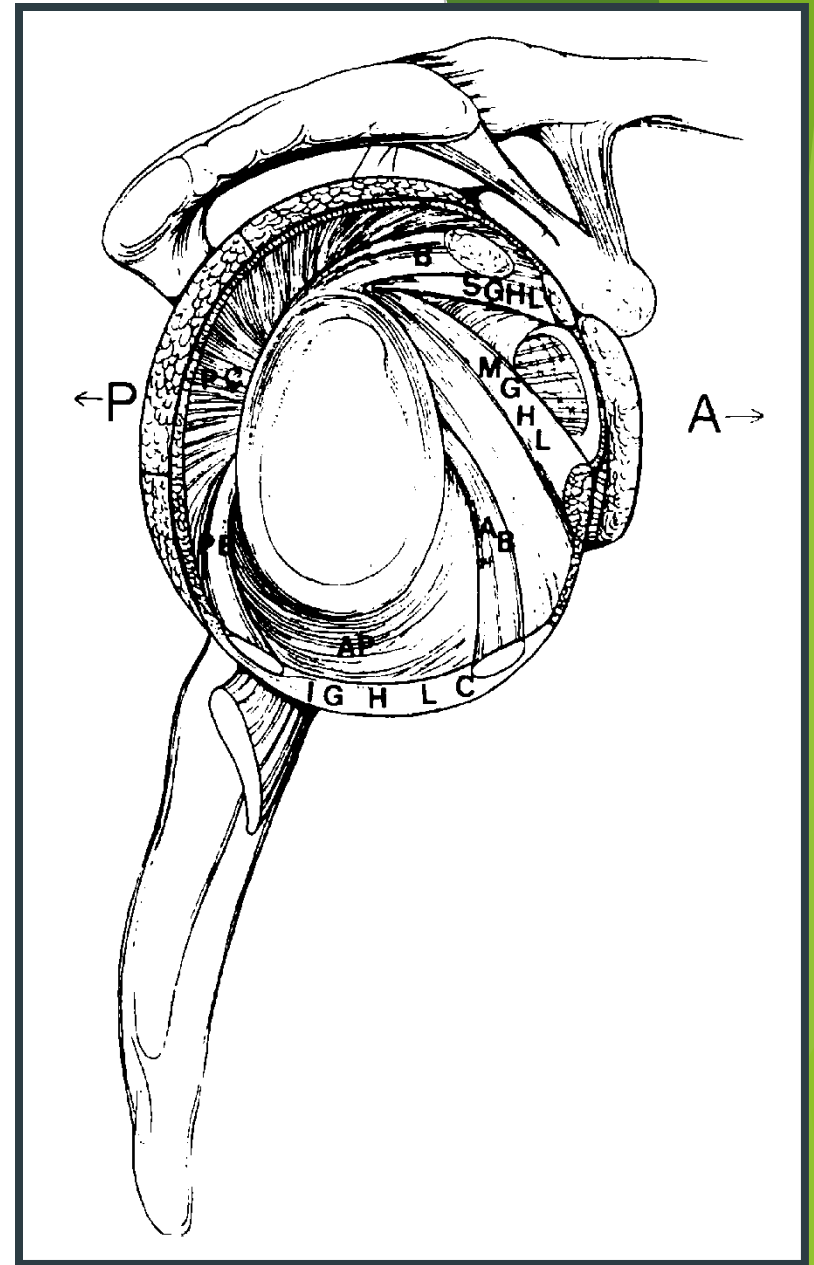
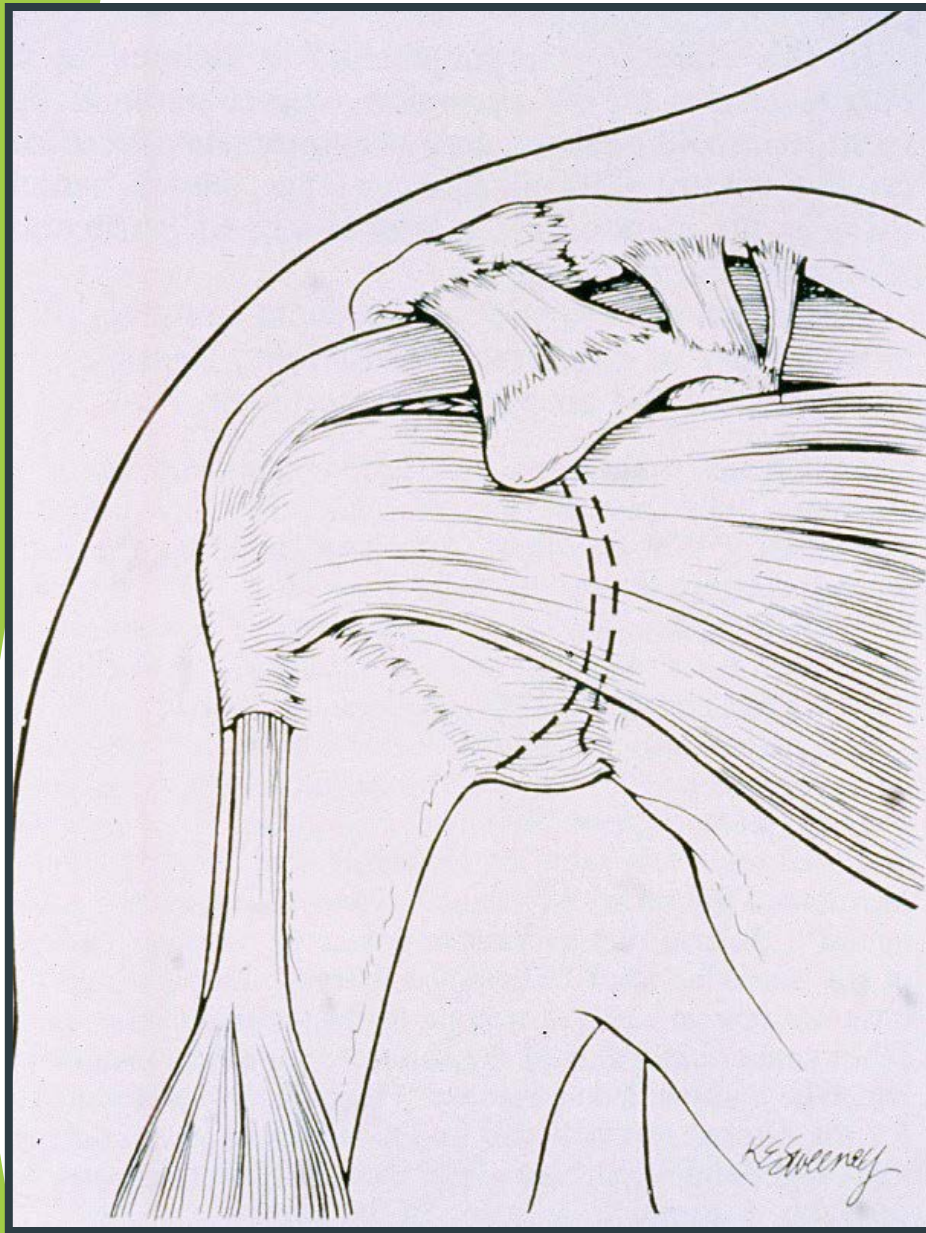
Shoulder Injuries

- ▶ Impingement and Bursitis
- ▶ Rotator Cuff Tears
 - ▶ Acute vs. Chronic
- ▶ Dislocations and Instability
- ▶ Labrum Problems and SLAP Tears
- ▶ AC Joint
- ▶ Bicep Problems



Shoulder Anatomy





Common Causes of Common Injuries

- ▶ Rotator Cuff Tears
 - ▶ Fall
 - ▶ Lifting
 - ▶ Repetition and overhead activities (painting, stocking, construction)
- ▶ Labral Tears
 - ▶ Falls, jerking, lifting, direct blow, sudden reach
- ▶ AC Separations
 - ▶ Direct Blow





Imaging Techniques

► Plain X ray

- 3 views
- Glenohumeral arthritis
- AC joint arthritis
- Acromial Morphology

► MRI

- Soft tissue and tendons
- Fat atrophy in supraspinatus

► MRI Arthrogram

- Radio-opaque dye to evaluate RCT and labral tear



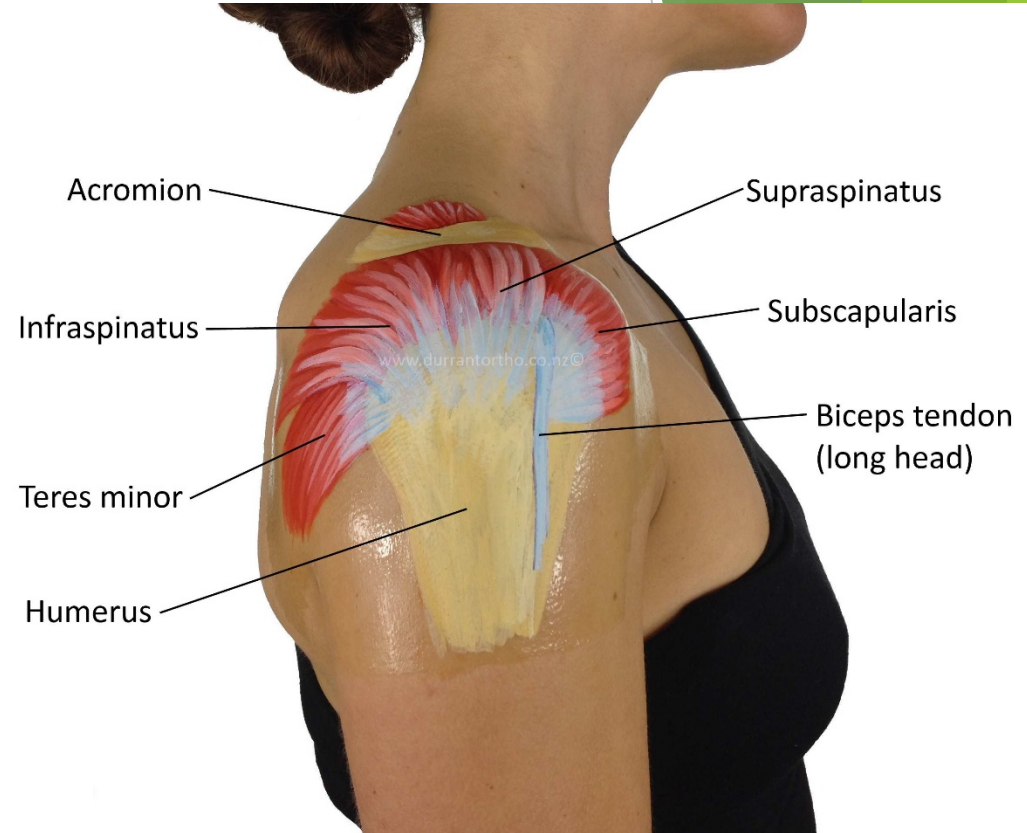
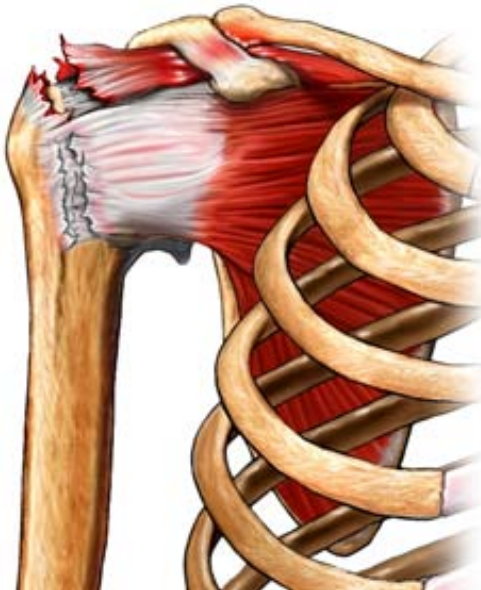
Impingement and Bursitis

- ▶ What is tendinosis?
 - ▶ Degeneration of the tendon itself
- ▶ What is tendinitis?
 - ▶ Inflammation of the tendon itself
 - ▶ Overused term
- ▶ What is bursitis?
 - ▶ Inflammation of the cushion sac between the rotator cuff and the acromion



What is the rotator cuff?

- 4 tendons that move the arm in space
- common source of pain and weakness about the shoulder
- most common surgical diagnosis in Workers Compensation



Rotator Cuff Injuries

Diagnosis

- ▶ History – What happened?
- ▶ Acute vs Chronic
- ▶ Physical Findings
 - ▶ Tenderness
 - ▶ Loss of Motion
 - ▶ Weakness
 - ▶ Impingement Signs
- ▶ Radiographs
 - ▶ MRI Arthrogram is most sensitive
 - ▶ Open MRIs = waste of money



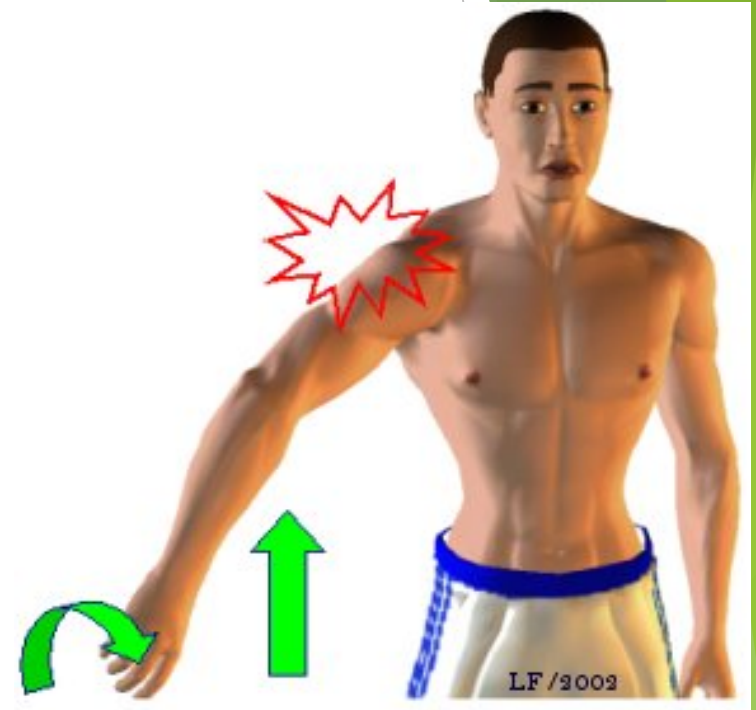
Rotator Cuff

- ▶ Diagnosis
 - ▶ History – What happened?
 - ▶ Acute vs Chronic
 - ▶ Question
 - ▶ How do you tell?
 - ▶ Size of Tear
 - ▶ Fatty Infiltrate in Muscle
 - ▶ “High Riding Humerus”
- ▶ Mechanism
 - ▶ Causation
 - ▶ Prevailing Factor



Rotator Cuff Treatment

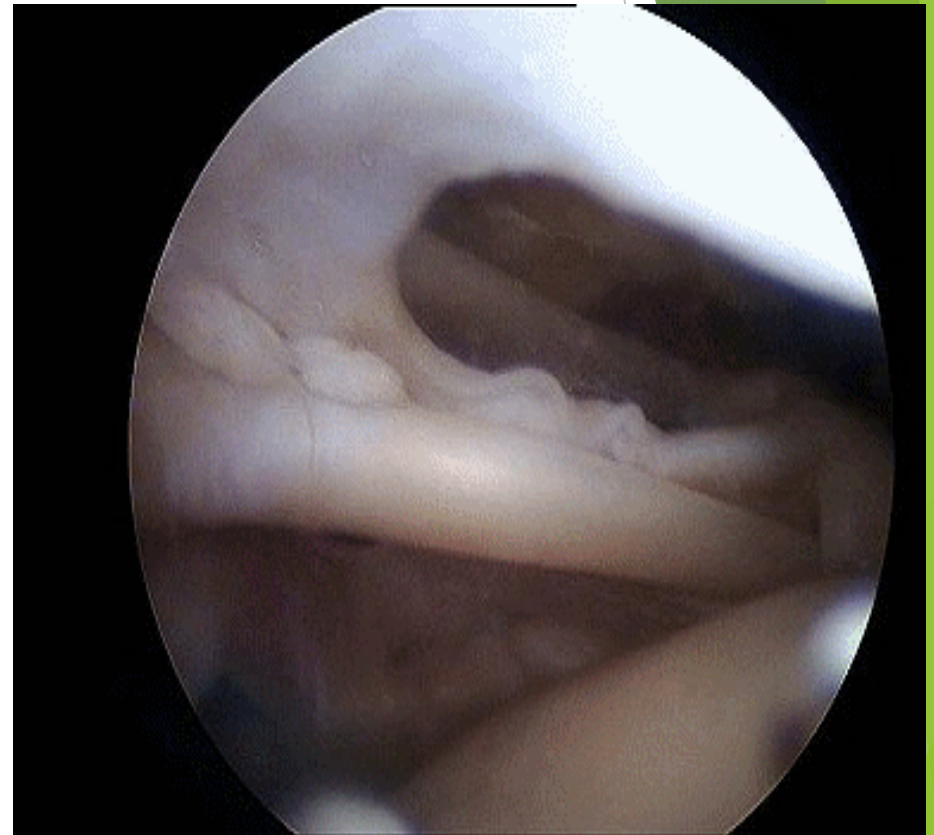
- ▶ Diagnostic/Therapeutic Injections
 - ▶ Corticosteroids and Anesthetic Mixture
 - ▶ Identify source of pain
 - ▶ Decrease inflammation
- ▶ Physical Therapy
 - ▶ Modalities, exercises, strengthening cuff muscles
- ▶ Icing and NSAIDs
 - ▶ Decrease Inflammation

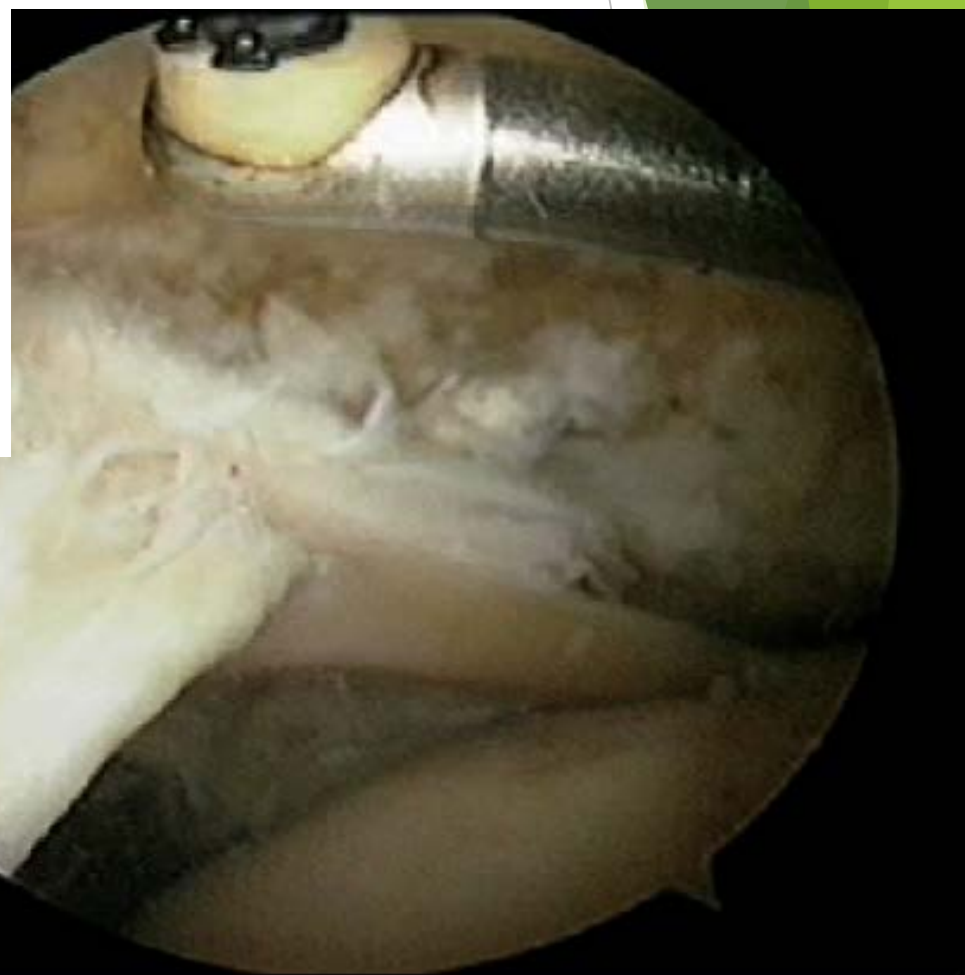
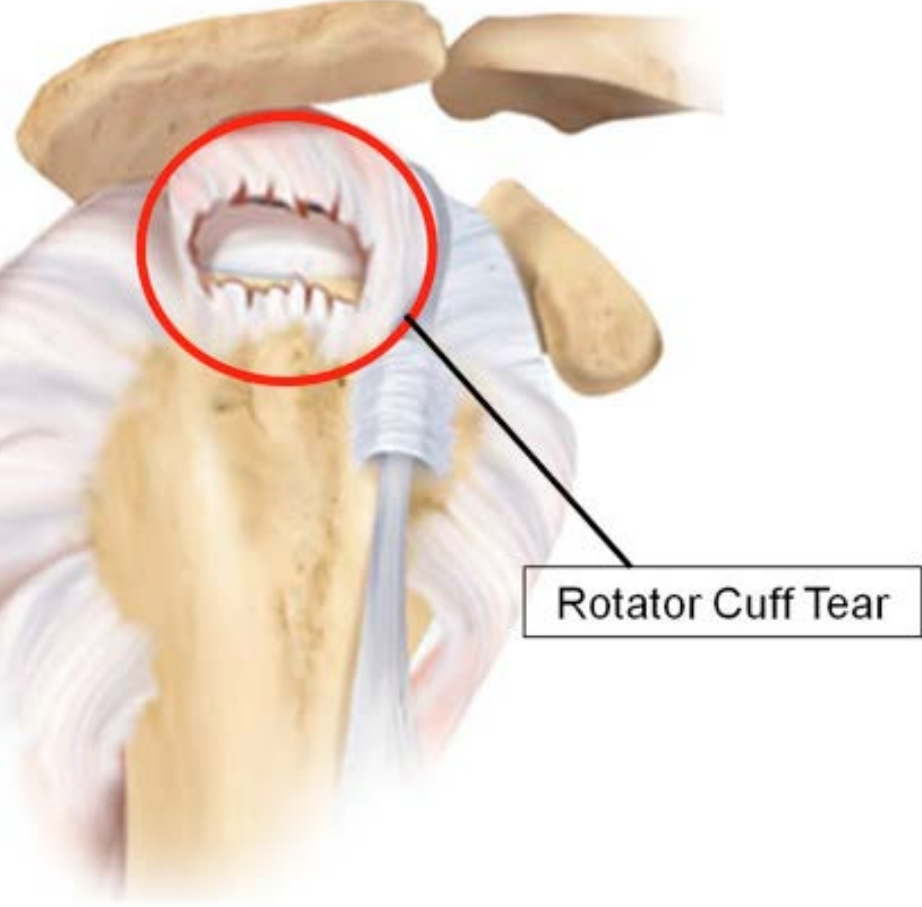


Rotator Cuff

► Question

- Why do you need an MRI?
 - Determine partial vs full thickness tear
 - Treatment Recommendations
 - Plan for Surgery
 - Arthroscopic vs Mini Open
 - Irreparably Tears
 - Medicolegal Documentation
- (Always plan for the depo!!)





Rotator Cuff Treatment

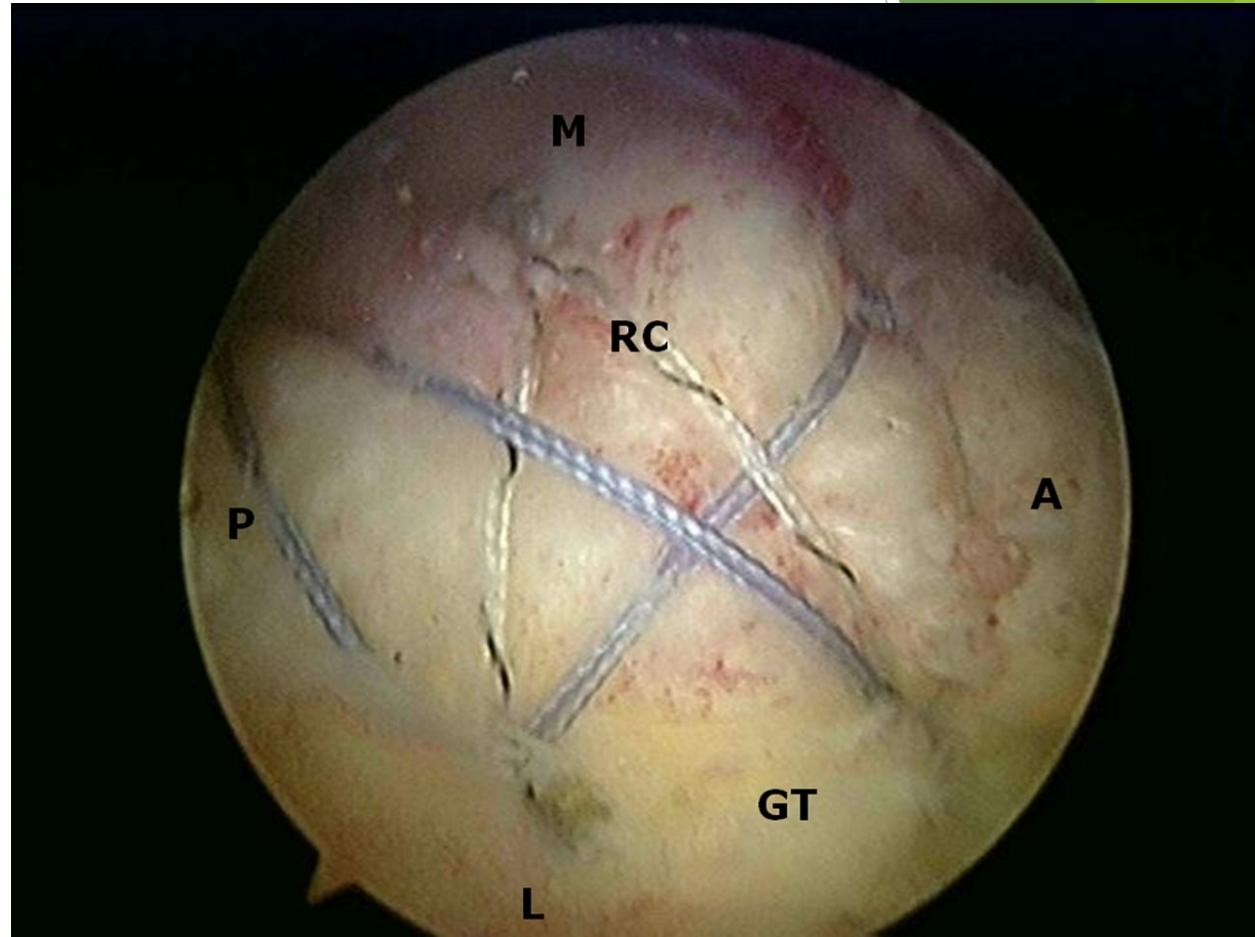
► Surgery

► Arthroscopic Repair

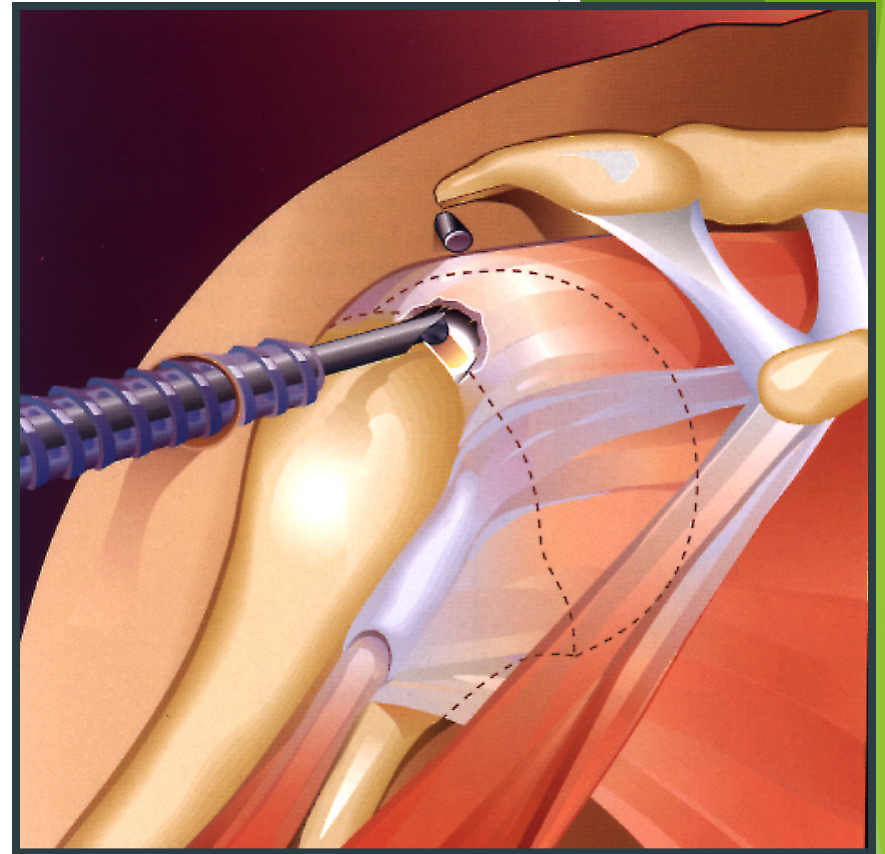
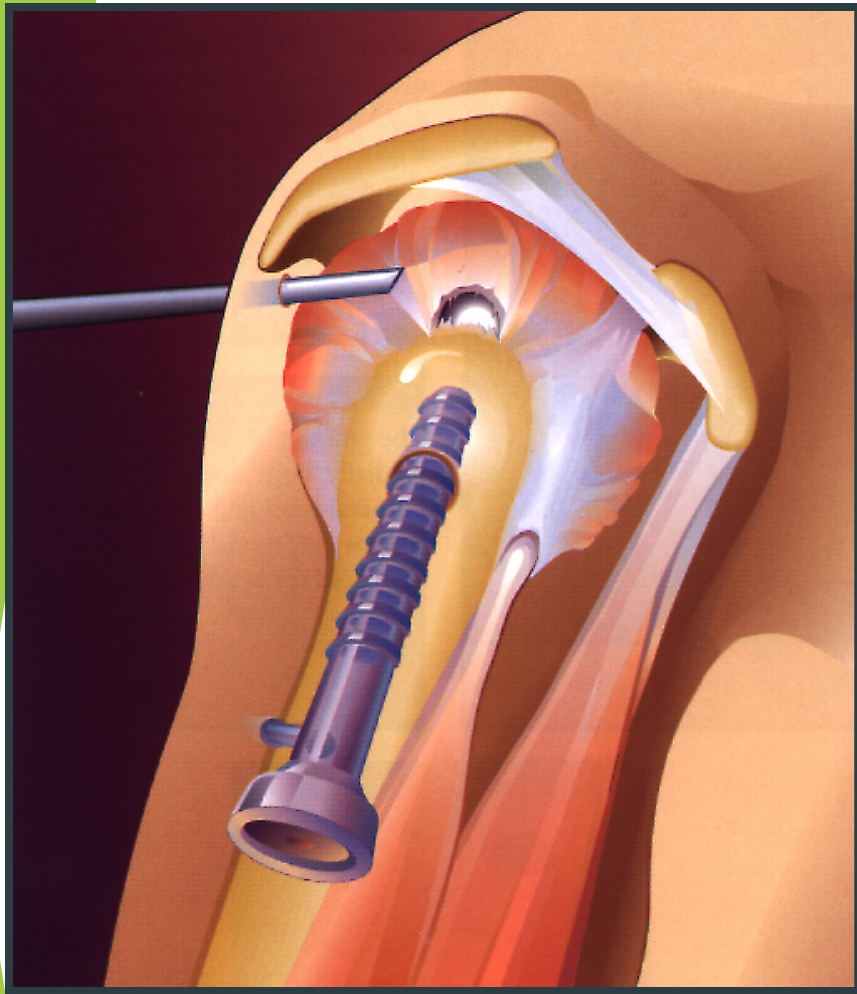
- Newer Techniques
- Metal or PEEK (plastic) anchors
- Less damage to deltoid

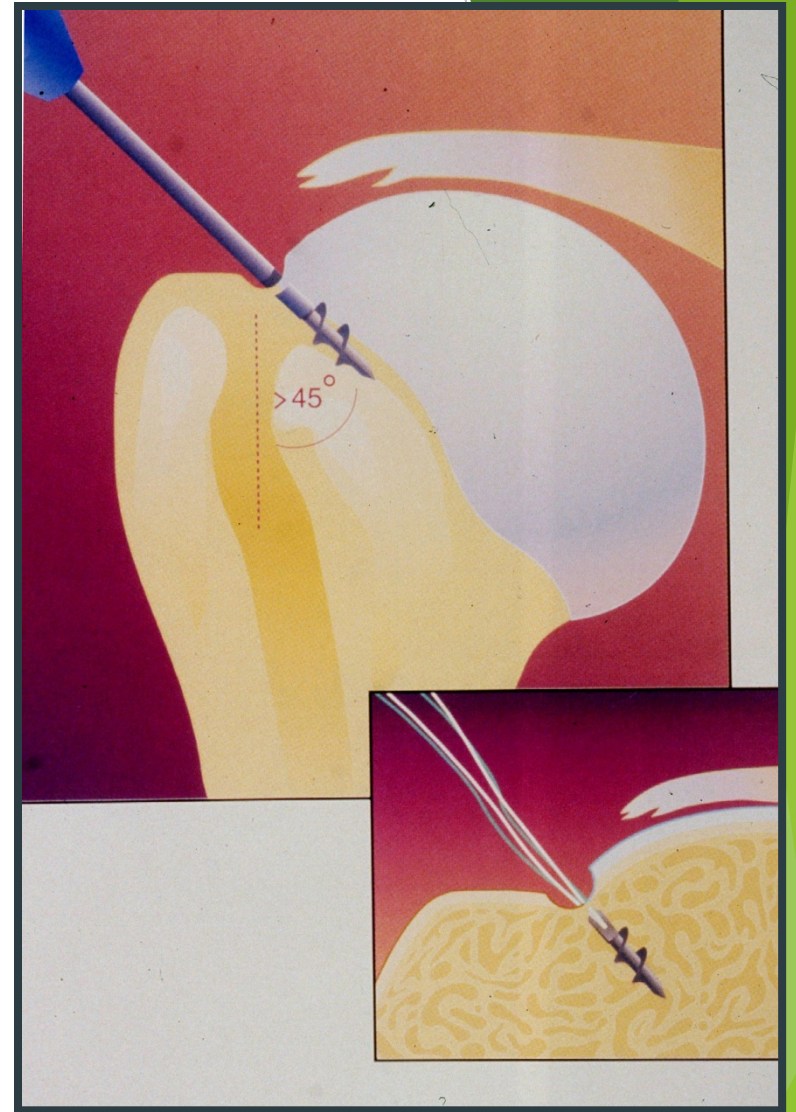
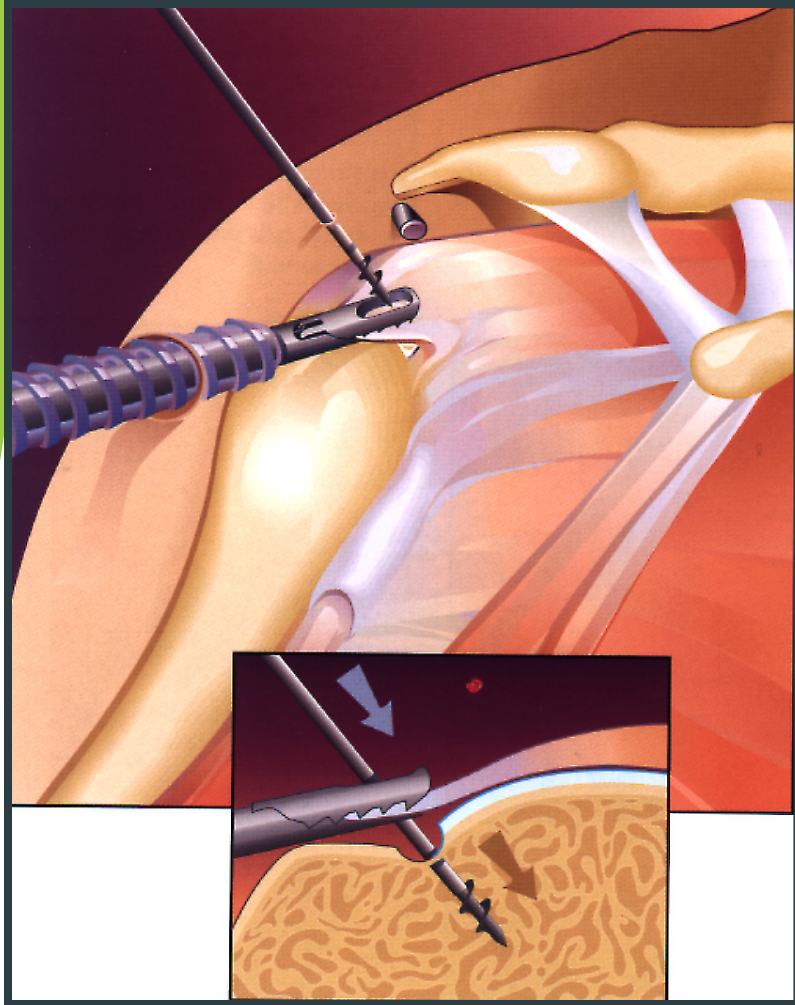
► Mini Open Repair

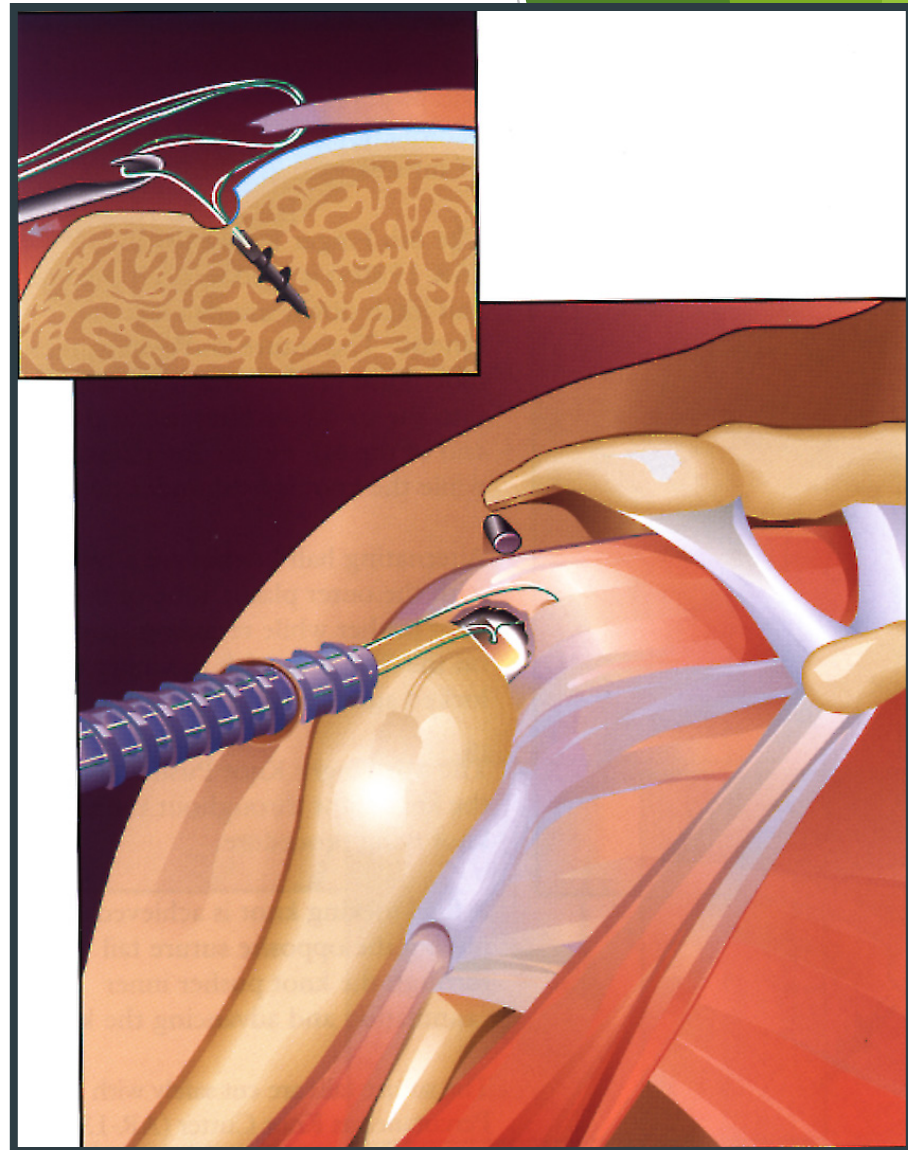
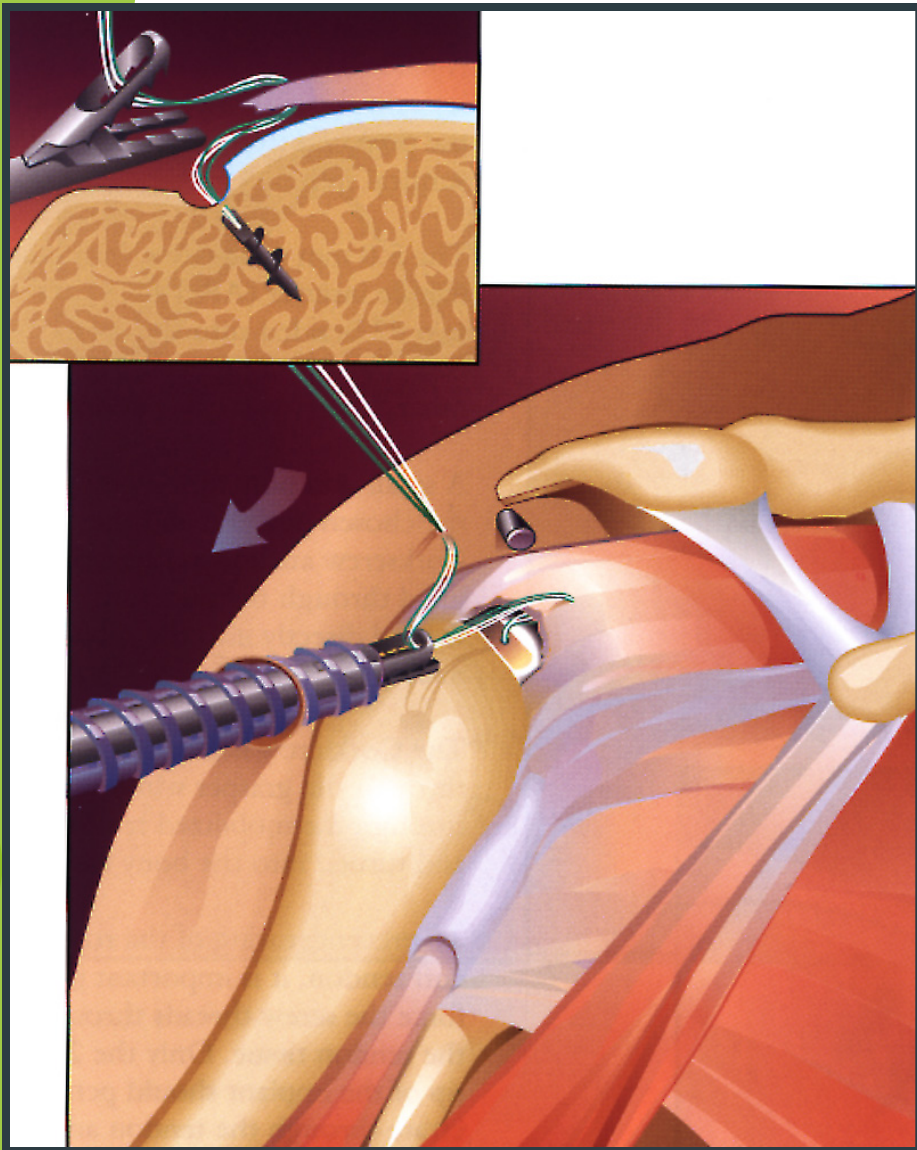
- Anchors or Tunnels



MOTION ORTHOPAEDICS







Rotator Cuff Repairs

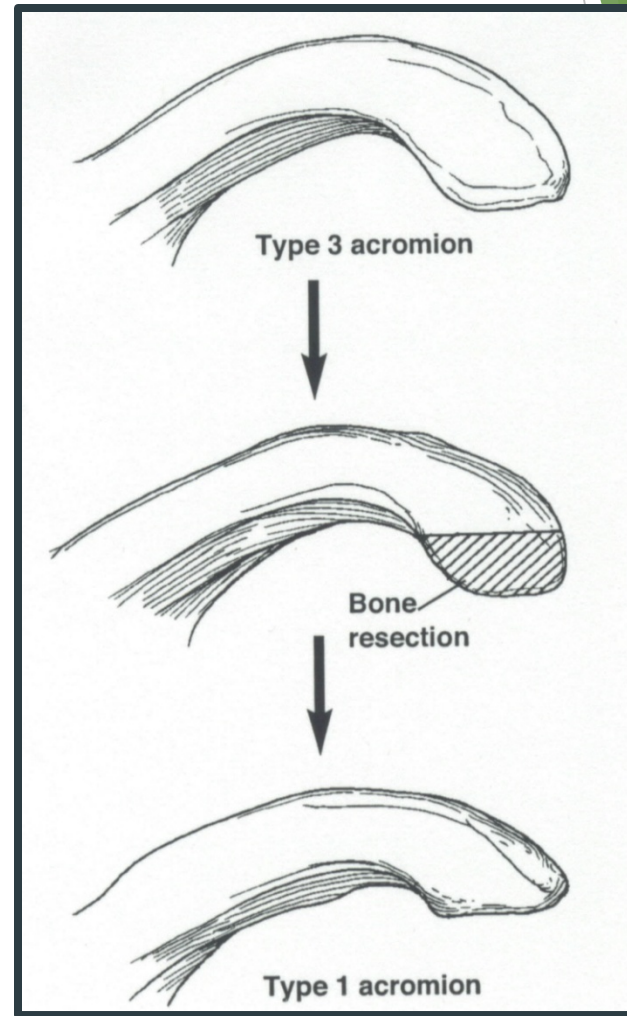
- ▶ ASES reports that less than 10% of “Shoulder Surgeons” do > 90% of rotator cuff tears arthroscopically
- ▶ Our practice includes over 250 arthroscopic shoulder surgeries per year
- ▶ Average less than 3 per year need mini open or open repairs (0% in 2015)
- ▶ Less than 2% failure rate
- ▶ 0% infection rate in 13 years



MOTIONORTHOPAEDICS

ARTHROSCOPIC SUBACROMIAL DECOMPRESSION

- Goal of procedure is to remove any area of arch prominence causing point pressure on bursal cuff surface

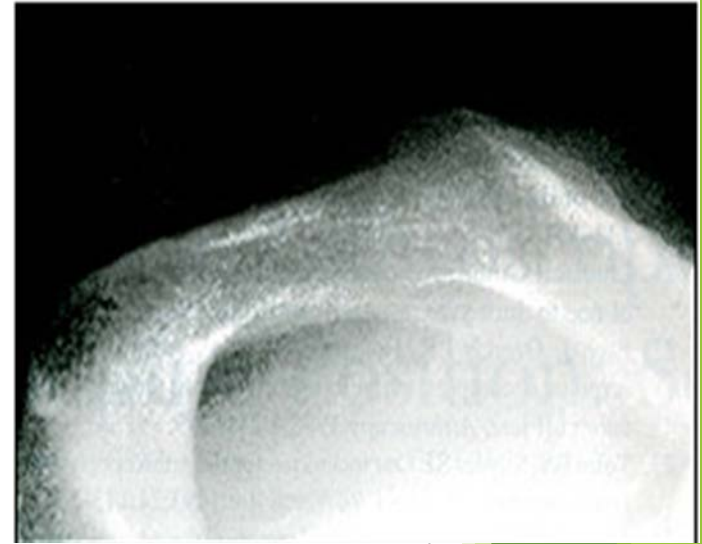


Rotator Cuff Treatment

What is an acromioplasty?

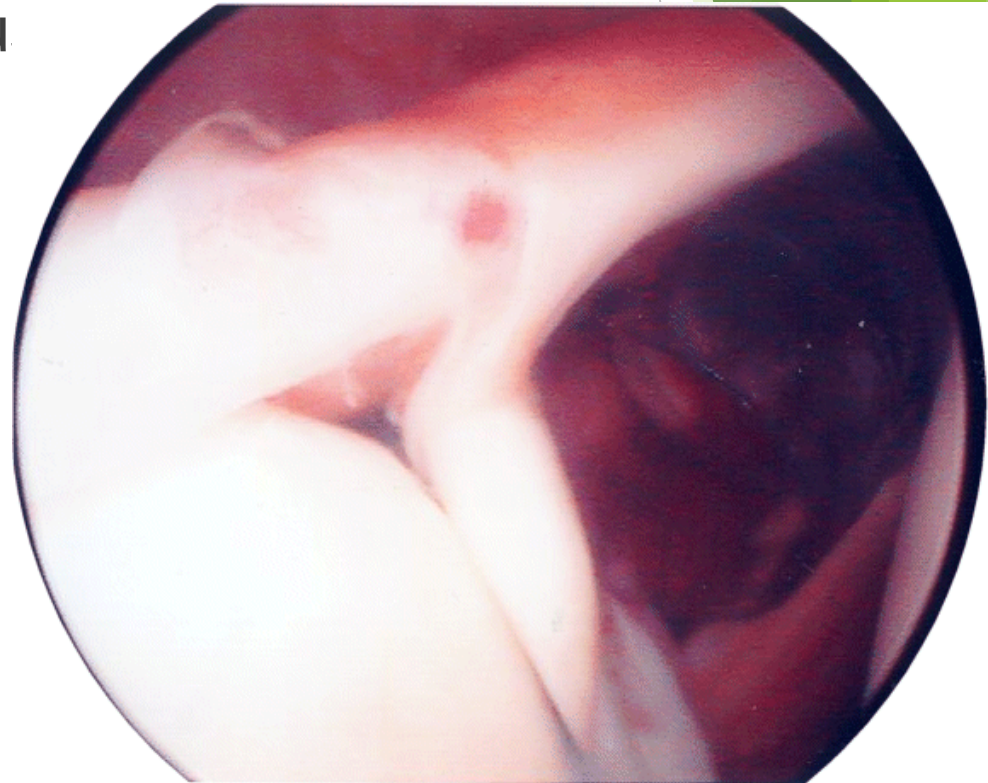
It is the removal of the spurring on the undersurface of the acromion or sometimes the calcification of the coracoacromial ligament

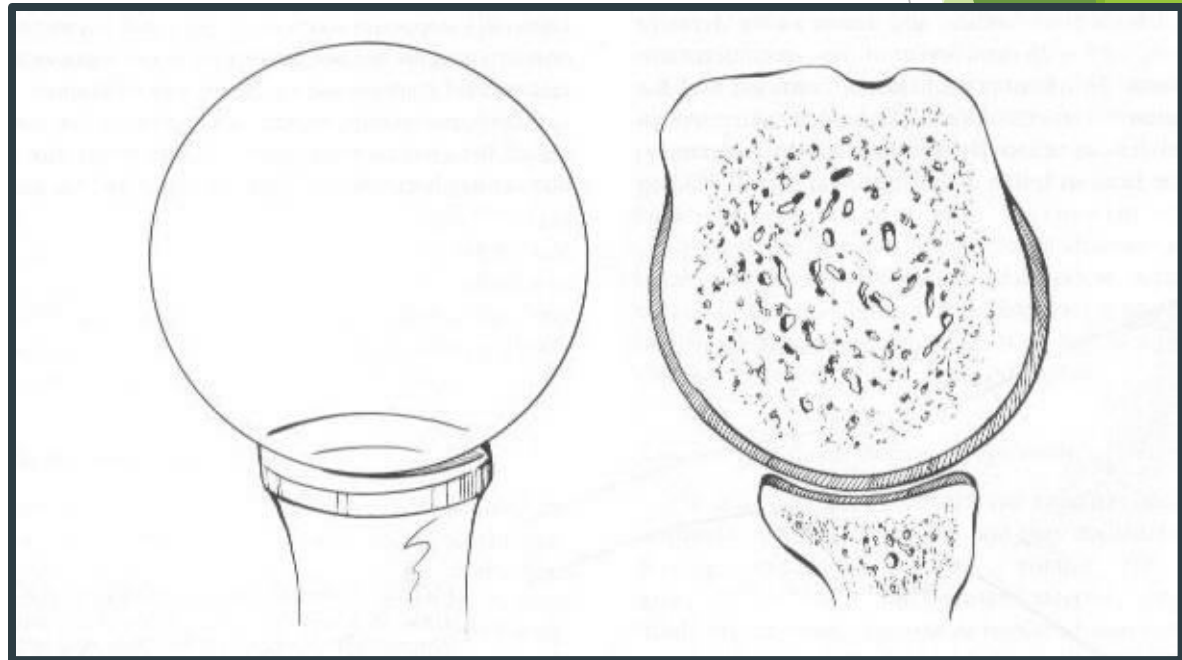
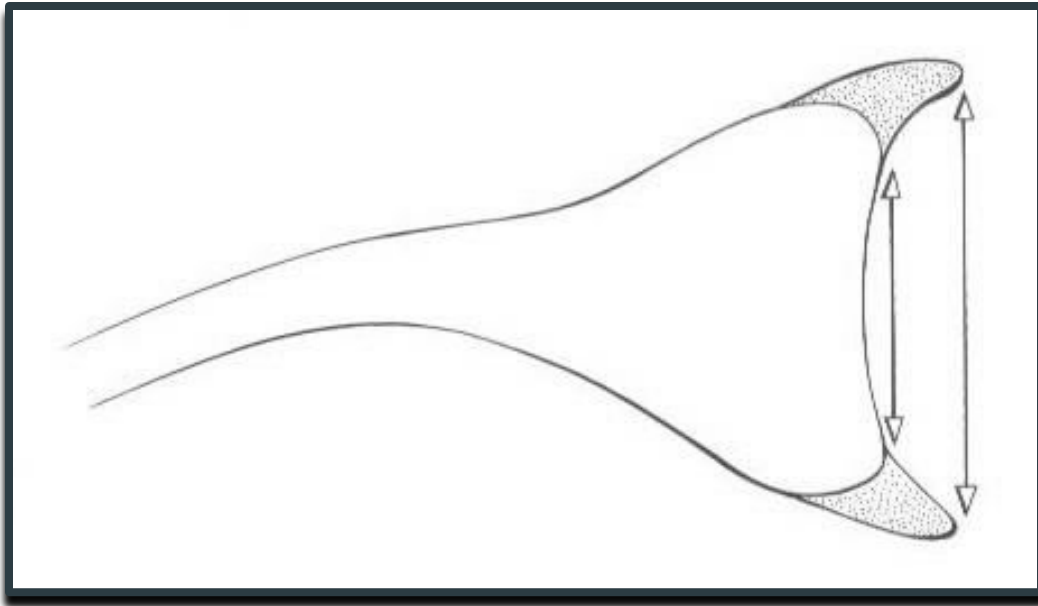
It is currently standard of care with rotator cuff repair and is thought to reduce risk of retear or recurrent symptoms

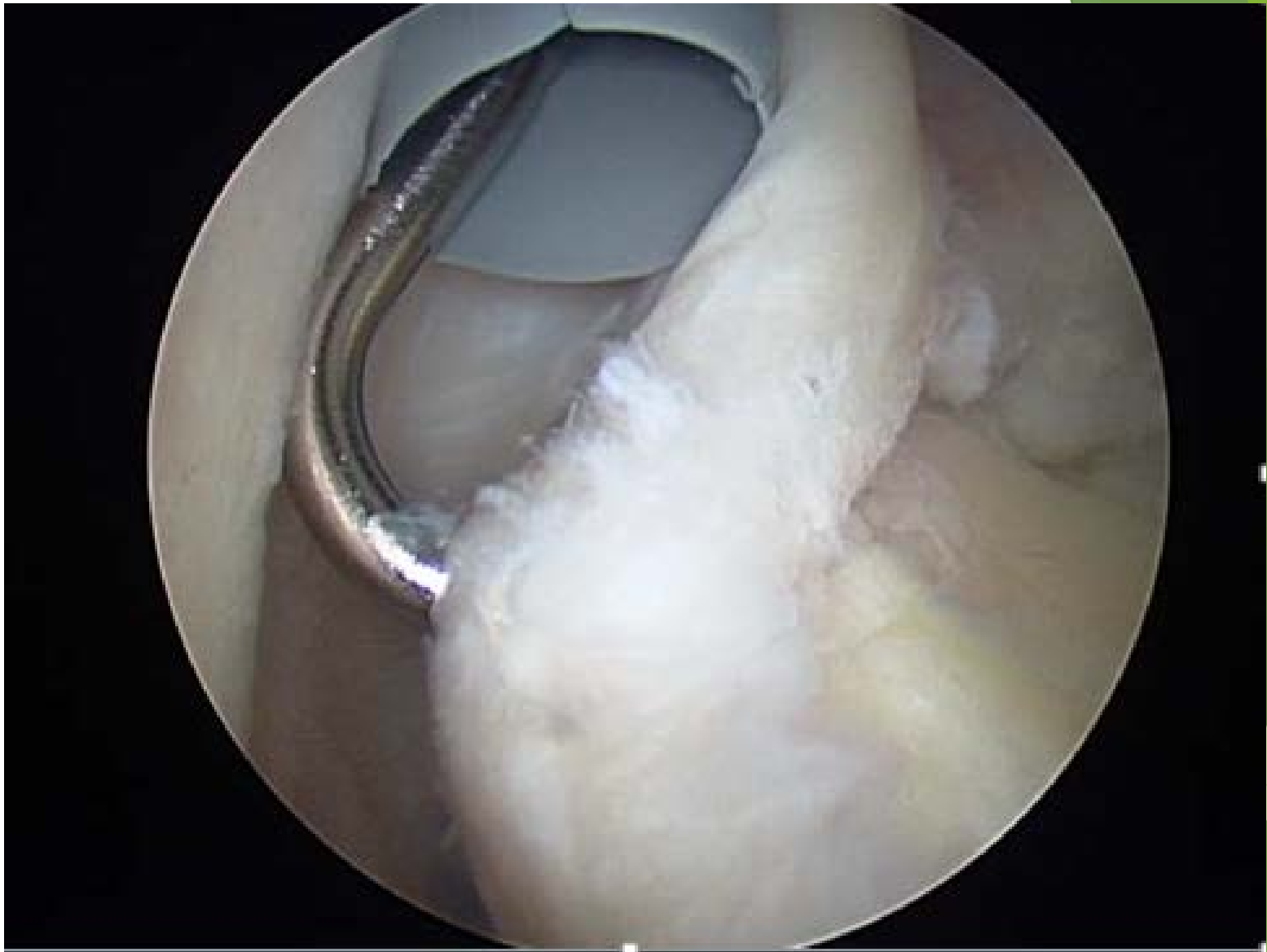


SLAP Tears and Labrum

- ▶ Common in falls and “jerking motion” injuries
- ▶ Attachment site of the biceps tendon
- ▶ Cartilage similar to meniscus in knee
- ▶ Repaired arthroscopically
- ▶ Diagnosis often confirmed with MRI arthrogram







MOTIONORTHOPAEDICS



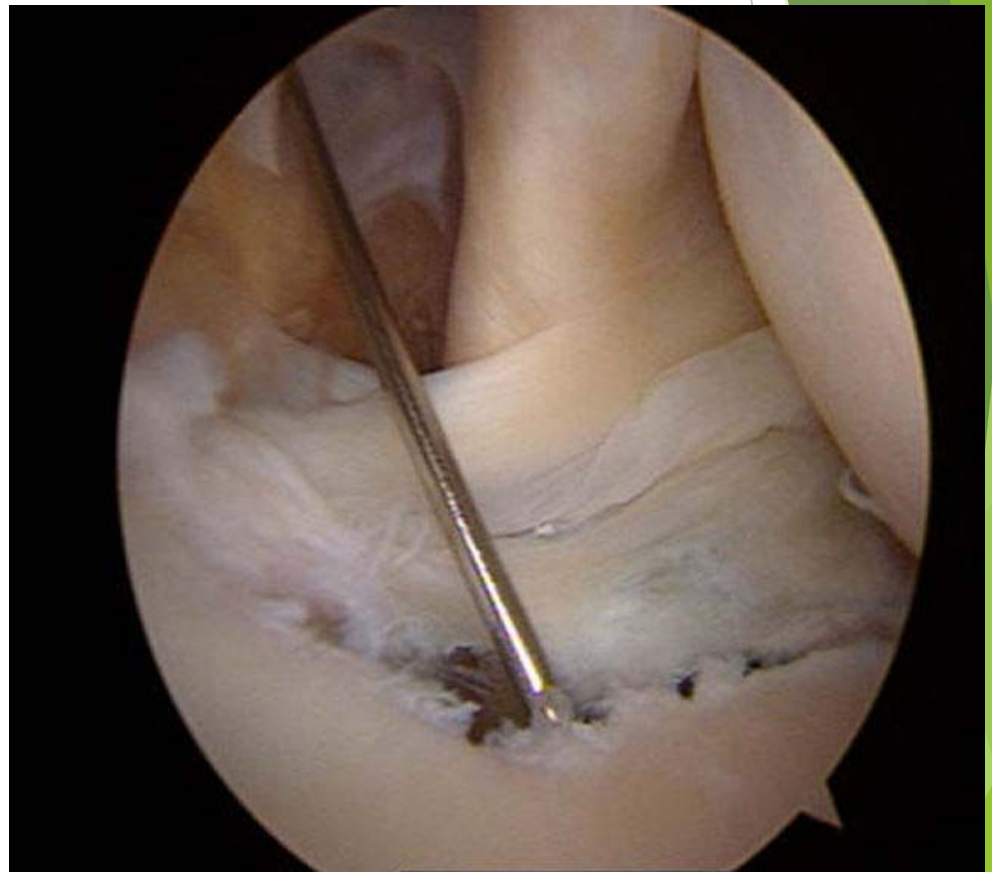
MOTIONORTHOPAEDICS



MOTIONORTHOPAEDICS

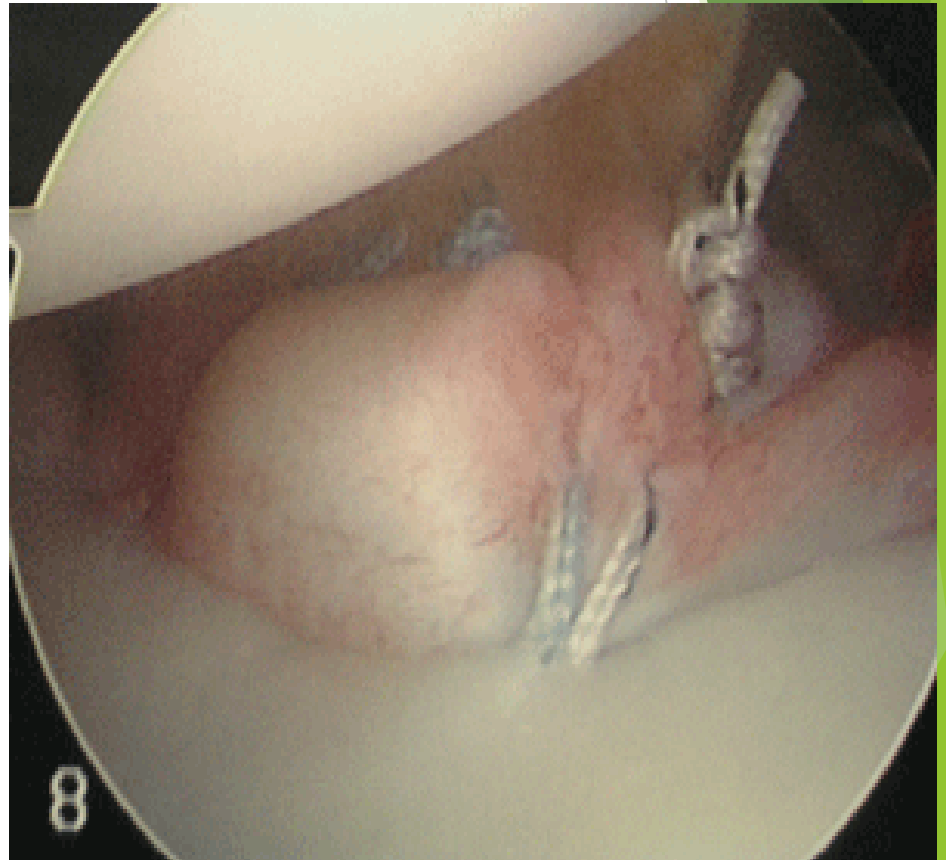
Dislocations and Bankart Tears

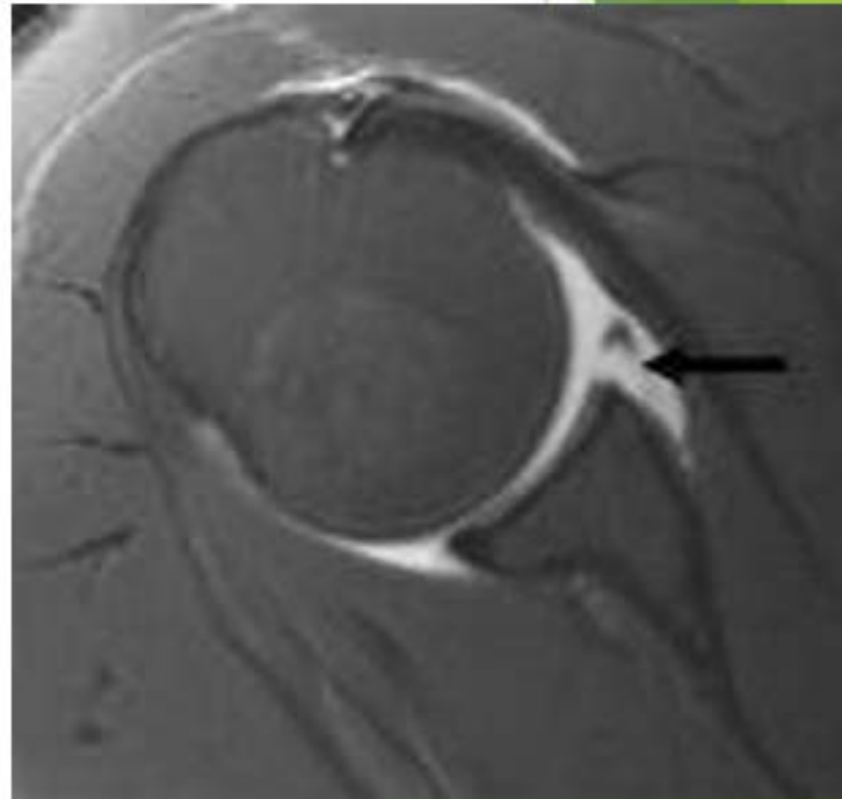
- ▶ Anterior shoulder dislocation
- ▶ Tear of the labrum
- ▶ Damage or loss can lead to recurrent instability
- ▶ Treated with PT or with arthroscopic surgery



Dislocations and Bankart Tears

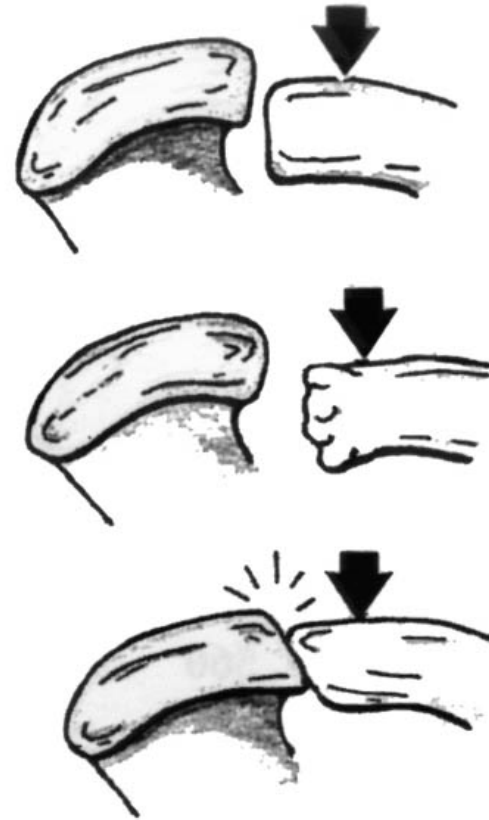
- ▶ Usually acute injuries
- ▶ Fall, blow to shoulder, abduction-external rotation
- ▶ Usually requires ER visit for reduction
- ▶ Subluxation vs dislocation





AC Joint Injuries and Arthritis

- ▶ Direct Blow
- ▶ Damage or loss of cartilage Wear and Tear
- ▶ leads to hypertrophy and pain
- ▶ May treat conservatively or with arthroscopic resection





Distribution of California WC Expenditures

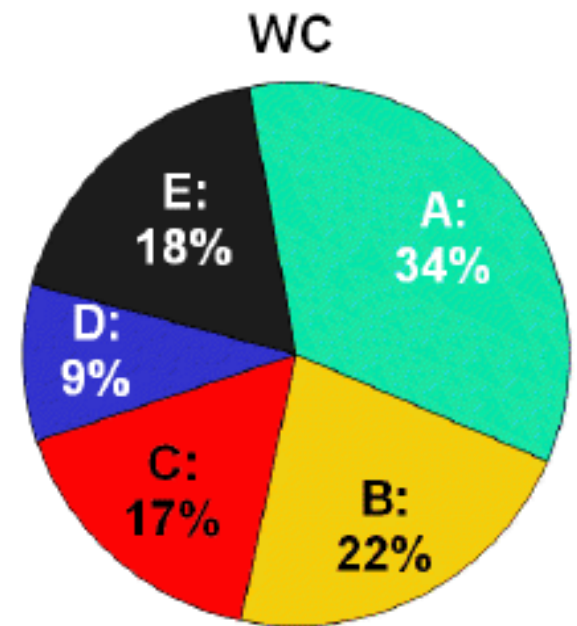
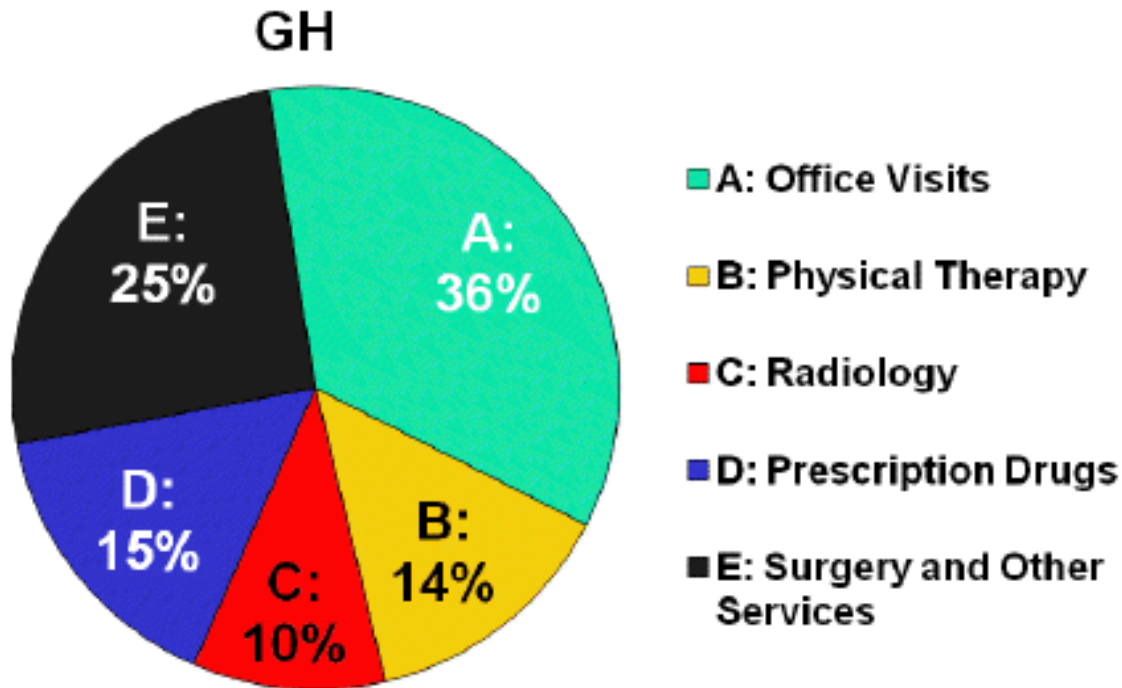
Distribution of Insured Employers Workers' Compensation Paid Costs
2012 (In Millions \$)



Where does the Dollar Go?

Distributions of Medical Costs

First three months following injury



The “Injured Human Being”

- ▶ Medicolegal Questions
 - ▶ MO/IL and other jurisdictions, attorney, Eval/Treat, IME
- ▶ Work Injury as Causation
 - ▶ Job Description, Duration, Injury Report, Treatment
- ▶ Psychosocial Issues
 - ▶ Coworkers, Boss, Family
- ▶ Education Influences
- ▶ Family financial aspects
- ▶ Return to work concerns



Medical Records Review

► History

- Injury report, ER visit, Occ Med visit, Ortho visit, OP NOTE, follow ups, PT notes

► OP NOTE

- When, who, findings, procedures

► Imaging

- MRI, MR Arthrogram (contrast), plain films

► IME's (Author MD, requesting party, findings)

► Rating letters and correspondence

► Return to work and permanent restrictions



MOTION ORTHOPAEDICS

Acute, Chronic, Recurrent, Aggravation...

- ▶ Missouri vs Illinois vs other state vs railroad vs federal vs river worker vs foreign locations
- ▶ Evaluation and imaging techniques to determine acuity vs. chronicity of an injury
- ▶ How to understand the mechanism of injury
- ▶ Common causes of common injuries
- ▶ Biomechanical forces in injuries
- ▶ How we decide acute from chronic injuries



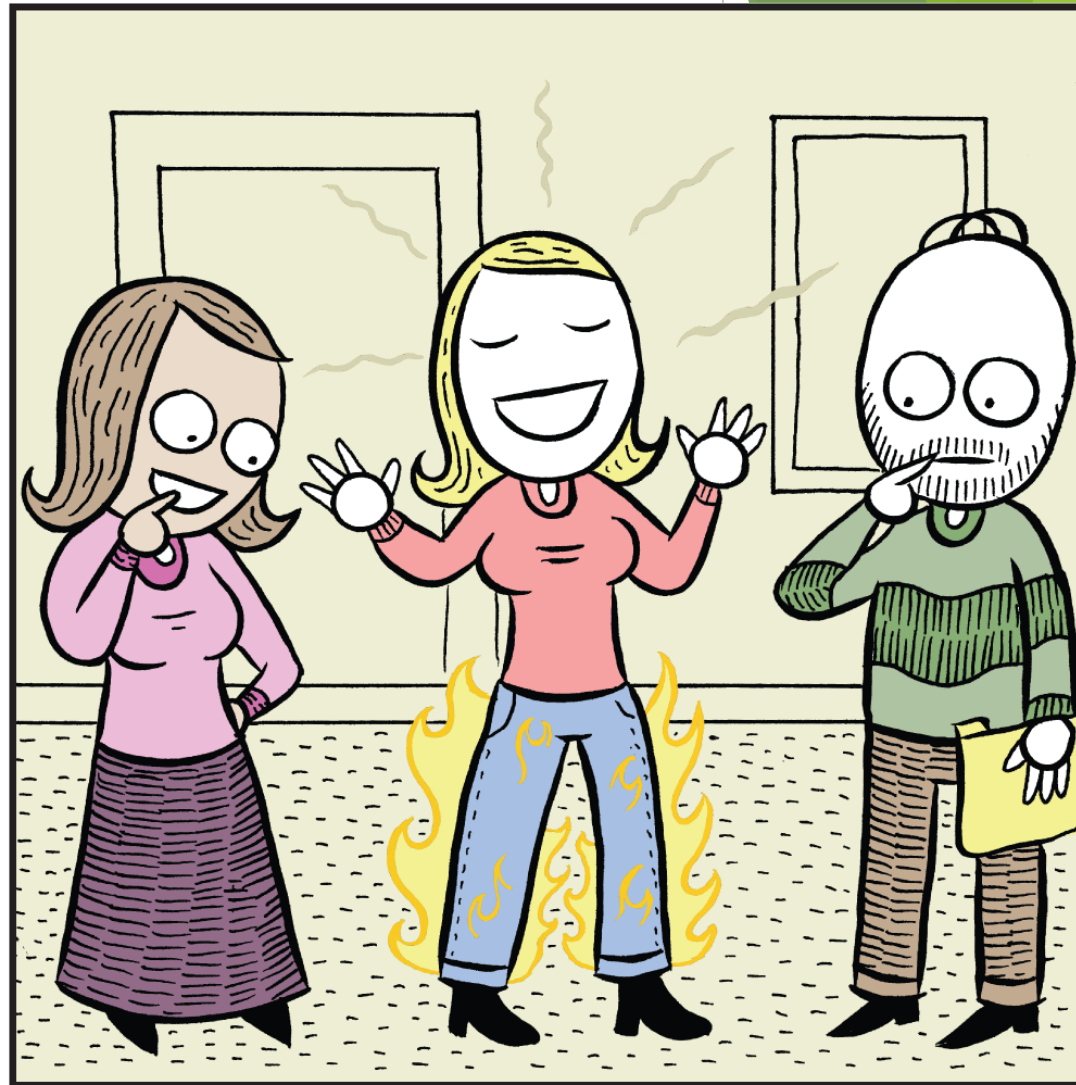
How to decide chronicity

- ▶ Credibility of patient
 - ▶ Are they believable
- ▶ Work history
 - ▶ How long have you worked there? Any other worker's comp injuries?
- ▶ Reported history
 - ▶ What happened? When? How? Witnessed?
- ▶ Mechanism of injury
 - ▶ Does it make sense?
- ▶ Physical Findings
 - ▶ Does it match mechanism? Is it acute?
- ▶ Imaging Findings
 - ▶ 1 + 1 + 1 equals 3

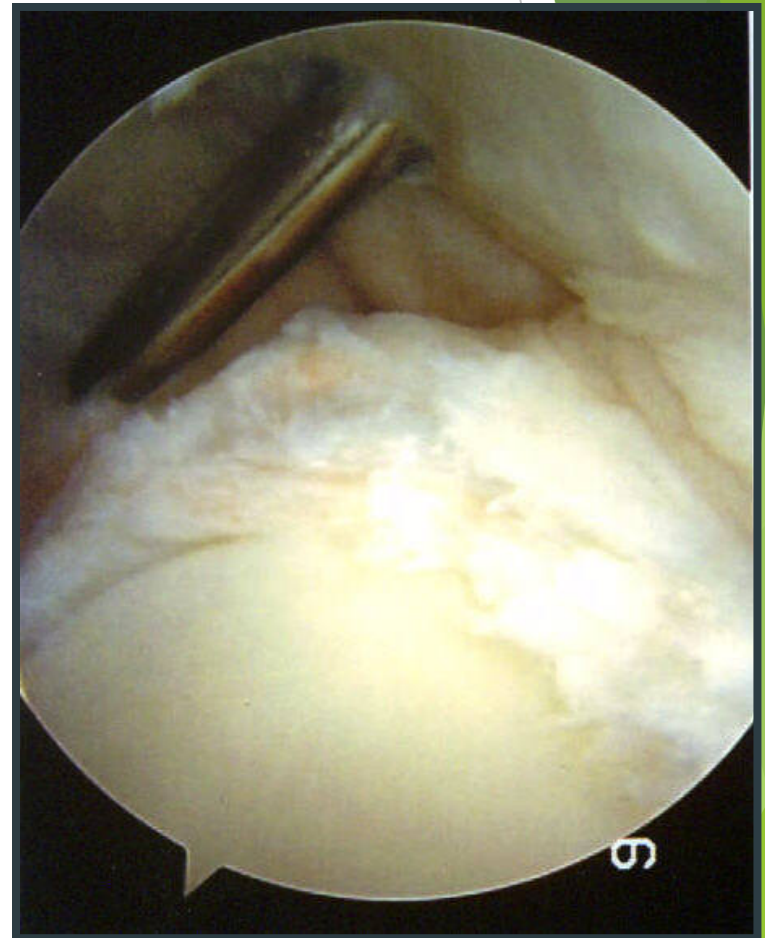
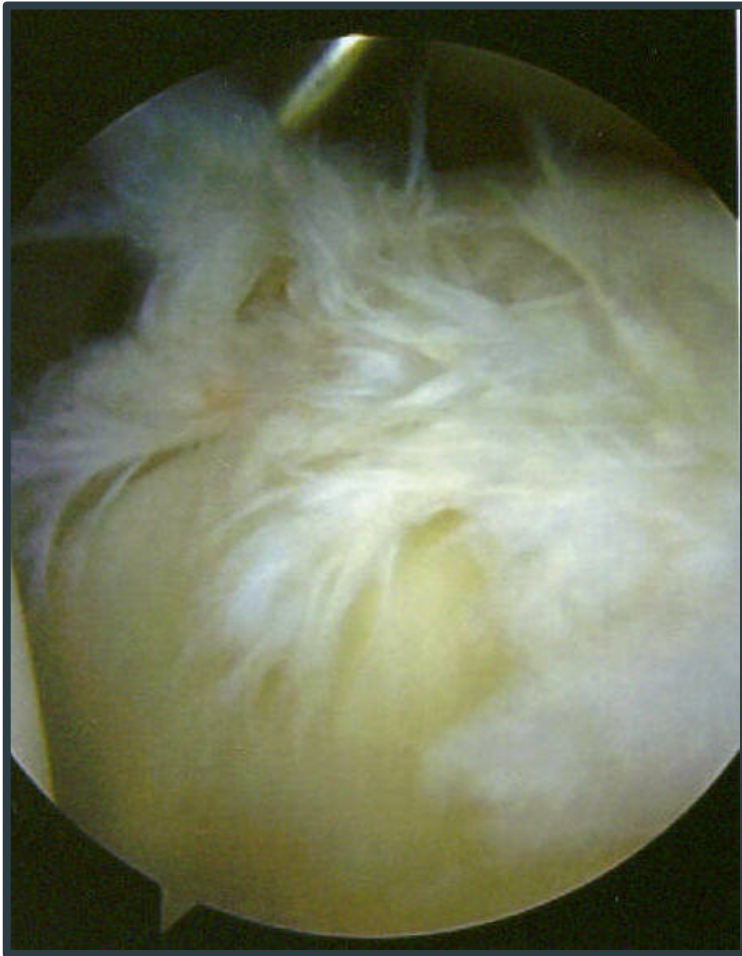


Acuity

- ▶ Did this happen when and how the patient said it happened?
 - ▶ Rotator cuff tears
 - ▶ Mechanism of injury
 - ▶ Injury Report (timing and witnessed)
 - ▶ Physical exam
 - ▶ Plain Xray
 - ▶ Diagnostic injections
 - ▶ MRI imaging



Chronic Labral Findings



Management and Testing

- ▶ Return to Work is KEY
- ▶ Light Duty is KEY
- ▶ Don't waste time and money
- ▶ Causation - ADDRESS IT
- ▶ MRIs when indicated (One Call)
- ▶ Good Communication is KEY
- ▶ Fax Work Status Form at time of visit

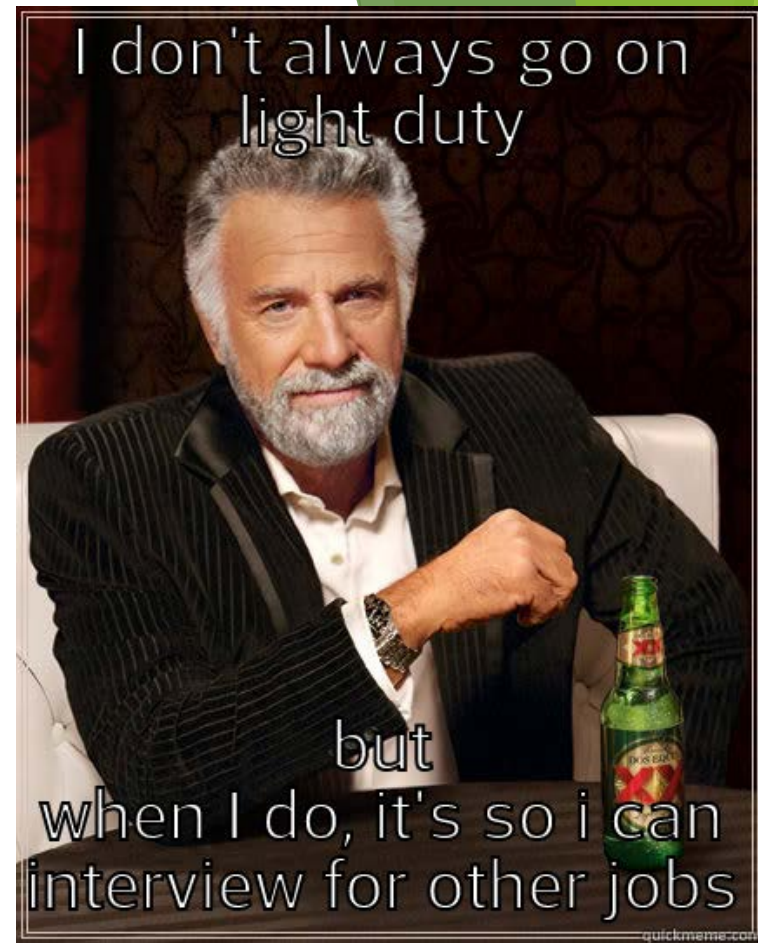


MOTION ORTHOPAEDICS



Surgery Results

- ▶ 0.0% infection rate in 12 years
- ▶ Highest success rates
- ▶ 1/3 operations revisions of others work
- ▶ Patient satisfaction high
- ▶ Ratings when requested
- ▶ Big believer in Light Duty (#1 predictive value)
- ▶ Very few permanent restrictions ever



MOTION ORTHOPAEDICS

2nd Most Important Slide

- ▶ Experience in treating patients in accordance with Worker's Compensation Law
- ▶ Physician Credibility is Paramount
- ▶ Doctor Patient Relationship – Makes for easier claims
- ▶ Early Return to Work, ie. Light Duty
- ▶ Time until Return to Full Duty
- ▶ Surgical Considerations
 - ▶ Minimally Invasive, All Arthroscopic
- ▶ Time until MMI
- ▶ Final Disability Ratings



Final Thoughts

- ▶ There are really 7-8 good choices for shoulder and knee surgery in St. Louis
- ▶ We actually care about this type of patient and welcome workers compensation to our practice
- ▶ We understand the financial constraints and work within them
- ▶ We understand Indemnity Costs and Reserves
- ▶ We are experienced in depositions
- ▶ IME Questions
 - ▶ Ask the Question and Get the Answer
- ▶ The Future
 - ▶ We are currently working on data to support
 - ▶ Faster RTW status
 - ▶ Superior clinical results
 - ▶ True financial cost of claims
 - ▶ Professional Fees
 - ▶ Surgery Center
 - ▶ Implant Cost
 - ▶ Physical Therapy and DME



How to get a hold of us and Appointments

- ▶ Direct Work Comp Hotline (answered by humans)
- ▶ 314-991-2002 Wendy and Nicole answer directly
- ▶ www.motion-ortho.com
- ▶ You tell us how soon you want/need apt and we make it happen
- ▶ Customer Service (you are the customer)
- ▶ Communication is the key to our mutual success



MOTIONORTHOPAEDICS

www.Motion-Ortho.com

- Anatomy
- Surgical Animation
- Patient Education
- Background/CV
- Hospital Affiliations

314-991-2002

Work Comp Hotline

Wendy or Nicole - Direct Answer





Thank You