

Most Educational Knee Workers' Compensation Cases of the Year

Chairperson: Judson Pierce, Partner at Pierce, Pierce & Napolitano

Tuesday, March 24th, 2026

2:05-2:55pm

Knee Injuries at Work: Straight Talk About a Bent Joint

Judson Pierce, Partner at Pierce, Pierce & Napolitano

27 Congress Street, Suite 301, Salem, MA 01970

978-745-0914, jpierce@ppnlaw.com

Disclosures

None.

Knee Injury Case Study

Maria fell at work. Is it compensable? What are the things that an attorney representing Maria would need to know and do to assist her in receiving workers compensation benefits? What would the insurer's attorney use to defend the case?

Employee Background

53-year-old Patient Care Assistant

18 years employment at acute-care hospital

Physically demanding duties: standing, walking, transfers

No prior work restrictions or lost time

Pre-Existing Knee History

Long-distance recreational runner (20+ years)

Intermittent right knee pain for 6–7 years

Diagnosed osteoarthritis (2019 X-ray)

Managed symptoms with NSAIDs

Full-duty work and active lifestyle maintained

Industrial Injury Event

Date of injury: February 6, 2025

Slipped on recently mopped hospital floor

Twisting mechanism with fall

Immediate pain, swelling, instability

Incident report completed same day

Initial Medical Findings

Knee effusion and limited motion

Positive Lachman and McMurray tests

Diagnosed knee sprain/strain

Removed from work

Referred to orthopedics

MRI Findings

Complete ACL tear

Degenerative meniscus changes

Moderate tricompartmental osteoarthritis

Bone marrow edema (acute trauma)

Chronic cartilage thinning

Treating Orthopedic Opinion

Fall caused acute ACL rupture

Pre-existing OA made knee vulnerable

Work injury major cause of disability

Recommends ACL reconstruction

IME Physician Opinion

Significant pre-existing osteoarthritis

ACL pathology likely degenerative

Work incident caused temporary flare

Current limitations due to degeneration

Surgery not causally related to work injury

Functional and Rehab Status

Out of work for four months

OREBRO score 72 (medium risk)

Pain with strengthening activities

Employer offered sedentary duty

Surveillance shows normal daily activities

Insurer Position

ACL tear related to degeneration

Running contributed to condition

Work injury not major cause

Disputes liability under §1(7A)

Attributes disability to natural progression

Key Legal and Medical Questions

Acute injury vs. degenerative condition

Application of §1(7A) combined injury standard

Major cause analysis

Weight of treating vs. IME opinion

Extent and duration of disability

Discussion Points

Role of pre-existing osteoarthritis

Impact of recreational activities

Credibility and surveillance evidence

Medical causation interpretation

Return-to-work considerations

Thank you.

Judson Pierce, Partner at Pierce, Pierce & Napolitano

27 Congress Street, Suite 301, Salem, MA 01970

978-745-0914, jpierce@ppnlaw.com

Knee Case

Kai Mithoefer, MD

Boston Bone & Joint Institute

New England Baptist Hospital

Disclosures

Consultant: Vericel

Editorial Board: Cartilage

Editorial Board: Orthopedic Journal of
Sports Medicine

40 year-old coast guard officer

Injury:

Fall down stairs

Knee hyperextension

Immediate pain/swelling

Cannot weight bear

ER: X-ray

Knee immobilizer/crutches



Pre-Injury:

Active athlete (running 2-3 times/week, weight training 2x/week)

No knee pain pre-injury

Recently passed academy physical and recertification

Treatment by local MD:

MRI not approved (UR)

PT x 8 visits (12 weeks)

Cortisone Injection

Brace

Continued pain with weightbearing/Work activities after 3 months

Ortho Evaluation at 4 months:

Swelling

Pain antero-medial knee

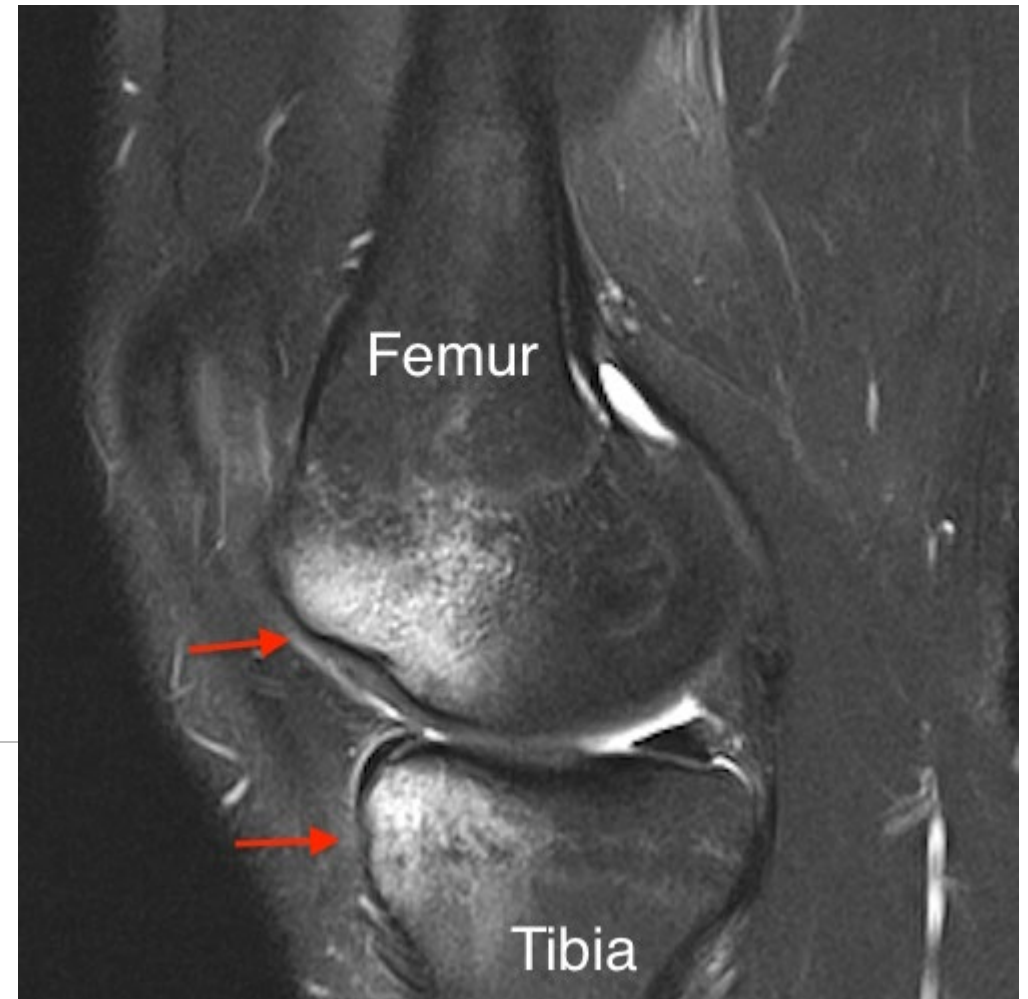
No instability

Negative McMurray

MRI:

Meniscal tear

Bone marrow edema



Surgery at 6 months:

Meniscal Tear

Articular Cartilage Defect

Meniscectomy+Cartilage repair

Recovery:

PT x 3 months

RTW: 1 month postop

Full duty 4 months postop



2026
WORK RELATED
Injuries Workshop

Thank you!

The Case of the Runaway Knee

Kirstin Lane, PT, DPT

Regional Manager of WorkStrategies

Select Medical klane@selectmedical.com

Disclosures

None.

Physical Therapy Subjective Findings

- OREBRO score of 72, Medium risk for delayed recovery, dangerously close to high risk.
- Black Flags of heavy work and conflict over injury claim.
- Pain ratings 6/10
- Unable to run/verbalizing depression about loss of fitness/social network

Physical Therapy Objective Findings

- Mild joint effusion
- 4/5 LE strength
- Full ROM
- Normal gait pattern with walking, instability noted with walking up incline or increased speed of walking
- During work simulation tasks of dynamic push/pull to simulate moving a wheelchair or bed, pt unable to pivot without instability noted, pt able to catch themselves without falling

Possible trajectory:

TRADITIONAL COMMUNICATION

PT completes re-evals monthly and sends Plans of Care to MD: strength shows progresses from 3+ to 4- to 4/5, pain decreases from 6 to 5 to 4/10. No alarm bells raised.

ENHANCED COMMUNICATION

PT calls MD and adjuster to discuss continued instability with higher level work related activities. Discusses higher OREBRO score with adjuster as a concern.

Per American Academy of Orthopaedic Surgeons CPG: Early reconstruction is preferred as the risk of additional cartilage and meniscal injury increases within 3 months

Brophy RH, Lowry KJ. American Academy of Orthopaedic Surgeons Clinical Practice Guideline Summary: Management of Anterior Cruciate Ligament Injuries. J Am Acad Orthop Surg. 2023 Jun 1;31(11):531-537. doi: 10.5435/JAAOS-D-22-01020. Epub 2023 Jan 18. PMID: 36727995; PMCID: PMC10168113.

Even if non-acute, surgical reconstruction for patients with non-acute ACL injury with persistent symptoms of instability is clinically superior and more cost-effective as compared to rehabilitation only.

Beard DJ, Davies L, Cook JA, Stokes J, Leal J, Fletcher H, Abram S, Chegwin K, Greshon A, Jackson W, Bottomley N, Dodd M, Bourke H, Shirkey BA, Paez A, Lamb SE, Barker K, Phillips M, Brown M, Lythe V, Mirza B, Carr A, Monk P, Morgado Areia C, O'Leary S, Haddad F, Wilson C, Price A; ACL SNNAP Study Group. Rehabilitation versus surgical reconstruction for non-acute anterior cruciate ligament injury (ACL SNNAP): a pragmatic randomised controlled trial. Lancet. 2022 Aug 20;400(10352):605-615. doi: 10.1016/S0140-6736(22)01424-6. PMID: 35988569.

PHYSICAL THERAPY: WHAT DOES THE EVIDENCE SHOW?

Thank you!

Knee Work Comp Session:

Xinning Li, M.D.

Tuesday, March 24rd, 2026

Professor of Orthopaedic Surgery - Sports Medicine and Shoulder
Surgery

Division Chief and Fellowship Director - Boston University School of
Medicine

Disclosures

■ Xinning Li, MD ~ FH Ortho Consultant

Xinning Li (Boston, MA)

Submitted on: 8/12/2025

FH Orthopedics, Inc.: Type: Other Professional Activities

1. AAOS/Governance Committee Member 2. AAOS ICL Committee Chair 3. ASES Research Committee Member 4. AANA Education Committee Member 5. AOA Fellowship Committee Member: Type: Board of Directors or committee member Self

1. American Journal of Sports Medicine 2. Journal of Bone and Joint Surgery 3. Orthopaedic Reviews 4. World Journal of Orthopaedics 5. Journal of Medical Insight: Type: Editorial or governing board Self

My Practice:

- ❑ Division Chief and Fellowship Director at BU/BMC
- ❑ Shoulder and Knee Surgeries (60/40)
- ❑ Everything Shoulder and Everything knee – TKA
- ❑ ~450 to 500 cases per year

Case 2:

- ❑ 35 yr old male janitor with trip and fall on work
 - ❑ Patella tendon full tear
- ❑ Saw ortho surgeon (OSH) one week after injury
- ❑ Indicated for surgery and awaiting work comp approval
- ❑ Took over 3 months for w/c to approve it.
- ❑ Surgery was done >4 months from injury
- ❑ Thoughts?

Surgery and Outcome:

- ❑ Surgery was done over 4 months out
- ❑ Post op 5 months, still no extension and no quad strength.
- ❑ PT was concerned and MRI done.
 - ❑ Rerupture of the graft
- ❑ Thoughts from the panel?

Referral to Me:

- I indicated for a revision patella tendon reconstruction with achilles allograft and VY lengthening of the graft
- Work comp denies the claim and goes to IME.
- IME doctor agreed with the insurance company (Not related to work)
- Goes to Court?
- Thoughts?

Revision Surgery

- Finally Court approved (4 months)
- Revision surgery

- Delay in the original claim by insurance company resulted in Compromised Outcome. Thoughts?
- IME and Court costs to deny the claim?
- Thought for the panel?
- Also denied PT sessions post surgery.... Thoughts?

Thank you!