

## When is Enough, Enough

Over Treatment of Upper Extremity Disorders

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## The Second Opinion: When is it time to ask for help?

## Disclaimer

- I perform IME's
- I perform Medical record review
- I have served as an expert witness

## Introduction

- When is recovery prolonged?
- What happens when the patient isn't recovering?
- Why does the patient have persistent symptoms?
- How does the work-up and treatment plan change when the initial treatment fails?
- When is it time to seek a second opinion?
- How to approach providing a second opinion

## More Often Than Not!!

- Physicians make the correct diagnosis
- Treatment is successful
- Patient recovery is predictable
- Everyone is happy



## Rarely

- Symptoms persist
- New symptoms develop
- Recovery is prolonged
- Complications occur
- No one is happy



## Case 1

- 34 yo f massage therapist, vague forearm pain developed during work
- Exam: non focal/diffuse pain
- MRI: negative
- Dx: lateral epicondylitis and wrist tendonitis
- Treatment: off work, wrist splint and therapy (30 visits)
- Symptoms persist
- IME suggested Dx: Posterior Interosseous Nerve Compression

## Case 1

- EDX/EMG: compression of PIN at elbow
- Intra operative findings: severe compression of nerve
- Post op: therapy and activity restrictions
- 2<sup>nd</sup> IME at 6 months: persistent symptoms
- 3<sup>Rd</sup> IME at 16 months: slow but continued improvement
  - 90 therapy sessions
  - Light duty work

## Case 1

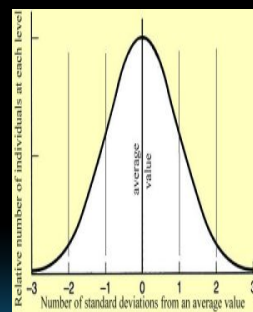
- Expected recovery time?
- Proper diagnosis?
- Is continued therapy beneficial?
- Are further diagnostic tests indicated?
- What factors are delaying recovery?
  
- Not a simple answer

## Normal Expected Recovery

- Healing takes time
- Emphasize the time it takes to recover
- What should be expected during recovery
- Risk factors and variables that may delay and impact outcome
- provide a realistic prediction of the results of treatment
- Educate patient to expect recovery milestones

## Reasonable Recovery Time?

- Define : return to work, MMI, end of healing
- Diagnosis dependent
- Severity of condition treated
- Co-morbid factors affecting recovery
- Patient and physicians expectations
- Patient motivation



## Recovery guidelines

- Fractures - heal in 3 wks to 6 mos or longer
- Tendons – min 6 wks with rehab to follow
- Ligaments – min 6 wks plus therapy
- Nerve regeneration – 1 mm per day
  
- 3 - 6 months for tenderness to resolve following Carpal Tunnel Release !
- Epicondylitis may take over 9 mos to get better, treated conservatively for at least that long

## Prolonged Recovery

- Not meeting the expected milestones to recovery:
  - resolution of symptoms
  - return to normal activities (work)
  - Prior experience with similar cases
- Our responsibility as health care providers - to determine reason why
  - May need to set expectations
  - Quickly identify delays



## What Happens When the Patient Isn't Recovering?

- Financial impact
  - Personal
  - employer
  - society
- Psychosocial issues
  - Family - "breadwinner" - "disabled mentality"
  - Job stress/ job satisfaction
  - Doctor / Patient relationship is challenged



## Why does the patient have persistent symptoms?

### What went Wrong?

- Treatment specific
- Patient specific



## Persistent Symptoms or New Complaints

- 1<sup>st</sup> determine that there is not another reason to explain symptoms
- Recurrent Problem
- Persistent problem
  - Incomplete surgery
  - Wrong surgery (wrong Dx)
- New complaints
  - New diagnosis
  - Complication of original treatment



## Patient Specific Causes

- Co-morbid conditions
  - Unrecognized Dx
  - Chronic disease
  - Age & body condition
- Patient directed care
- Behavior
  - Factitious disorder
  - Conversion disorder
  - Malingering



## Co-morbid conditions

- Diabetes & other chronic disease
- Obesity
- Smoking
- Psychiatric conditions

## Patient Directed Care

- Alternative treatments
  - Internet driven
- Holistic medicine
- Massage therapy
- Acupuncture
- Chiropractic care



## Behavioral Causes

- Factitious disorder
- Conversion Disorder
- Malingering



## Factitious disorder

- Intentionally fake or create a disease
- Inflict injury to create illness
  - Munchausen Syndrome
  - Munchausen Syndrome by Proxy
- Aim is to obtain sympathy, nurturance, & attention (notion of being ill)
- Often undergo unnecessary surgery
- No motivation for secondary gain
- Somatic Symptom and Related Disorder

## Conversion Disorder

- A psychiatric condition –
  - Non- intentional
  - Believes condition is real
- Possibly due to an overload of emotional stress
- Doesn't stand up to extensive scrutiny
- Common diagnosis
  - Pseudoseizures
  - Limb paralysis
  - Vision or hearing loss

## Malingering

- Intentional fake or create illness for secondary gain
  - workers comp
  - drug seeking behavior
- Intentional abuse of the Medical System (Fraud)
- exaggerating symptoms
- Dis-incentive to recover
- Antisocial personality disorder

## Considerations

- Often difficult to differentiate real medical problems from factitious disorders or malingering
- Potential tell tail signs of malingering:
  - Previous dx of Antisocial personality disorder
  - Early involvement of lawyers in a medical issue
  - Poor compliance with treatment
  - Inconsistencies in presenting symptoms

## Health Care Provider-Specific Causes for Delay in Recovery

- Unaware of early signs of delay in recovery
- Not listening to patient
- Lacks expertise that would allow provider to recognize problems
- **Ego**- arrogance –
  - Fail to admit that medical error occurred
  - Providers failure to admit that he/she lacks expertise to treat problem

## Complications that Delay Recovery

- Infection
- Failed hardware
- Injury to adjacent structures
- Re-injury during recovery
- Incomplete surgery
- Wrong surgery



## Response to a Delay in Recovery

- Identify that recovery isn't progressing as expected
- React with a multi-directional approach
  - Review records, tests, reexamine patient and rethink diagnosis
  - Obtain studies when appropriate
  - Encourage patient to actively participate in their own recovery (therapy at home)
  - Discuss case with colleagues or seek a second opinion

## How Does the Work-up and Treatment Plan Change When the Initial Treatment Fails?

- Re-think diagnostic work-up & treatment to date
- Repeat thorough exam
- Consider other contributing factors

**"Think outside the Box"**

- Look for rare or atypical findings
- Retesting





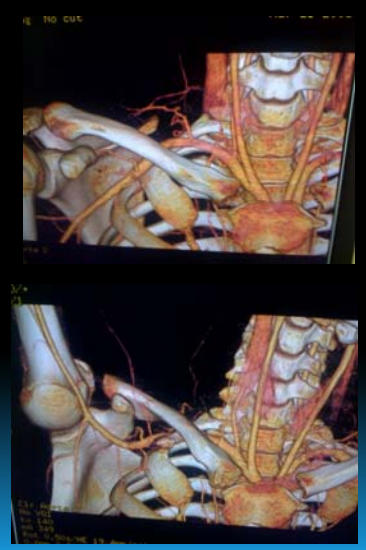
### When is it Time to Seek a 2nd Opinion?

- Patient initiated
  - Not happy with status of recovery
  - Lost confidence in treating physician
- Physician initiated
  - Loss of confidence in own ability to solve problem
  - Seek confirmation about care
  - Lack of specialty training



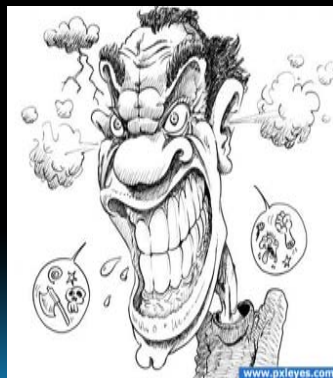
### Conditions Seen for 2<sup>nd</sup> Opinion

- Atypical presentation of compressive neuropathy
  - Thoracic outlet syndrome
  - Prox. Median N. Comp
- Complex wrist disorder
  - Scaphoid nonunion
  - Kienbock's disease
- Persistent pain & loss of use



### Conditions Often Seen for a 2<sup>nd</sup> Opinion

- Highly specialized problem
  - Vascular (Raynaud's Disease)
  - Ulnar hammer syndrome
  - Complex wrist disorder
- Infection/ complication
- Failed surgery
- Dissatisfied patient
  - Not hearing what he wants to hear (malingerer)



### Management of Patients with Failed Surgery or Those Seeking a 2<sup>nd</sup> Opinion

- More challenging than primary procedure
- Must rule out non surgical causes
- Often a significant pain component
- Dealing with scar
- Frequently require a salvage or reconstructive procedure
- Realistic expectation of results





## Persistent Symptoms or New Complaints

- 1<sup>st</sup> determine that there is not another reason to explain symptoms
- Recurrent Problem
- Persistent problem
  - Incomplete surgery
  - Wrong surgery (missed Dx)
- New complaints
  - New diagnosis
  - Complication of original treatment



## Management of Patients with Failed Surgery

- If you determine that more surgery is indicated proceed with care.
- Don't **convince** yourself that you can solve the problem
- Have strong objective evidence before proceeding
- Don't be surprised if the patient doesn't get better
- Don't follow a mistake with another mistake



## Case 2

- 48 yo F obese with diabetes, reports a gradual onset of non focal wrist pain from typing, no reported injury. On job 18 months
- Exam showed diffuse wrist pain, MRI should early osteoarthritis, small volar wrist ganglion, no TFCC tear
- Surgery for wrist arthroscopy and open ganglionectomy, early OA appreciated, ulnar attachment of TFCC thought to be loose! Percutaneous repair and open ganglionectomy

## Case 2

- Immobilized 8 wks then therapy 2X/wk
- MRI repeated at 4 months for persistent symptoms - Scar at peripheral repair site and defect in volar capsule (ganglion site), early OA
- Light duty work , therapy 2x/wk
- Seen at 7 months for persistent wrist pain a 3<sup>rd</sup> MRI was performed with no new findings

## Case 2

- IME - questioned original diagnosis and reason for surgery, thought 3 IME's and 45 plus therapy sessions excessive
  - Diagnosis thought to be early thumb basal joint arthritis and mild wrist extensor tendonitis
  - Recommendation for conservative care
  - Opinion - not related to work exposure

## Summary

- When do you say Enough?
- Many factors are involved
- Not all patients get better and it is difficult to identify those that will
- When recovery is delayed, think outside the box
- Recognize your own limitations and seek a second opinions

## Summary

- Providing a 2<sup>nd</sup> opinion is often challenging both in diagnosis & treatment
- Multiple factors come into play in patient management
- Don't let your ego stand in the way of good patient care
- Have sound objective evidence before proceeding
- Realistic expectations for outcome

## Thank You!

