Workers' Comp

Specialty Solutions Spotlight: How Adjusters Can Spot CRPS Early in Work Comp Claims

May 11, 2026
5 MIN READ
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How can I tell when an upper extremity claim is at risk of CRPS?

Complex Regional Pain Syndrome, or CRPS, can change the course of an upper extremity claim fast. What starts as a routine wrist, hand or arm injury can become a longer disability claim with delayed functional recovery, higher treatment intensity and growing return-to-work barriers. For adjusters, the key is to spot the warning signs early, understand what may be driving the claim off course and know when to seek added support.

CRPS often starts subtly and can initially look like a normal recovery. For adjusters, the most important step is recognizing when recovery is not following the expected path and determining the right treatment approach.

What is CRPS

At its core, CRPS is an issue with how the nervous system processes pain. Instead of pain gradually decreasing as an injury heals, the system stays “turned on.” The brain and nerves continue to send strong pain signals even when the tissue itself is improving.

This leads to pain that feels much more severe than expected. Injured employees may describe burning, throbbing or electric sensations. Even light touch like clothing brushing against the skin can feel painful. That’s because the condition affects not just sensation, but also movement and the body’s automatic functions like temperature and blood flow.

CRPS can occur in many parts of the body, but the upper extremity, especially the hand and wrist, is particularly high risk. There are technically two types of CRPS, depending on whether a nerve injury is clearly identified. But from a claims perspective, they tend to look very similar and are treated in much the same way. The bigger

issue for adjusters is recognizing that the pain response itself has become the problem.

Work Injuries Adjusters Should Watch

In workers' compensation, CRPS most often shows up after common upper extremity injuries. Wrist fractures, especially distal radius fractures, are one of the biggest triggers. Crush injuries, carpal injuries and post-surgical cases like carpal tunnel release also carry risk.

CRPS doesn't always require a major injury. In some cases, it can develop after what initially appears to be a relatively minor strain or sprain. For adjusters that means the severity of the original injury doesn't always predict the complexity of the claim, delays in functional recovery or increasing disability exposure.

Recognizing the Early Warning Signs

CRPS is often missed because early symptoms can look like normal post-injury healing. Swelling, stiffness and discomfort are expected after many injuries, especially once a cast is removed. What sets CRPS apart is the pattern and intensity. For adjusters watching for pain that seems out of proportion to the injury can be one of the biggest clues. Injured employees may also experience unusual sensitivity to touch, noticeable color or temperature differences between limbs and increasing reluctance to move the affected area.

Another important point is that symptoms can fluctuate. One day may seem better, the next worse. That inconsistency can sometimes lead to misinterpretation, but it's a common feature of CRPS. It's important to recognize these signs because CRPS can create a cycle that delays recovery and return to work.

Treatment Options to Consider

CRPS does not respond well to rest or passive care alone. In fact, too much immobilization or avoidance can make it worse. Pain leads to guarding. Guarding leads to less movement. Less movement contributes to stiffness, lower function and fear of using the limb. On a claim, that can mean slower progress in therapy and more difficulty returning the injured employee to modified duty.

The primary treatment for CRPS is active rehabilitation, specifically occupational and physical therapy. The goal is to gradually reintroduce movement and function in a controlled way including:

- Therapy focused on using the affected limb despite discomfort to rebuild strength, coordination and movement confidence
- Regular movement to "reset" the nervous system's pain response over time
- Desensitization to gradually expose the affected area to various textures, pressures and temperatures to reduce hypersensitivity
- Specialized techniques like mirror therapy and graded motor imagery to retrain the brain's perception of the affected limb

These approaches, despite seeming unconventional, can effectively reduce pain and improve function. They can have direct claim implications if the individual is avoiding movement, missing therapy or remaining immobilized longer than expected.

Other Treatment Options

Medications can support recovery, but they are not the main solution.

- Gabapentin and certain antidepressants can calm nerve pain and short-term steroids can reduce inflammation
- Advanced treatments like ketamine infusions or spinal cord stimulation should only be considered for severe, resistant cases
- Behavioral health intervention can assist with fear and anxiety that can amplify CRPS pain
- Early psychological support can improve function and return-to-work outcomes

How This Impacts Claims Management

While uncommon, CRPS can significantly extend disability if it isn't addressed early by the adjuster. It often leads to movement avoidance, reduced functional use of the limb and delayed recovery. Early identification, active therapy and a coordinated return-to-work plan can dramatically improve outcomes.

One of the most important mindset shifts is understanding that returning to work is not something that happens after recovery, it's part of the treatment itself. Modified duty helps keep the worker engaged, prevents deconditioning and reduces fear of movement.

Utilizing Apricus to facilitate physical medicine solutions ensures your injured employees receive the right CRPS support at the right time. Apricus refers to physical medicine providers who specialize in work-related injuries so complex cases get the care they need. Our in-house physical therapists provide constant clinical oversight on physical medicine claims to help identify developing challenges so adjusters can act quickly to put appropriate therapy in place for faster recoveries.

This information is meant to serve as a general overview, and any specific questions should be fully reviewed with a health care professional or specialty service provider.

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