

MSK's Escape Route

With musculoskeletal claims adding up, a more measured approach is needed to find the right treatment paths

Written By Bruce Shutan



Musculoskeletal injuries, the nation's leading cause of disability, have become increasingly common, exacerbated by an obesity epidemic and systemic failures. It's no surprise then that these conditions, described in clinical shorthand as MSK, are top of mind for self-insured employers.

The prevalence of MSK is astonishing. As many as 126.6 million U.S. adults (about half the population) live with one of these conditions, according to survey data published by the United States Bone and Joint Initiative.

A single MSK injury is estimated to cost anywhere from \$15,000 to \$85,000, with indirect costs potentially doubling or tripling that amount. The National Safety Council estimates that employers spend nearly \$18 billion a year in terms of workers' compensation, lost productivity, absenteeism, presenteeism, turnover and recruitment impacts. One medical journal projects a roughly 115% increase in MSK cases between 2020 and 2050 – reaching more than a billion.

"Honestly, for most self-funded employers I talk to, MSK is at or near the top of the list every year – usually right up there with, or ahead of, diabetes and heart disease," reports Arpit Khemka, CEO and co-founder of SimpleTherapy, noting that it's both common and expensive. What irks him most is how much of that spending didn't need to happen. One major culprit is how care gets sequenced. When someone tweaks his or her back, he says imaging, injections and surgery are emphasized before conservative, movement-based care. "For a self-insured plan, every one of those avoidable procedures is money out the door," he says. "Better outcomes and lower cost aren't a trade-off here – they come from the same lever."

JAGGED TREATMENT PATHWAYS

While most benchmarks list MSK costs as one of the top three drivers for self-funded health plans at 15% to 20% of overall costs, Regenexx, LLC Executive Vice President Mark Testa notes that about half of that spend goes toward elective orthopedic surgeries. He says some are low value, citing as examples spine surgeries and meniscus repairs in middle age.

Some employers are adding digital physical therapy to their MSK portfolio to take a more conservative approach, according to Testa. Others have added his company's needle-based injection of the patient's own cells into conditions that would otherwise progress to elective orthopedic surgery.

What makes MSK especially challenging is that there often isn't a single, straightforward treatment pathway, observes John Lawrence, executive director and growth leader for NimbleHealth.

"A member with back, knee, hip, shoulder or neck pain may move through primary care, imaging, physical therapy, pain management, orthopedic consultations and ultimately surgery," he says. Somewhere along the way, he notes, there can be conflicting recommendations, delays in care, difficulty finding the right specialist and uncertainty about whether a more conservative option should be considered first.

Much of the innovation in this area centers on intervening earlier in the MSK journey and giving members more support in making treatment decisions, according to Lawrence. That can include helping people understand their diagnosis and treatment options, making it easier to access high-quality in-network specialists, coordinating appointments and promoting appropriate conservative treatments such as physical therapy before progressing to more invasive care when clinically appropriate. He also notes that virtual physical therapy, orthopedic triage and surgical second opinions can help provide timely expert input without unnecessary delays or travel.

UNCOMFORTABLE TRUTHS

A guided exercise program prescribed early on will treat the real cause of an MSK condition, restore function and reduce pain – an actual clinical improvement, Khemka says, not pain masked with a pill. Patients who start on physical therapy (PT) to combat low back pain are about 87% less likely to get an opioid prescription, 28% less likely to get imaging and 15% less likely to land in the ER, he explains.

The outcomes are tangible. A PT-first path costs about \$11,000 a year vs. nearly \$37,000 when surgery came first, he says. "But none of that matters if people don't actually engage," he adds, noting that the uncomfortable truth about digital-only MSK is that sustained engagement often runs in the low single digits. "You reach the already-motivated, not the high-cost members who need it most."

Another uncomfortable truth is that most self-insured employers manage MSK on the wrong metric, according to Khemka. They stress installs, logins and number of members touched. The problem is that engagement is an input that "never shows up in the claims run the CFO actually pays," he explains. Self-insured employers that get this right manage MSK on conservative-care-first intervention with real clinician access, claims-based measurement against a matched control group and tie their vendor fees to outcomes, he says.



Employers underestimate the MSK category for a largely structural reason, explains Andrew White, founder and director of chiropractic for Align & Co. While cancer arrives as a single, unmistakable event that hits the stop-loss report for everyone to see with very little a plan sponsor could have done upstream, he says MSK behaves the opposite way.

"It shows up as a hundred quiet interactions that nobody flags: an office visit, an X-ray, a course of anti-inflammatories, a referral," he notes. "Then 18 months later, the same employee is a fusion, a disability claim and a replacement hire. The spend was never small. It was just distributed."

He cites Sun Life's 2026 high-cost claims report that ranks orthopedic and MSK conditions as among the most frequent diagnoses in claims exceeding \$3 million – a threshold MSK has only recently reached. "Those claims did not appear overnight. They accumulated," he says.

MSK also deserves disproportionate attention because employers pay for it more than once, White notes. For example, a single back injury can show up not only in a group health plan, but also in workers' comp, short-term disability and the productivity line all at once.

The good news for self-insured employers is that MSK is the largest preventable high-cost category. "You cannot screen your way out of a cancer claim. You can absolutely screen your way out of a large share of your spine spend," according to White.

BREAKING SILOS

Sun Life's 2026 high-cost claims report also noted that MSK conditions repeatedly show up alongside cardiometabolic conditions because they share their underlying risk factors: obesity, diabetes and inflammation. White says an employee with a degenerating knee and A1C creeping in the wrong direction represents a single problem presenting itself in two places.

"Treating it with an MSK vendor and separate diabetes vendor, neither of which talks to the other, is a design decision that guarantees you pay twice and fix neither," he cautioned, which is why his firm built metabolic programming inside rather than beside the MSK front door.

The cost of a siloed approach to MSK becomes measurable with popular GLP-1 drugs. Up to 39% of the weight lost on these medications can come from lean mass, which White says is most pronounced in sedentary populations. Muscle loss carries roughly a 60% higher fall risk and substantially elevated disability risk, he explains.

"We are systematically reducing muscle in people whose joints are already compromised, and calling it a win because the scale moved," he warns. "If you are covering GLP-1s without structured strength and movement attached, you are not preventing musculoskeletal cost. You are converting a metabolic claim into an orthopedic one and deferring the bill three to five years, at which point it arrives as falls, fractures and joint replacements."

Khemka has seen a 63% drop in anxiety and depression alongside the pain reduction when a holistic approach is employed. That includes pain-neuroscience education, cognitive behavioral therapy coaching and a warm handoff to behavioral health when it's beyond the MSK scope.

“What moves the needle is unglamorous: real human clinical access instead of a chatbot, a way to get people hands-on care when they need it and honest measurement tied to real claims,” he says.

The overarching goal is to provide health plan members with better information, access to appropriate clinicians and continued support, Lawrence notes. “One of the biggest lessons is that MSK is not just a provider-network problem or digital-therapy problem. It is fundamentally a navigation and decision-making challenge,” he says.

There are more MSK treatment options available today than ever before, he says, but that can create confusion. Members still must figure out where to start, whom they can trust, whether a recommendation is appropriate, how to get an appointment and what to do next if the first treatment does not work, he adds.

Lawrence reports meaningful results from more targeted interventions. For example, 59% of members using his company’s virtual orthopedic triage service have avoided an urgent care or emergency room visit. In addition, there has been a 74% decrease in reported pain among members participating in virtual physical therapy and roughly 15% surgical avoidance among members who are considering surgery.

MEANINGFUL POINTS OF SERVICE

The cost of an MSK claim largely depends on the point of service. For example, White says a 2022 analysis of nearly 3.8 million commercially insured health plan members with low back pain who started with a chiropractor averaged roughly \$5,100 in total downstream cost vs. roughly \$9,400 on average for those who started with an orthopedist.

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Arpit Khemka

"The gap is not the office visit. It is everything the office visit sets in motion," he explains.

Advanced imaging was ordered for about 7% of the chiropractic-first group and about 37% of the orthopedic-first group, while back surgery followed in less than 1% of the time vs. about 7% and early opioid prescriptions ran 1.7% vs. 12.6%.

Removing friction for employees helps move the needle on MSK claims. White notes how more than 84% of the workforce at a concrete-industry client of his completed an initial exam and consultation within 30 days when a mobile X-ray unit was brought onsite to do biometrics and MSK/physical exams. "There was no app to download, no appointment to schedule, no PTO to burn, no drive across town," he reports.

More than half of those employees had unaddressed injuries that had been mounting for months or years, while nearly a quarter were classified as high risk. That meant they were on a trajectory toward imaging, specialist referral or surgery if nothing changed.

Based on historical claims patterns, he says that the high-risk group alone represented more than \$800,000 in future liability. "By intervening early and redirecting care before escalation, that exposure was largely eliminated," White says, adding that the employer's investment produced about a tenfold reduction in downstream MSK risk.

When employees delay MSK care, White says it's not because they're unmotivated. The issue is that they're responding to a system that makes early action expensive and inconvenient and late action automatic. "Fix the friction, and you do not need the motivation," he adds.

His suggestion is that employers shorten the time between onset and first contact for MSK. Pain that gets addressed in the first week is a movement problem, he explains, while the same pain in month eight is a neurological, behavioral and psychosocial problem that will cost 10 times as much to treat. "The clinical difference between those two patients is mostly just elapsed time," he says.

POWER OF PARTNERSHIPS

Testa has seen the downstream effect of an unhealthy workplace during more than 30 years in the work comp space, which is why he says it's critical to match the right person with the right job. "If you can't find the right person, spend time either training them to do the job without injury or helping them become tactical athletes for that job," he suggests.

Occupational medicine lags behind the innovation that self-funded employers and cash-pay patients already have access to, which Testa says is platelet-rich plasma injections for MSK conditions. "Adding innovations like that reduces impairment ratings, keeps people from surgery and gets them back to work quickly," he says.



Mark Testa

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In the end, there's no denying the power of partnership. "Many employers are pushing solution providers like us to find ways to work together," Testa reports. "As more employers become sophisticated enough to understand there's no single fix for lowering healthcare costs, holistic and interconnected solutions need to focus on a number of areas. They include smart communication strategies, a quality patient experience, easy hand-offs for referrals and working within the ecosystem the employer has already built in order to save money."■

Bruce Shutan is a Portland, Oregon-based freelance writer who has closely covered the employee benefits industry for nearly 40 years.

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