A preexisting condition can complicate a workers' compensation claim, but it does not automatically defeat it. That point matters more than many injured employees in Greeley CO realize. People come to work with old back strains, repaired knees, arthritic joints, prior surgeries, migraines, and degenerative disc changes that may have shown up on an MRI years ago. Colorado workers are not required to arrive at a job in perfect health to qualify for benefits.

The legal question is usually not whether you had a condition before the accident. The real issue is whether your work injury caused a new problem, worsened an existing one, or accelerated symptoms to the point that you now need medical care or cannot perform your job. That distinction sounds simple. In practice, it is where many claims become medical and legal battlegrounds.

A seasoned Workers Compensation Lawyer Greeley residents trust will usually spend a lot of time on the timeline. When did the symptoms exist before? How often? Were you getting treatment? Were you missing work? What changed after the work incident? Could you still do your job before that date? Those details often decide whether an insurance company accepts the claim, limits treatment, or argues that the worker's current problems stem from age, prior injury, or ordinary degeneration rather than work.

The difference between a preexisting condition and a preexisting disability

People often use these terms as if they mean the same thing, but they do not. https://www.google.com/maps/place/Law+Offices+of+Miguel+Mart%C3%ADnez,+P.C./@40.4218,-104.76927,26709m/data=!3m1!1e3!4m6!3m5!1s0x876104.76927!16s%2Fg%2F11fnryw2dc!5m1!1e1?hl=en&entry=ttu&g_ep=EgoyMDI2MDcxNS4wIKXMDSoASAFQAw%3D%3D A preexisting condition is any health issue that existed before the work injury. It might be completely manageable. A warehouse employee may have mild low back degeneration noted on an old scan and still lift, bend, and work full shifts without restriction. A receptionist may have prior carpal tunnel symptoms that only flared up occasionally and did not interfere with typing or scheduling.

A preexisting disability is different. It suggests the worker already had measurable limitations, ongoing impairment, or work restrictions before the incident at issue. That difference matters because insurers often blur the line. They may point to old records showing a diagnosis and suggest the worker was already injured in the same way. But a diagnosis on paper is not the whole story.

In the real world, many adults over 40 have some degenerative findings in the spine, knees, shoulders, or hands. Imaging does not always match function. I have seen cases where a worker had years of mild wear and tear with little to no treatment, then suffered a lifting injury, a fall, or repetitive trauma at work and suddenly needed injections, therapy, or surgery. The old condition existed, yes, but the work event changed the worker's baseline. That is often the heart of a valid claim.

Why insurance carriers focus so heavily on prior records

Insurance companies are not wrong to ask about prior treatment. They want to know whether the work incident actually caused the present symptoms. But workers are often surprised by how far back carriers look. If you have ever complained to a primary care doctor about neck pain, had a chiropractic visit, or mentioned knee soreness after a weekend project, that history may resurface.

The carrier's strategy is usually straightforward. If it can argue that your symptoms were already there, it may try to deny the claim entirely, cut off treatment, or limit what body parts are accepted. Sometimes the carrier accepts a strain but disputes a disc herniation. Sometimes it covers a temporary flare-up but denies surgery. Sometimes it accepts a shoulder injury while saying the neck pain is unrelated, even when the two began at the same time.

That is why consistency matters. Workers do not need to pretend they were symptom free for their entire lives. In fact, that can backfire if records show otherwise. The stronger approach is usually honesty paired with clarity. Yes,

I had occasional back soreness before. No, I was not receiving ongoing treatment. Yes, I could do my full job. No, I had never lost work because of it. After the accident, everything changed. That kind of explanation often carries more weight than a blanket denial of any prior issue.

Colorado workers' compensation does not require a worker to be perfect

Colorado law generally recognizes that work can aggravate, accelerate, or combine with a preexisting condition. If the job materially worsened the condition or triggered disability and need for treatment, the claim may still be compensable. That principle is important in physically demanding industries common around Greeley CO, including construction, manufacturing, agriculture, oil and gas support work, transportation, and warehouse operations.

Think about a delivery driver with asymptomatic degenerative changes in the lumbar spine. One winter morning he slips stepping out of the truck, twists hard, and develops sharp leg pain that did not exist before. The MRI later shows degeneration plus a disc issue. The insurer may say the scan reflects old wear and tear. But if he was working full duty before the fall and has radicular pain after it, the work event may still be the reason he now needs care.

The same pattern appears with shoulder claims. A mechanic may have mild arthritis in the joint for years, then suffer a forceful overhead strain while loosening a seized bolt. After that, he cannot raise the arm and develops a rotator cuff tear. The presence of arthritis does not erase the injury. It may explain some background vulnerability, but it does not necessarily explain the sudden loss of function after a specific work event.

What doctors usually look for in these cases

Medical evidence often determines whether a preexisting condition becomes a manageable issue or a reason for denial. Treating doctors and independent examiners tend to focus on several practical questions. Was the worker functioning before the incident? Was there a clear change afterward? Do the reported symptoms fit the mechanism of injury? Is there objective support such as spasm, weakness, reduced range of motion, nerve findings, or imaging changes? Did the worker seek treatment promptly?

Timing matters. A person who reports the injury right away, describes a clear mechanism, and seeks care within a reasonable period often starts from a stronger position than someone who waits weeks and says little to supervisors. Delay does not automatically destroy a claim, but it gives insurers room to argue that something else happened in between.

Doctors also care about symptom pattern. If a worker had intermittent low back aching for years but, after lifting at work, develops new numbness down one leg, that change may support causation. If a worker had occasional shoulder soreness before but, after repetitive overhead work, now cannot sleep on that side or reach above chest height, that matters too. Medicine is rarely as neat as a flowchart. It often comes down to how convincingly the records show a before and after picture.

The phrase workers hear all the time, aggravation versus natural progression

This is one of the most disputed issues in any workers' compensation case involving prior health problems. An aggravation means work made the condition worse. Natural progression means the condition would have worsened on its own, regardless of the job. The insurance carrier will often push the second theory. The worker and the worker’s doctor may support the first.

There is no universal formula. A fifty-five-year-old framer with degenerative knees may eventually need treatment even without a specific accident. But Workers Compensation Lawyer Greeley if he twists his knee carrying materials on a muddy jobsite and immediately develops swelling, locking, and instability, that work event may well be the legally important cause of the current need for care. A Workers Compensation Attorney evaluating the case will want to compare old records with the post-injury findings, not just accept broad statements about arthritis.

This is where practical lawyering matters. It is one thing to say, "My knee was never the same after work." It is another to show that before the incident there were no restrictions, no imaging of concern, minimal treatment, and consistent full-duty work, while after the incident there were objective findings, work limitations, and escalating care. That kind of record gives a claim structure.

Independent medical exams can be pivotal

When there is a fight over preexisting conditions, independent medical exams often become central. The term "independent" can sound more neutral than the process feels to injured workers. The doctor may be reviewing records with a skeptical lens, especially if the insurer frames the question as whether the symptoms are really just old degeneration.

Workers should not assume the exam is casual. Every answer matters. If you tell the examiner, "I have always had back pain," without explaining that it was occasional and never affected work, the report may later say your symptoms were chronic and unchanged. If you minimize the work incident because you do not want to sound dramatic, the carrier may argue that the mechanism was too minor to cause the condition now alleged.

This does not mean exaggerate. It means be precise. Describe what you could do before, what happened at work, what changed after, and what symptoms are now different in type, severity, or frequency. Precision often matters more than emotion.

Common fact patterns in Greeley work injury claims

Certain recurring scenarios show up often in northern Colorado. A certified nursing assistant with a history of back strain reinjures the back while transferring a patient. A welder with prior shoulder tendinitis tears tissue while lifting heavy steel. A feedlot worker with bad knees slips in wet conditions and turns manageable arthritis into a disabling condition. An office employee with occasional wrist discomfort develops worsening numbness and weakness after a sustained period of repetitive data entry.

None of these claims is automatic. Each turns on evidence. But all of them reflect the same legal and medical tension. Work did not create a body from scratch. Work acted on a body with history. The job may still be responsible if it pushed the worker past a functional line that had held before.

I have also seen claims derailed by how employers document the initial report. A supervisor writes "employee says knee has bothered him for years," leaving out the worker's immediate statement that the twisting incident caused a sharp new pain and swelling. That one incomplete sentence can shape the whole file. It is not always malicious. Sometimes it is sloppy note taking. Either way, it can become expensive later.

What injured workers should do when an old problem flares after a work event

If you have a preexisting condition and something happens at work that clearly makes it worse, the early steps matter more than most people think.

1. Report the incident promptly and describe both the event and the change in symptoms.
2. Tell the doctor about prior issues honestly, but explain your functional baseline before this injury.
3. Follow treatment recommendations and keep records of missed work, restrictions, and symptom changes.
4. Review written reports when possible, especially if they oversimplify your history.
5. Speak with a Workers Compensation Lawyer if the insurer starts blaming everything on your prior condition.

Those five steps sound basic, but they often determine whether the claim stays on track. A well-documented change in function is frequently more persuasive than broad complaints of pain.

The danger of trying to hide your medical history

Workers sometimes fear that admitting any prior issue will ruin the case, so they deny old treatment. That is almost always a mistake. Prior medical records are discoverable in many cases, and once a worker looks evasive, the insurer gains leverage. Credibility is hard to rebuild after that.

A better approach is to distinguish the old problem from the new work-related worsening. Maybe you had occasional chiropractic visits in 2019. Maybe you had mild neck pain after a car accident years ago. If you recovered, returned to normal activities, and were doing your full job before the work injury, those facts matter. The existence of a past problem is not as damaging as inconsistency about it.

The same is true for prior imaging. Many people panic when an MRI report mentions degeneration, bulges, tendinosis, or arthritic changes. Those findings are common. The question is whether the work event made that underlying condition symptomatic or materially worse. A careful Workers Compensation Attorney will not ignore the imaging, but will place it in context with your work history, treatment history, and symptom progression.

When employers and insurers accept part of the claim but not all of it

This is a frequent middle ground. The carrier may admit that something happened at work but frame it narrowly. It might accept a temporary lumbar strain for six weeks while denying a disc injury, saying the latter is preexisting. It may cover physical therapy but refuse injections. It may accept shoulder pain but deny neck involvement. Those partial admissions can be harder to navigate than a flat denial because the worker receives some benefits while more serious care is blocked.

That is where language in the medical records becomes critical. If your authorized provider casually notes "degenerative condition" without addressing whether work aggravated it, the insurer may seize on that phrase. On the other hand, if the doctor clearly states that the work event likely exacerbated or accelerated the condition and caused the current disability, the claim becomes more defensible.

Workers often assume doctors automatically understand the legal significance of these distinctions. Many do not. They are treating the patient, not litigating the case. That is one reason legal representation can matter, particularly when the medicine is complicated. A strong Workers Compensation Lawyer often helps organize records, identify gaps, and make sure the actual dispute is presented clearly.

Wage loss and restrictions can tell the story better than scans

Imaging draws attention because it feels objective, but function often tells the more persuasive story. If a worker was performing full-duty construction labor, logging overtime, and handling heavy tasks before the incident,

then suddenly needs restrictions, misses shifts, and cannot complete basic job duties after the event, that change matters. It can show that the work injury had a real effect regardless of whether the MRI reveals old changes.

This is especially true with degenerative spine claims. Two people can have similar imaging and very different levels of disability. One works ten-hour shifts unloading materials. The other struggles to sit through a meeting. Scans do not capture the whole picture. Functional decline, documented over time, often does.

Pay records can help too. Reduced hours, modified duty, and lost overtime sometimes reveal the impact more clearly than a pain rating written on a form. If you are pursuing benefits, keep practical records. Save work status notes. Keep track of tasks you can no longer perform. Write down when symptoms interfere with sleep, driving, climbing, lifting, or concentration. These details give texture to a claim that might otherwise look abstract on paper.

A few mistakes that make these claims harder than they need to be

Even valid claims can be weakened by avoidable errors.

1. Waiting too long to report the incident because you hope the symptoms will pass.
2. Telling one provider you were fine before the injury and another that you had constant pain for years.
3. Skipping treatment and then returning only when symptoms become severe.
4. Assuming a denial is final when the issue is really a dispute over medical causation.
5. Posting active weekend photos online while claiming you cannot perform simpler work tasks.

Every one of these problems shows up in real cases. None guarantees defeat, but each gives the insurer a cleaner narrative than the worker wants.

Why local context matters in Greeley CO

Workers' compensation law is statewide, but claims are lived locally. In Greeley CO, many employees work physically demanding jobs where repetitive stress and cumulative trauma are common. A body part may not fail in a single dramatic accident. Sometimes the story is months or years of strain followed by one final incident that turns a manageable condition into a disabling one.

That local workforce reality matters. A person working in packing plants, field services, fabrication shops, trucking, healthcare support, or heavy equipment environments may have a very different physical baseline than an office worker. The legal standards are the same, but the factual proof looks different. Repetition, production pace, awkward lifting, weather exposure, and uneven terrain can all shape the case.

A Workers Compensation Lawyer Greeley workers consult should understand that texture. The strongest representation often comes from someone who knows how these jobs are actually performed, what common injuries arise from them, and how insurers tend to contest those claims.

When it makes sense to talk with a lawyer

Not every work injury needs immediate legal intervention. But preexisting condition cases are more likely than average to become contested. If the insurer denies the claim, limits accepted body parts, disputes surgery, cuts off benefits early, or says your current symptoms are unrelated to work, it is wise to get advice sooner rather than later.

A consultation can help clarify whether the dispute is medical, legal, or both. It can also help you avoid accidental damage to the file. Many workers talk themselves into trouble by giving broad recorded statements, signing unclear releases, or assuming the treating doctor will naturally connect the dots. Sometimes that happens. Often it does not.

What you want from a Workers Compensation Attorney is not just legal jargon. You want practical judgment. Does the file show a true aggravation? Are the prior records manageable or dangerous? Does the timeline support you? Is there a treating physician willing to state an opinion clearly? Is the insurer mischaracterizing ordinary degeneration as proof that work had nothing to do with your disability? Those are not academic questions. They shape treatment access, wage benefits, settlement value, and the stability of your recovery.

A preexisting condition changes the path of a workers' compensation claim, but it does not close it. Many valid cases involve workers who were getting by, doing their jobs, and living with manageable wear and tear until one work event, or one stretch of repetitive strain, changed the equation. When that happens, the law may still protect them. The challenge is proving not that they were perfect before, but that work made them materially worse after.

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FAQ About Workers Compensation Lawyer Greeley

What not to say to a workers' comp attorney?

Never lie or omit past medical history, exaggerate symptoms, or admit fault to anyone—especially insurance adjusters. Do not give recorded statements or accept settlement offers without consulting your attorney. Keep all communications with your legal team completely honest and 100% transparent to protect your claim.

What are the odds of winning a workers' comp case?

Nationally, about 75% of claimants receive at least some compensation. If your initial claim is denied and you appeal, hearing-level success rates typically hover around 50%. Your exact odds heavily depend on the strength of your medical documentation, adherence to reporting deadlines, and whether you have legal representation.

What does a workers' comp lawyer do?

A workers' compensation attorney can help you recover the maximum compensation you're entitled to, even if your employer or their insurance provider denies your claim. Your attorney can help gather evidence, file paperwork, negotiate with insurance companies, and represent you in court.