

Designated Doctor and MMI/IR Doctor

Pre-course Cases

MMI and the Official Disability Guidelines (ODG)

Case 1 - MMI

- 28-year-old paramedic sustained fracture of right lateral tibial plateau 08/11/2022
- Statutory MMI 08/19/2024
- Treated with ORIF surgery

28 post-op PT sessions through 12/15/2022

- Improvement in knee ROM, strength and ADLs
- Walking/standing limited to 30-60 minute intervals
- 2.0 cm right thigh atrophy
- Quad strength 4/5
- Knee flexion 100° and a flexion contracture of 10 °

FCE 12/15/2022

- Deficits in ability to squat, lift from floor level, ascend and descend stairs and climb ladder, and push/pull
- Unable to complete treadmill test of cardiovascular fitness due to knee pain and weakness
- Multiple parameters for validity showed maximal and consistent effort
- Medium physical demand category (lifting, push/pull)

Ortho Follow-up Visit 12/20/2022

- Working with restrictions with 911/dispatch (sedentary work)
- Continued home/gym exercise program concurrent and post-PT
- Difficulty walking, standing, stairs due to right knee pain and limited ROM
- Slight limp
- Fracture healed, good alignment

- Recommended 6 additional visits PT over next 6-8 weeks for progression of gym and home exercise program
- Additional 6 visits PT denied 1/4/2023 by insurance carrier/utilization review – “request exceeds ODG recommended PT”

DD Medical History 2/15/2023

- Continued restricted duty 911/dispatch
- Continued home/gym program – “getting a little stronger, slow progress”
- Difficulty with standing/walking greater than 30-60 minute intervals, stairs
- PT Preauthorization denial appealed

DD Physical Exam 2/15/2023

- Right knee ROM
 - Flexion 100° and 10° of flexion contracture
 - Passive ROM is consistent with active
- Antalgic gait w/shortened stance and push-off
- 1.5 cm right thigh atrophy
- 4+/5 strength right knee extension

Question for DD to consider in the exam: Has MMI been reached? If so, on what date? (May not be greater than statutory MMI date shown on DWC Form-032)

- MMI 12/15/2022 – completion of post-operative PT and the FCE date
- MMI 12/20/2022 – date of follow-up with orthopedic surgeon
- MMI 2/15/2023 – date of DD exam
- Not at MMI

Case 2 – MMI

- 28-year-old male restaurant manager began acute low back and left posterior thigh pain after slip and fall on wet floor, landing on buttocks on 6/15/2022
- Occupational medicine treatment
 - NSAIDs, muscle relaxant medication
 - 6 PT visits
 - No improvement in symptoms or activity tolerance

- RTW with restrictions - Employer unable to accommodate restricted duty work

Follow up 4 weeks after the DOI

- Complaints were of pain that went down the posterior left leg to the outer foot
- Sensory exam demonstrated decreased sensation in the same distribution as the complaints
- He had difficulty performing left toe raises
- The left Achilles reflex was absent on the left and 2+/4 on the right
- Positive SLR with leg pain to the calf at 45° on the left
- Lumbar MRI scan showed 7 mm posterolateral left L5/S1 herniated nucleus pulposus (HNP) displacing left S1 nerve root. No other significant signs of lumbar spondylosis.
- Translaminar lumbar epidural steroid injection (ESI) x2 at L5/S1 with short term improvement

Left L5/S1 hemi-laminotomy/discectomy 1/15/2023 - Partial relief of lower extremity symptoms

At 6 weeks post-op, partial relief of lower extremity symptoms

- 3/3/23 had decreased sensation left lateral foot and lower extremity strength 4+/5
- 3/8/2023 RTW without restrictions
- Completed 18 PT visits 3/15/2023
 - Handwritten PT discharge summary illegible

Surgeon Follow-up Exam 4/1/2023

- Working without restrictions since 3/8/2023
- Taking OTC analgesics as needed
- Intermittent low back pain
- SLR produced LBP without neural tension signs
- Lumbar flexion fingertips to mid shin, slightly decreased lumbar extension, both with increased LBP
- Left Achilles DTR decreased
- Decreased sensation left lateral foot
- Lower extremity strength 5/5
- “Patient is concerned about continued low back pain”
- Recommends MRI scan without contrast to “rule out recurrent disc herniation”

Repeat Lumbar MRI Scan with Contrast 4/5/2023

- Post-operative changes without any evidence of recurrent or residual disc herniation

Surgeon Follow-up 4/12/2023

- IE taking OTC analgesics as needed
- Performing home exercise program per PT
- Working without restrictions
- Exam unchanged from 4/1/2023
- Discussed MRI results, no additional surgery recommended and possible referral for additional interventional pain management - IE does not want to pursue
- Continue home exercises, OTC medication, return as needed

DD Exam 7/15/2023

- Chief complaint low back pain
- Normal gait
- Lumbar range of motion as follows
 - flexion to 50° degrees (sacral value of 40°)
 - lumbar extension 20°
 - both with increased left lower back pain
- Left straight leg raise limited to 54° where it produces left low back pain, without dorsiflexion aggravation
- Right SLR 65° limited by hamstring tightness
- Left Achilles DTR decreased and numbness to pinprick over left lateral foot
- Lower extremity strength 5/5 bilaterally

Question for DD to consider in the exam: Has MMI been reached? If so, on what date? (May not be greater than statutory MMI date shown on DWC Form-032)

- A. MMI 3/15/23 – date of PT discharge
- B. MMI 4/1/2023 - date of follow-up with surgeon
- C. MMI 4/12/2023 - date of follow-up with surgeon
- D. MMI 7/15/2023 - date of DD exam
- E. Not at MMI

Case 3 - MMI

- 26-year-old laborer sustained tears of right medial meniscus and ACL on 4/28/21
- Statutory MMI 5/8/23
- Initial dispute about compensability of injury, resolved in IE's favor at CCH 12/15/21

Extensive Treatment

- Medication
 - NSAIDs, muscle relaxants, acetaminophen
- 24 visits pre-op PT 2/1/2022-7/1/22
- Arthroscopic meniscectomy, ACL repair surgery 11/15/22
- 30 visits post-op PT 12/1/22-5/5/23

Post-op PT on 5/5/23 Documents

- Right knee ROM
- Flexion 100°
- Flexion contracture 10°
- 2 cm right thigh atrophy
- 4/5 strength right knee extension
- Work hardening recommended

Sustained recurrent medial meniscus tear ("Bucket Handle") in work hardening 5/15/23

Underwent arthroscopic medial meniscectomy 6/30/23

Completes additional 12 post-op PT 8/15/23

DD Exam 9/1/23

- Right knee ROM
 - Flexion 100°
 - No flexion contracture
- 1 cm right thigh atrophy
- 5/5 strength bilateral lower extremity

- Normal gait

Question for DD to consider in the exam: Has MMI been reached? If so, on what date? (May not be greater than statutory MMI date shown on DWC Form-032)

- A. 5/5/2023, date of post-op PT visit
- B. 5/8/2023, date of statutory MMI
- C. 9/1/2023, date of DD Exam
- D. Not at MMI

Case 4 - MMI

- 29-year-old retail stock clerk injured right shoulder lifting box above shoulder height 1/30/2023
- Statutory MMI 2/8/2025
- Treated with NSAIDs and “Codman exercises”
- Returned to restricted duty work 2/4/2023
- Symptoms worsened with RTW
- MRI scan 3/12/2023 partial tear right supraspinatus, increased signal in subacromial bursa consistent with inflammation and Type II acromion

Subacromial corticosteroid injection 3/15/2023

9 visits of PT 3/18/2023– 4/15/2023 with some improvement in ROM, strength, activity tolerance

PT Discharge 4/15/2023

- Flexion 160°
- Extension 30°
- Abduction 140°
- Adduction 20°
- External rotation 40°
- Internal rotation 40°
- 4+/5 strength of right supraspinatus and infraspinatus

Ortho Follow-up 4/22/2023

- “Continue home exercise program, follow-up 1 month”

DD Exam 6/5/2023 Reports continued home exercise program and RTW with improvement

- Right shoulder ROM
 - Flexion 180° Extension 50°
 - Abduction 170° Adduction 40°
 - External rotation 80° Internal rotation 80°
- 5/5 strength of supraspinatus, infraspinatus and subscapularis bilaterally
- Normal sensation

Question for DD to consider in the exam: Has MMI been reached? If so, on what date? (May not be greater than statutory MMI date shown on DWC Form-032)

- A. 4/15/2023, date of PT discharge
- B. 4/22/2023, date of ortho follow-up
- C. 6/5/2023, date of DD exam
- D. Not at MMI