

# MMI Case-Based Webinar

## Module 1

### *Instructions*

This document contains the Maximum Medical Improvement (MMI) cases that will be addressed during the upcoming case-based webinar.

It is imperative that you work the cases in advance of participating in the webinar. The solutions to the cases will be discussed during the webinar. Please note any questions you have about these cases while you are working them. Please email your questions to [desdoc.education@tdi.texas](mailto:desdoc.education@tdi.texas) prior to the webinar.

### *Disclaimer*

The material presented in this webinar is made available by the Texas Department of Insurance - Division of Workers' Compensation (TDI-DWC) for educational purposes only. The material is not intended to represent the only method or procedure appropriate for the medical situations discussed. Rather, it is intended to present an approach, view, statement, or opinion of the faculty, which may be helpful to others who face similar situations.

## MMI Case 1

40 year old EMT sustained fracture of right distal tibia and fibula 10/11/2023 (Statutory MMI 10/19/2025)

Treated with ORIF

21 PT post-op sessions through 2/15/2024

- Improvement on ankle ROM, strength and ADLs
- Walking/standing limited
- 1.5 cm right calf atrophy
- Strength 4-/5 in ankle and DF and PF muscles
- Dorsiflexion 0°
- Plantarflexion 20°

2/18/2024 Ortho Follow-up Visit (4 months after DOI)

- IE had difficulty walking due to ankle pain and limited ROM
- fracture healed

3/1/2024 Request Additional 6 PT Visits

- utilization review
  - "completed ODG recommended PT"
- request denied by insurance carrier

Continued home and gym exercise program

3/18/2024 Functional Capacity Evaluation (FCE)

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

4/15/2024 DD Exam

- Right ankle ROM
  - Plantar flexion 20 °
  - Dorsiflexion 0 °
- Right hindfoot ROM
  - Inversion 8 °
  - Eversion 5 °
- Antalgic gait with shortened stance and push-off, but reports improvement in ability
- 1.25 cm right calf atrophy
- 4/5 strength ankle plantar flexion and eversion
- Can demonstrate HEP

**Has MMI been reached; if so, on what date?**

- A. Not at MMI
- B. MMI 2/15/2024 - completion of post-operative PT
- C. MMI 3/18/2024 - FCE date
- D. MMI 4/15/2024 - day of DD examination

## MMI Case 2

38 year old male carpenter with acute low back and left posterior thigh pain after lifting and carrying box of screws at work on 6/15/2023.

PCP treatment

- 2 different NSAIDs
- 6 visits of PT
- No improvement in symptoms or activity tolerance
- Released to return to work with restrictions; however, employer unable to accommodate restricted duty work

7/15/2023 Plain Film X-ray

- moderate spondylosis at L4/L5

8/1/2023 Lumbar MRI (6 weeks after DOI)

- 7 mm posterolateral left L5/S1 herniated nucleus pulposus (HNP) displacing the left S1 nerve root

10/15/2023 (4 months after DOI) Translaminar Lumbar Epidural Steroid Injection (ESI) at L5/S1 without significant improvement

12/15/2023 Left L5/S1 hemilaminotomy with discectomy

- Partial relief of lower extremity symptoms

1/15/2024 Restarted PT after surgery

2/28/2024 Completed 18 PT Visits

- PT discharge summary illegible

3/1/2024 Surgeon Follow-up Exam

- Intermittent back pain
- SLR produced LBP without neural tension signs
- Lumbar flexion fingertips to mid shin, both result in increased LBP
  - slightly decreased lumbar extension
  - both with increased LBP
- Left medial hamstring DTR decreased (did not comment on the right)
- Decreased sensation left lateral foot
- Decreased left Achilles DTR
- No calf or thigh measurements

3/5/2024 Repeat Lumbar MRI Scan With Contrast

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

3/12/2024 Surgeon Follow-up

- IE does not want to pursue additional interventional pain management procedures

4/15/2024 Designated Doctor Exam

- Chief complaint low back pain and left leg pain/weakness
- Normal gait
- Lumbar range of motion
  - flexion to 50° (sacral value of 40°)
  - lumbar extension at 20°
  - both with increased left lower back pain
- Left straight leg raise (SLR) 44° degrees limited by left low back pain
  - pain further increased with ankle plantar flexion, without dorsiflexion aggravation
- Right SLR 65° degrees limited by hamstring tightness
- Left Achilles DTR decreased
  - numbness to pinprick over left lateral foot
- Left ankle plantar flexion graded as 4+/5

**Has MMI been reached; if so, on what date?**

- A. Not at MMI
- B. 3/1/2024
- C. 4/15/2024
- D. IE will reach statutory MMI at 104 weeks post injury

# MMI Case 3

46 year old laborer sustained right rotator cuff tear on 2/28/21; statutory MMI is 3/8/23; initial dispute about compensability of injury resolved in IE's favor at CCH 1/15/22.

Extensive treatment

- Meds: NSAIDs, muscle relaxants, acetaminophen
- 2/22/22, 5/25/22 Subacromial Corticosteroid Injections
- 2/1/22 - 10/1/22 Pre-op PT: 24 visits
- 11/15/22 Arthroscopic rotator cuff repair surgery
- 12/15/22 - 3/5/23 Post-op PT: 40 visits

Post-op PT on 3/5/23 documents

Right shoulder ROM

- Flexion: 140°
- Extension: 30°
- Abduction: 110°
- Adduction: 20°
- External Rotation: 30°
- Internal Rotation: 20°

4/5 strength of supraspinatus, infraspinatus and subscapularis

Work hardening recommended

3/15/23 Sustained recurrent rotator cuff tear in work hardening

4/22/23 Undergoes 2<sup>nd</sup> arthroscopic rotator cuff repair

12/3/23 DD exam

Right shoulder ROM:

- Flexion: 150°
- Extension: 30°
- Abduction: 120°
- Adduction: 20°
- External Rotation: 40°
- Internal Rotation: 30°

5/5 strength of supraspinatus, infraspinatus and subscapularis

Normal sensation

**Has MMI been reached; if so, on what date?**

- A. Not at MMI
- B. 3/5/2023
- C. 3/8/2023
- D. 12/3/2023

# MMI Case 4

39 year old electrician twisted left knee 5/30/2023; statutory MMI is 06/08/2025.

Treatment: Rest, ice, compression, elevation, and NSAIDs

6/4/2023 returned to restricted duty work

Symptoms worsened with RTW

7/12/2023 MRI scan

- showed tear of medial meniscus without degenerative changes of the medial compartment

7/18/2023 - 8/15/2023 PT: 9 visits

- minor improvement in ROM, strength, activity tolerance

9/14/2023 Arthroscopic medial meniscectomy

9/21/2023 - 12/15/2023 Post-Op PT: 12 visits

12/15/2023 PT Discharge

- flexion 110°
- extension 0°
- left VMO atrophy
- 1 hour interval weight bearing tolerance

12/22/2023 Ortho Follow-up

2/8/24 DD Exam

- continued home exercise program; ice after work
- reported continued improvement
- normal gait
- left knee flexion 135°, extension 0° without evidence of any lag or flexion contracture
- 5/5 strength bilateral lower extremities
- well-healed surgical scars; only minimal swelling
- girth measurements
  - right thigh circumference 45 cm
  - left thigh circumference 44 cm

**Has MMI been reached; if so, on what date?**

- A. Not at MMI
- B. 12/15/2023
- C. 12/22/2023
- D. 2/8/2024