

Lower Extremity MMI/IR Case-Based Webinar

Module 4

Instructions

This document contains the Lower Extremity MMI/IR 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.

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.

Lower Extremity MMI/IR Case 1

52 year old warehouse supervisor sustained undisplaced right femoral intercondylar fracture falling down several steps, landing on right knee

Initial X-rays showed undisplaced right femoral intercondylar fracture and no osteoarthritis

Casted, healed without displacement

16 visits of PT with increased ROM but knee pain and weight bearing limitation persisted

RTW using an off-loading brace

Developed post-traumatic arthritis as part of injury

At MMI

- Standing x-rays reveal 2 mm joint space (2mm loss)
- Knee ROM
 - Flexion 110°
 - Extension 0°

On date of MMI, what is the whole person IR?

- A. 10%
- B. 8%
- C. 4%
- D. 2%

Lower Extremity MMI/IR Case 2

32 year old male custodian sustained severe inversion injury to left ankle with a non-displaced spiral fracture of left lateral malleolus; casted and fracture healed with no angulation

At MMI

- Dysesthesia over dorsal ankle and foot that made it difficult to wear lace-up shoes, with positive Tinel's sign over anterolateral distal fibula
- No motor or sensory deficit
- Range of motion of the left ankle and hindfoot
 - Plantar flexion 30°
 - Extension 5°
 - Inversion 10°
 - Eversion 15°

On date of MMI, what is the whole person IR?

- A. 4%
- B. 5%
- C. 6%
- D. 7%

Lower Extremity MMI/IR Case 3

Injured employee involved in motor vehicle accident, injuring right hip, knee and ankle; underwent extensive treatment including ORIF for femoral neck fracture, TKR and pantalar fusion; uses wheelchair for mobility

At MMI

- Knee replacement with poor result
- Healed femoral neck fracture in good position
- Hip ROM
 - Flexion 80°
 - Flexion contracture 10°
 - Internal rotation 10°
 - External rotation 30°
 - Abduction 20°
 - Adduction 15°
- Pantalar ankylosis (fusion of the talus to all bones articulating with it: Distal tibia, calcaneus, navicular and cuboid) in neutral position

On date of MMI, what is the whole person IR?

- A. 44%
- B. 40%
- C. 38%
- D. 30%

Lower Extremity MMI/IR Case 4

Injured employee sustained a left distal fibula avulsion fracture

Casted

Healed without displacement

At MMI

- 2 cm of left calf atrophy
- Ankle ROM
 - Dorsiflexion 5°
 - Plantarflexion 40°
- Hindfoot ROM
 - Inversion 15 °
 - Eversion 15 °
- 3 mm of excess opening on stress x-ray

On date of MMI, what is the whole person IR?

- A. 1%
- B. 2%
- C. 3%
- D. 4%