Designated Doctor Case-Based Webinar Module 1

Maximum Medical Improvement (MMI)



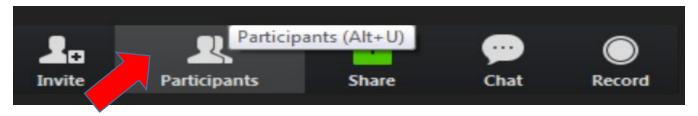
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Housekeeping

At the bottom of your screen, click to turn on the participant list:



Ensure your name (not phone # or intitials) is shown on the Participant List for CME and attendance purposes. If not, do the following to rename:

Hover over your current sign in and two boxes appear

Click on the Rename box

Type in your first and last name



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Asking questions

Please mute your phone/VOIP audio connection

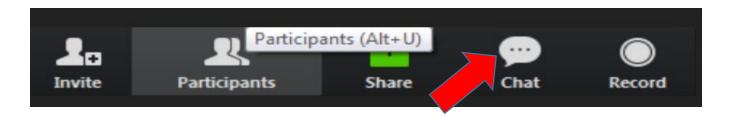
All attendees will be muted during the presentation and submit questions via Chat

Attendees may be unmuted at the request of the monitor or instructor for clarification or further discussion



Asking questions

You will find the Chat feature to the right of the participants list.



As the instructor goes through the course they will ask for questions via chat at the end of a case, or after a concept has been explained.

You may type your questions into Chat. The Chat monitor may answer your question in Chat, or have the instructor answer the question verbally.



Learning Objectives

- **Review some basic MMI concepts**
- Apply cases to determine when an IE:

Has not reached MMI and why (including consideration of Appendix D from ODG)

Reached MMI prior to DD exam and why

Reached MMI on the date of Statutory MMI and why

Reached MMI on the date of the DD exam and why





Maximum Medical Improvement (MMI) Concepts



Maximum Medical Improvement

Earlier of:

Clinical MMI - The *earliest* date after which, based on reasonable medical probability, further material recovery from or lasting improvement to an injury can no longer reasonably be anticipated; or

Statutory MMI (*listed on DWC Form-032*) -104 weeks from date on which income benefits begin to accrue. May be extended by DWC due to spinal surgery (*28 TAC* §126.11 and Texas Labor Code §408.104).



Maximum Medical Improvement

- Use DWC definition of MMI, **not** definition from *AMA Guides*
- Change of impairment of more than 3% in the next year
- Texas Labor Code and DWC Rules prevail over AMA Guides
- Be aware of Appeals Panel Decisions (APD) that temper the Guides



Practical Considerations

- MMI determined by thorough review of medical records and DD exam
- Case specific details are applied to the ODG.
- IR for compensable injury must be based on injured employee's condition on MMI date considering medical record and certifying exam. (Rule 130.1)



Practical Considerations

- If a treating doctor makes a diagnosis or recommends a specific treatment, you as the DD must apply a forensic analysis to determine if that is reasonable and would meet the definition of MMI.
- Consider whether additional treatment (per ODG, including Appendix D) may reasonably be anticipated to result in further material recovery or lasting improvement



The Five Factors of Appendix D - *Documenting / Considering ODG Exceptions*

- 1. Extenuating circumstances
- 2. Patient co-morbidities
- 3. Objective signs of functional improvement for treatment conducted
 - Work and/or Activities of Daily Living Functions
 - Physical Impairments, i.e. ROM, muscle flexibility, strength, or endurance deficits, exercise capacity
 - Approach to Self-Care and Education



The Five Factors of Appendix D -*Documenting / Considering ODG Exceptions*

- 4. Measurable goals and progress points expected from additional treatment
- 5. Any additional evidence to support medical necessity of medical care at issue, including available evidence from literature that is relevant to medical service at issue



Disability Duration Does <u>Not</u> Equate to MMI

Do not use Medical Disability Guidelines for MMI





Statutory MMI

- Statutory MMI date provided on DWC Form-032, if applicable
 - Not applicable for claims with no disability or Temporary Income Benefits (TIBs)
- MMI *cannot* be later than the statutory MMI date
 - However an IE may reach clinical MMI prior to statutory MMI



Statutory MMI

- For conditions reaching statutory MMI
 - Remember to rate medical condition at statutory MMI date
 - Even if a change in medical condition after statutory MMI date
 - i.e., If there was surgery after statutory MMI, do *not* rate effects of surgery



ODG and MMI

- Consider *The Official Disability Guidelines* (ODG) procedure summary and Appendix D to see whether additional treatment will in all reasonable medical probability result in further material recovery or lasting improvement
- Current subscription to ODG required of all designated doctors



Questions About MMI Concepts?



- 40-year-old EMT sustained fracture of right distal tibia and fibula 10/11/2022 (statutory MMI 10/19/2024)
- Treated with ORIF
- 21 PT post-op sessions through 2/15/2023
 - Improvement on ankle ROM, strength and ADLs during PT
 - Walking/standing limited
 - 1.5 cm right calf atrophy
 - Strength 4-/5 in ankle DF and PF muscles
 - Dorsiflexion 0° and Plantarflexion 20°



- 2/18/2023 Ortho Follow-up Visit (4 months after DOI)
 - IE had difficulty walking due to ankle pain and limited ROM
 - fracture healed
- 3/1/2023 Request Additional 6 PT Visits
 - utilization review
 - "completed ODG recommended PT"
 - request denied by insurance carrier



- Continued home and gym exercise program
- 3/18/2023 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)



- 4/15/2023 DD Exam
 - Right ankle ROM
 - Plantar flexion 20^o Dorsiflexion 0^o
 - Right hindfoot ROM
 - Inversion 8^o Eversion 5^o
 - Antalgic gait with shortened stance and push-off, but reports improvement in ability
 - 1.25 cm right calf atrophy
 - 4/5 strength of ankle plantar flexion and eversion
 - Can demonstrate HEP



- Is injured employee at MMI?
- If no, why not?
- If yes, when?



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

- A. Not at MMI
- B. MMI 2/15/2023 completion of post-operative PT
- C. MMI 3/18/2023 FCE date
- D. MMI 4/15/2023 day of DD examination

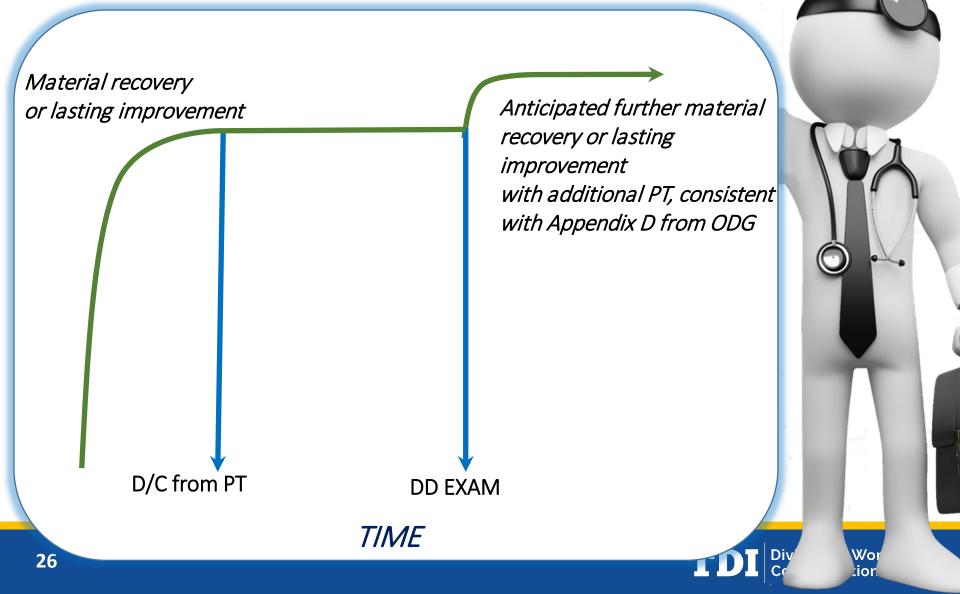
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- Injured employee is not at MMI
- Additional treatment (PT) in all reasonable medical probability is anticipated to result in further material recovery or lasting improvement
- Supported by Appendix D in ODG



Not at MMI

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Questions About MMI Case 1?



- 38 year old male carpenter with acute low back and left posterior thigh pain after lifting and carrying box of screws at work on 6/15/2022
- 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



- 7/15/2022 Plain Film X-ray (1 month after DOI)
 - moderate spondylosis at L4/L5
- 8/1/2022 Lumbar MRI (6 weeks after DOI)
 - 7 mm posterolateral left L5/S1 herniated nucleus pulposus (HNP) displacing the left S1 nerve root
- 10/15/2022 (4 months after the DOI) Translaminar lumbar epidural steroid injection (ESI) at L5/S1 without significant improvement





- 12/15/2022 Left L5/S1 hemilaminotomy with discectomy
 - partial relief of lower extremity symptoms
- 1/15/2023 Restarted PT After surgery
- 2/28/2023 Completed 18 PT Visits
 - PT discharge summary illegible



- 3/1/2023 Surgeon Follow-up Exam
 - Intermittent back pain
 - SLR produced LBP without neural tension signs
 - Lumbar flexion fingertips to mid shin and slightly decreased lumbar extension. BOTH result in increased LBP



- 3/1/2023 Surgeon Follow-up Exam (continued)
 - 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



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- 3/5/2023 surgeon orders repeat Lumbar MRI Scan With Contrast
 - Post-operative changes without any evidence of recurrent or residual disk herniation
- 3/12/2023 Surgeon Follow-up
 - IE does not want to pursue additional interventional pain management procedures



- 4/15/2023 Designated Doctor Exam
 - Chief complaint low back pain and left leg pain/weakness
 - Normal gait
 - Lumbar range of motion
 - flexion to 50^o (sacral value of 40^o)
 - lumbar extension at 20^o
 - both with increased left lower back pain



- 4/15/2023 Designated Doctor Exam
 - 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 4+/5





- Is injured employee at MMI?
- If no, why not?
- If yes, when?



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

- A. Not at MMI
- B. 3/1/2023
- C. 4/15/2023
- D. IE will reach statutory MMI at 104 weeks post injury



- Injured employee is at MMI 3/1/2023
- Additional treatment and/or time after 3/1/23 in all reasonable medical probability are not likely to result in further material recovery from or lasting improvement
- What about repeat MRI scan 3/5/23?
- What about refusal of additional pain management 3/12/23?





MMI Reached on Date of DD Exam

Some MMI Considerations

- What if IE refuses treatment even though recommended by ODG?
- What if IE does not need treatment even though it is recommended by ODG?



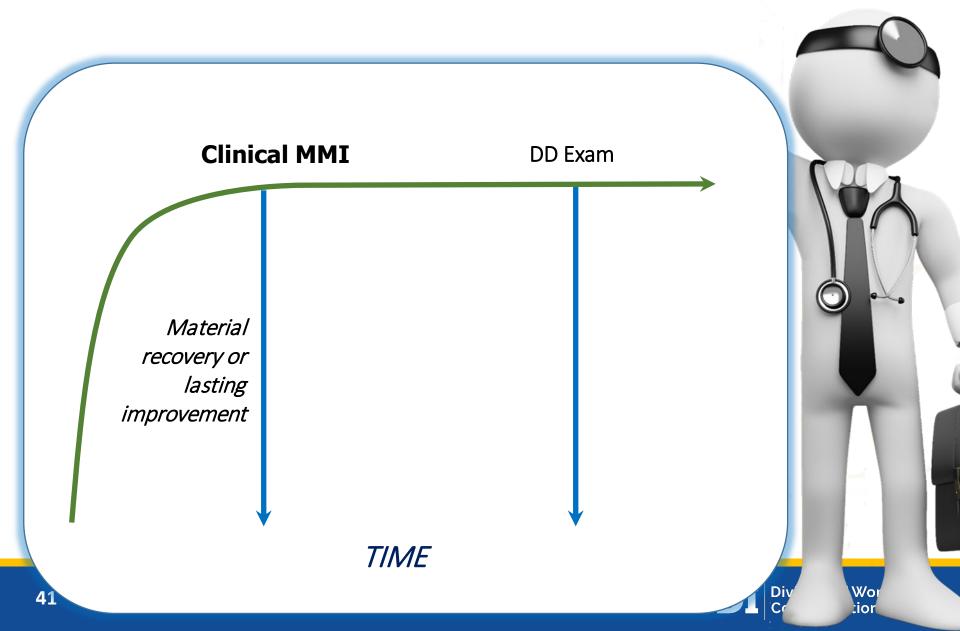
MMI Occurred Before DD Exam Some MMI Considerations

- IE reaches clinical plateau (MMI) prior to Designated Doctor Exam (DDE) with no intervening change in condition or reasonable expectation of improvement
- If medical condition unchanged may use physical exam findings at DDE for IR on MMI prior

Explain this in your report!



MMI Before DD Exam



Questions About MMI Case 2?



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- 46-year-old laborer sustained right rotator cuff tear on 2/28/20; statutory MMI is 3/8/22
- Initial dispute about compensability of injury resolved in IE's favor at CCH 1/15/21 (11 months later)



- Extensive treatment once treatment initiated
 - Meds: NSAIDs, muscle relaxants, acetaminophen
 - Subacromial Corticosteroid Injections -2/22/21, 5/25/21
 - Pre-op PT: 24 visits 2/1/21 10/1/21
 - Arthroscopic rotator cuff repair surgery 11/15/21
 - Post-op PT: 40 visits 12/15/21 3/5/22



- Post-op PT on 3/5/22 documents
 - Right shoulder ROM:

Flexion: 140º	Extension: 30 ^o
Abduction: 110º	Adduction: 20º
External Rotation: 30º	Internal Rotation: 20º

- 4/5 strength of supraspinatus, infraspinatus and subscapularis
- Work hardening recommended





- 3/15/22 Sustained recurrent rotator cuff tear in work hardening
- 4/22/22 Undergoes 2nd arthroscopic rotator cuff repair



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- 12/3/22 DD exam
 - Right shoulder ROM:

Flexion: 150º	Extension: 30º
Abduction: 120º	Adduction: 20º
External Rotation: 40 ^o	Internal Rotation: 30 ^o

- 5/5 strength of supraspinatus, infraspinatus and subscapularis
- Normal sensation



- Is injured employee at MMI?
- If no, why not?
- If yes, when?



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

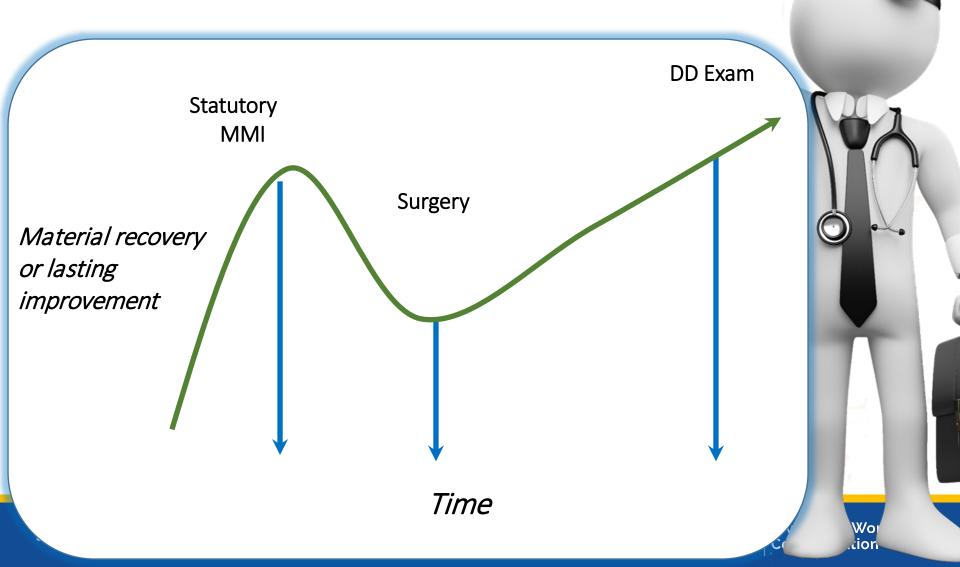
- A. Not at MMI
- B. 3/5/2022
- C. 3/8/2022
- D. 12/3/2022



- Injured employee is at statutory MMI 3/8/2022
- Basis of IR
 - ROM at PT discharge on 3/5/22
 - Not 12/3/22 DDE findings which occurred <u>after</u> statutory MMI and <u>after</u> surgery. Findings do not reflect IE condition at MMI



DD Exam After Statutory MMI With Surgery After Statutory MMI



Questions About MMI Case 3?



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- 39 year old electrician twisted left knee 5/30/2022; statutory MMI is 06/08/2024
- Treatment: Rest, ice, compression, elevation, and NSAIDs
- 6/4/2022 returned to restricted duty work
- Symptoms worsened with RTW



- 7/12/2022 MRI scan
 - showed tear of medial meniscus without degenerative changes of the medial compartment
- 7/18/2022 8/15/2022 PT: 9 visits
 - minor improvement in ROM, strength, activity tolerance



- 9/14/2022 Arthroscopic medial meniscectomy
- 9/21/2022 12/15/2022 Post-Op PT: 12 visits
- 12/15/2022 PT Discharge
 - flexion 110[°] extension 0[°]
 - left VMO atrophy
 - 1 hour interval weight bearing tolerance
- 12/22/2022 Ortho Follow-up



2/8/23 DD Exam

- Continued home exercise program; ice after work
- Reported continued improvement
- Normal gait
- Left knee flexion 135^o, extension 0 degrees without evidence of any lag or flexion contracture



2/8/23 DD Exam (continued)

- 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



- Is injured employee at MMI?
- If no, why not?
- If yes, when?





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

- A. Not at MMI
- B. 12/15/2022
- C. 12/22/2022
- D. 2/8/2023



MMI Reached on Date of DD Exam

- Injured employee is at MMI at 2/8/23 DD exam
- Additional treatment, time, etc. not reasonably anticipated to result in further material recovery or lasting improvement

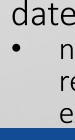
• 12/15/2022 PT Discharge

- restricted ROM and activity intolerance that would reasonably be anticipated to improve with continued HEP and RTW as an electrician (continued ADLs)
- 12/22/2022 Ortho Follow-up
 - no documentation of medical condition

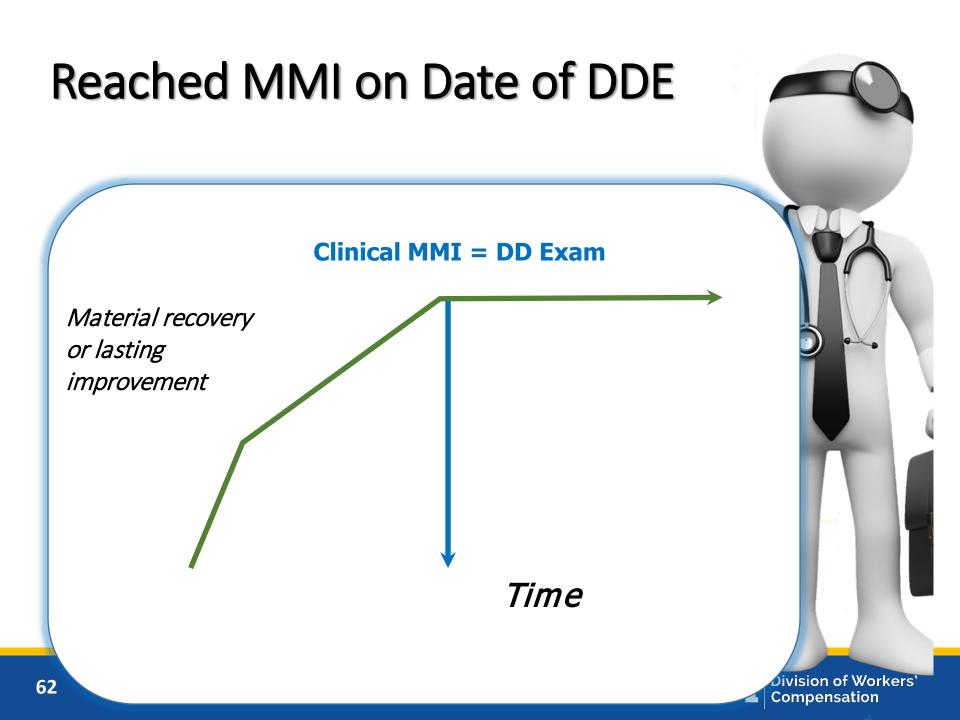


MMI Reached on Date of DD Exam

- Clinical findings from prior records show IE had reasonable anticipation of further material recovery or lasting improvement but that anticipation no longer present as of the DD exam
- Poor records
 - medical condition not documented
- IE reached clinical plateau on date of DDE
 - no additional lasting material recovery or improvement expected







Questions About MMI Case 4?



Questions About MMI?

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Thank you

