

# Adjudicative Advice

## Determining Maximum Medical Recovery (MMR)

### Background

Case file reviews have continued to note that the determining of the Maximum Medical Recovery (MMR) date is often delayed. The direction on determining MMR in a claim is detailed in Operational Policy 11-01-05. The threshold definition of MMR in Policy is:

*Workers reach maximum medical recovery (MMR) when they have reached a plateau in their recovery and it is not likely that there will be any further significant improvement in their medical impairment.*

The identification of MMR is not a concept that is readily familiar to treating physicians. Physicians are comfortable with providing patients with their medical opinion on prognosis of a particular condition. Prognosis is a related but distinct concept from MMR. It is often not clearly highlighted in medical assessments as it is really more of an administrative estimate.

An important reason for determining the question of MMR is to identify likely permanent precautions which can impact a worker's fitness to return to/remain at work. It is also the key piece of information in determining entitlement to a Non-Economic Loss (NEL) review.

This document is designed to provide decision-makers with some additional direction. It is important to consider the question of MMR at various points

during the administration of a claim. Decision-makers can be challenged to determine when MMR has occurred. This is not unusual, as medical conditions do not always follow a clear recovery path and can and do have variations within short periods of time. The fact the MMR date cannot be established **should not** be a barrier to continuing Return to Work discussions or potential Labour Market Re-Entry activity.

### Guidelines

It is very important when determining the MMR date that the date selected is supported by a specific assessment or event. If the return to work (RTW) date is to be used it is necessary to assess whether the worker is returning to full duties or accommodated work and whether the RTW is early in the recovery process.

Factors which may impact on when MMR occurs include whether there has been adequate treatment and/or there are competing, non-compensable conditions which may be barriers to further improvement (e.g. non-compensable myocardial infarction in worker with compensable musculo-skeletal injury).

A worker can have reached MMR and still be receiving treatment, such as physical therapy or medication, when the likelihood of improvement is determined to be low.

**Notice:** This document is intended to assist WSIB decision-makers in reaching consistent decisions in similar fact situations and to supplement applicable WSIB policies and guidelines as set out in the Operational Policy Manual (OPM). This document is **not a policy** and in the event of a conflict between this document and an OPM policy or guideline, the decision-maker will rely on the latter.

Some examples of indicators that MMR has been achieved are as follows:

- a physiotherapist or chiropractor discharge report recommending no further medical intervention or follow-up.
- a physiotherapist or chiropractor discharge report recommending maintenance treatment.
- a specialist report noting the discharge of the worker with no further treatment/surgery being considered
- return to work with no medical interventions aside from follow-up that may involve reviewing the type and level of medication.
- completing physiotherapy program with potential to transition to an in-home program. Reports indicate minimal functional improvement to be expected. Medication may be used in this phase to control resolving symptoms.
- recommendation from a psychologist for a reduction in frequency of treatment, noting observations/reasoning such as ‘supportive’, ‘consolidation of gains’ or ‘prevent worsening/deterioration’.

In situations where recovery varies or when the information from the treating physicians is not detailed or unclear and assistance is needed in judging the adequacy of treatment or role of non-compensable conditions, the Nurse Case Manager (NCM) or Medical Consultant (MC) can provide valuable assistance/direction. It is important to ensure the available medical reporting is obtained so the most accurate opinion can be provided.

When the necessary information is available in cases that the NCM is actively involved, the NCM may identify that a worker has reached a plateau or optimal function.

### **Multiple conditions**

Accidents that result in a worker suffering from multiple injuries are not uncommon and it is important to note the policy direction in these situations is as follows:

*In claims where there is more than one permanent impairment, a worker reaches MMR only when significant improvement is unlikely in all of the worker's medical conditions.*

### **Conclusion**

It is the responsibility of the decision-maker to determine when MMR is reached and whether the worker has a likely permanent impairment.

In situations where after securing the medical information it is unclear whether it is likely there will be a significant improvement/change in the condition, the involvement of either the NCM or MC may be helpful.

*Claims Quality Loop*

*February 2006*