

Date: [Date]

RE: Notice of Maximum Medical Improvement (MMI) and Permanent Impairment Rating

Patient Name: [Patient Name]

Claim Number: [Claim Number]

Date of Injury: [Date of Injury]

To [Insurance Adjuster Name/Insurance Carrier],

This letter serves as formal notification that [Patient Name] has reached **Maximum Medical Improvement (MMI)** as of [MMI Date]. Based on my clinical evaluation and the relevant medical guidelines, it is determined that no further significant therapeutic recovery or improvement in the patient's condition is expected at this time.

Disability Status & Permanent Impairment:

- **Impairment Rating:** The patient has been assigned a permanent partial impairment rating of [Percentage]% to the [Body Part/Body as a whole].
- **Functional Limitations:** The patient's permanent physical restrictions include [List specific restrictions, e.g., no lifting over 10 lbs, no repetitive reaching].
- **Work Status:** [Choose one: The patient may return to work with the above permanent restrictions / The patient is unable to return to their previous occupation].

Future Medical Care:

Although the patient has reached MMI, the following maintenance care is recommended to manage symptoms: [List medications, therapy, or follow-up visits].

The formal medical report and diagnostic findings supporting this assessment are attached.

Sincerely,

[Physician Signature]

[Physician Name, Degree]

[Medical Practice Name]

[Phone Number]