**Health Care Provider Advisory Committee**
**Meeting Minutes**
**Webex Conference Meeting**
**August 7, 2020**

Members Present: John Bartell, RN; David Bryce, MD; Mary Jo Capodice, DO; Theodore Gertel, MD; Richard Goldberg, MD; Barb Janusiak, RN; David Kuester, MD; Steven Peters (Chair); Jennifer Seidl, PT; Kelly Von-Schilling Worth, DC; Timothy Wakefield, DC; and Nicole Zavala.

Excused: Andrew Floren, MD

Staff Present: John Dipko, Kelly McCormick, Jim O'Malley, Frank Salvi, MD, and Lynn Weinberger.

1. **Call to Order/ Introductions:** Mr. Peters convened the Health Care Provider Advisory Committee (HCPAC) meeting at approximately 10:15 a.m., in accordance with Wisconsin's open meetings law. David A. Bryce, MD, was introduced as the newest HCPAC member. The members of the HCPAC and WCD staff introduced themselves.

2. **Acceptance of the January 17, 2020 meeting minutes:** Dr. Gertel made a motion, seconded by Ms. Janusiak, to accept the minutes of the January 17, 2020 meeting. The minutes were unanimously approved without correction.

3. **Future meeting dates:** The HCPAC members agreed to schedule the next meetings on October 2, 2020 and January 22, 2021, with an alternate date of January 29, 2021, if there is inclement weather. A tentative date of May 7, 2021 was also selected.

4. **Review of survey of practitioners to update minimum PPD ratings in s. DWD 80.32 of the Wisconsin Administrative Code:** Dr. Salvi resumed review of the proposed changes starting with s. DWD 80.32 (10) relating to nerves and sensory/motor loss. The HCPAC recommends the following minimum ratings to address peripheral nerve disorders:

| **State of Wisconsin DWD 80.32 (X)** | **% for complete loss of function of referenced nerves** |
|---|---|
| **Digital Sensory Loss for Hand** | |
| Any digit complete | 55% @ joint proximal to level of involvement |
| Any digit palmar surface | 40% @ joint proximal to level of involvement |
| Any digit dorsal surface | 15% @ joint proximal to level of involvement |
| Digital nerve | 20% @ joint proximal to level of involvement |
| **Ulnar nerve paralysis** | |
| Motor and sensory involvement above mid forearm | 50% @ elbow |
| Motor involvement only above mid forearm | 45% @ elbow |
| Sensory involvement only above mid forearm | 15% @ elbow |

| | |
|---|---|
| Motor and sensory involvement below mid forearm | 40% @ wrist |
| Motor involvement only below mid forearm | 35% @ wrist |
| Sensory involvement only below mid forearm | 15% @ wrist |
| **Median nerve paralysis** | |
| Motor and sensory involvement above mid forearm | 65% @ elbow |
| Motor involvement only above mid forearm | 45% @ elbow |
| Sensory involvement only above mid forearm | 45% @ elbow |
| Motor and sensory involvement below mid forearm | 50% @ wrist |
| Motor involvement only below mid forearm | 15% @ wrist |
| Sensory involvement only below mid forearm | 45% @ wrist |
| **Radial nerve paralysis** | |
| Motor and sensory involvement including triceps | 45% @ shoulder |
| Motor involvement only including triceps | 40% @ shoulder |
| Sensory involvement only including upper arm | 5% @ shoulder |
| Motor and sensory involvement below elbow | 40% @ elbow |
| Motor involvement only below elbow | 35% @ elbow |
| Sensory involvement only below elbow | 5% @ elbow |
| **Axillary nerve paralysis** | |
| Motor and sensory involvement | 35% @ Shoulder |
| Motor involvement only | 30% @ Shoulder |
| Sensory involvement only | 5% @ Shoulder |
| **Musculocutaneous nerve paralysis** | |
| Motor and sensory involvement | 30% @ Shoulder |
| Motor involvement only | 25% @ Shoulder |
| Sensory involvement only | 5% @ Shoulder |
| **Peroneal nerve paralysis** | |
| Motor and sensory involvement causing foot drop | 40% @ ankle |
| Motor involvement only causing foot drop | 35% @ ankle |
| Sensory involvement only (dorsal foot) | 10% @ ankle |
| **Plantar nerve paralysis** | |
| Sensory involvement (plantar foot) | 15% @ ankle |

| **Common Nerve-Related Surgical Procedures** | **Minimum Disability %** |
|---|---|
| Carpal Tunnel Release | 2% @ Wrist |
| Cubital Tunnel Release | 2% @ Elbow |
| Ulnar Nerve Transposition | 5% @ Elbow |

The HCPAC discussed including the following charts in the administrative rule or in the publication **How to Evaluate Permanent Disability**. The rational for the recommendation is to provide guidance and consistency in ratings for permanent disability. The HCPAC will make a recommendation at a later date.

| Characterization of Sensory Deficit or Pain and Related Disability | % of Total Loss |
|---|---|
| Normal sensation and no pain | 0% |
| Altered (decreased) sensation +/- minimal pain forgotten during activity<br>– Diminished light touch | 1-25% |
| Altered (decreased) sensation +/- mild pain that interferes with some activity<br>- Diminished light touch, 2-Point discrimination | 26-60% |
| Altered (decreased) sensation +/- moderate pain that prevents many activities<br>- Diminished protective sensation (pain, temperature or pressure can cause damage before being perceived) | 61-80% |
| Absent superficial sensation +/- abnormal sensation or severe pain that prevents most activity<br>- Absent protective sensation | 81-99% |
| Absence of all sensation or severe pain that prevents all activity | 100% |

| Characterization of Motor Deficit and Related Disability | % of Total Loss |
|---|---|
| Full strength (5/5) and full active range of motion for muscles innervated by specified nerve<br>- No activity limitations | 0% |
| Mildly decreased strength against resistance (5- or 4+/5), but full active range of motion<br>- Diminished endurance or ability to perform some activities | 1-25% |
| Moderately decreased strength against resistance (4 or 4-/5), but full active range of motion<br>- Diminished endurance and ability to perform some activities | 26-60% |
| Decreased strength (3/5) full active range of motion against gravity, but not against resistance<br>- Substantial functional activity deficits | 61-80% |
| Decreased strength (2/5) full active range of motion with gravity eliminated<br>- Inability to perform most functional activities for muscles innervated by specified nerve | 81-95% |
| Severely decreased strength (1/5) slight contractility but no range even with gravity eliminated<br>- No functional movement of muscles innervated by specified nerve | 96-99% |
| Absent strength (0/5) no contractility<br>- No functional movement of muscles innervated by specified nerve | 100% |

*For combined sensory and motor deficits, average the percentages rated for each component alone then multiply that percentage by the value for the specified nerve.*

**5. Review of ch. DWD 81 of the Wisconsin Administrative Code.** The HCPAC resumed review of ch. 81 starting at s. DWD 81.09 (12). The following changes were recommended:

a. Update the heading of s. DWD 81.09 (12) to read:

**(12)** ~~SPECIFIC~~ ADDITIONAL TREATMENT GUIDELINES FOR TENDINITIS AND TENDINOSIS OF FOREARM, WRIST, AND HAND.

b. Add tendinosis as a condition in s. DWD 81.09 (13) (a):
(a) Except as provided in par. (b) 3., a health care provider shall use initial nonsurgical management for all patients with tendonitis and tendinosis and this shall be the first phase of treatment. Any course or program of initial nonsurgical management shall meet all of the guidelines of sub. (11) (a).

c. Update the heading of s. DWD 81.09 (13) as follows:
**(13)** ~~SPECIFIC~~ ADDITIONAL TREATMENT GUIDELINES FOR NERVE ~~ENTRAPMENT~~ SYNDROMES.

d. Remove the word "entrapment" in s. DWD 81.09 (13) (a) and (c) as follows:
(a) A health care provider shall use initial nonsurgical management for all patients with nerve ~~entrapment~~ syndromes, except as specified in par. (b) 2., and this shall be the first phase of treatment. Any course or program of initial nonsurgical management shall meet all of the guidelines of sub. (11) (a), with the following modifications: Nonsurgical management may be inappropriate for patients with advanced symptoms and signs of nerve compression, such as abnormal two-point discrimination, motor weakness, or muscle atrophy, or for patients with symptoms of nerve entrapment due to acute trauma. In these cases, immediate surgical evaluation may be necessary.
. . .
(c) If the patient continues with symptoms and objective physical findings after all surgery, or the patient refused surgery therapy, or the patient was not a candidate for surgery therapy, and if the patient's condition prevents the resumption of the regular activities of daily ~~life~~ living including regular vocational activities, then the patient may be a candidate for chronic management. Any course or program of chronic management for patients with nerve ~~entrapment~~ syndromes shall be provided under the guidelines of s. DWD 81.13.

e. Update the language of s. DWD 81.09 (13) (b) 2. and delete s. DWD 81.09 (13) (b) 3.
2. ~~Surgery is necessary if an electromyography confirms the diagnosis or if there has been temporary resolution of symptoms lasting at least 7 days with local injection.~~ Additional evaluation with electrodiagnostic studies or an injection may be used, as determined by the clinician, for further determination of appropriate next management steps.
~~3. If there is neither a confirming electromyography nor appropriate response to local injection or if surgery has been previously performed at the same site, surgery is not necessary.~~

f. Replace the word "muscle" with "musculoskeletal" in s. DWD 81.09 (14) and add clarification to s. DWD 81.09 (14) (b), as follows:
**(14)** SPECIFIC TREATMENT GUIDELINES FOR ~~MUSCLE~~ MUSCULOSKELETAL PAIN SYNDROMES.
(a) A health care provider shall use initial nonsurgical management for all patients with ~~muscle~~musculoskeletal pain syndromes and this shall be the first phase of treatment. Any course or program of initial nonsurgical management shall meet all of the guidelines of sub. (11) (a).
(b) Surgery is not necessary for the treatment of ~~muscle~~musculoskeletal pain syndromes. This does not apply to compartment syndrome.
(c) If the patient continues with symptoms and objective physical findings after initial nonsurgical management and if the patient's condition prevents the resumption of the

regular activities of daily ~~life~~ living, including regular vocational activities, then the patient may be a candidate for chronic management. Any course or program of chronic management for patients with ~~muscle~~ musculoskeletal pain syndromes shall be provided under the guidelines of s. DWD 81.13.

g. Change the word "Specific" to "Additional" and add "adhesive capsulitis" in s. DWD 81.09 (15) as follows:
**(15)** ~~SPECIFIC~~ ADDITIONAL TREATMENT GUIDELINES FOR SHOULDER IMPINGEMENT AND ADHESIVE CAPSULITIS SYNDROMES. (a) A health care provider shall use initial nonsurgical management for all patients with shoulder impingement syndromes or with adhesive capsulitis without clinical evidence of rotator cuff tear, and this shall be the first phase of treatment. Any course or program of initial nonsurgical management shall meet all of the guidelines of sub. (11) (a), except for the following:

h. Update language of s. DWD 81.09 (15) (a) 1. as follows:
1. ~~Continued nonsurgical management may be inappropriate, and early~~ Early surgical evaluation may be necessary~~,~~ when clinical findings of rotator cuff tear, labral tear or other structural damage of the shoulder are present. ~~for patients with any of the following:~~
~~a. Clinical findings of rotator cuff tear.~~
~~b. Acute rupture of the proximal biceps tendon.~~

6. **Adjournment:** Dr. Goldberg made a motion to adjourn, which was seconded by Mr. Bartell. The motion passed unanimously. The meeting was adjourned at approximately 1:00 p.m. The next meeting is scheduled for October 2, 2020.