Health Care Provider Advisory Committee
Meeting Minutes
Aurora Medical Center in Summit
August 2, 2019

Members Present: John Bartell, RN; Andrew Floren, MD; Richard Goldberg, MD; Barb Janusiak, RN; Jim O'Malley (Acting Chair); Jennifer Seidl, PT; Kelly G. Von-Schilling Worth, DC; Timothy Wakefield, DC; and Nicole Zavala.

Excused: Mary Jo Capodice, DO; Ted Gertel, MD; and Steve Peters (Chair).

Staff Present: Kelly McCormick and Frank Salvi, MD

1. **Call to Order/ Introductions:** Mr. O'Malley convened the Health Care Provider Advisory Committee (HCPAC) meeting at approximately 10:10 a.m., in accordance with Wisconsin's open meetings law. The members of the HCPAC and WCD staff introduced themselves. Nicole Zavala, Manager of Payer Contracting at Froedtert Health, was introduced as the newest member of the HCPAC.

2. **Acceptance of the January 18, 2019 and May 17, 2019 meeting minutes:** Ms. Janusiak made a motion, seconded by Dr. Floren, to accept the minutes of the January 18, 2019 meeting. The minutes were unanimously approved without correction.

   Regarding the minutes of the May 17, 2019 meeting, a correction was made to indicate that Dr. Salvi appeared in person and not by telephone at the meeting. Dr. Floren made a motion to accept the corrected minutes which was seconded by Dr. Wakefield. The minutes were unanimously approved as corrected.

3. **Future meeting dates:** The HCPAC members agreed to schedule the next meetings on October 18, 2019 and January 17, 2020, with an alternate date of January 24, 2020, if there is inclement weather. A tentative date of May 8, 2020 was selected.

4. **Review of survey of practitioners to update minimum PPD ratings in s. DWD 80.32 of the Wisconsin Administrative Code:** Mr. O'Malley and Dr. Salvi resumed summation of the results of the practitioners' survey regarding minimum permanent partial disability (PPD) ratings contained in s. DWD 80.32, Wisconsin Administrative Code, that apply based on certain types of conditions and surgical procedures. Thorough discussion of the survey responses by the HCPAC members resulted in the following recommendations:

   a. Update DWD publications Guide for Wisconsin Doctors Using the WKC-16-B For Worker's Compensation (WKC-7760-P) and How to Evaluate Permanent Disability (WKC-7761-P) to put in bold type the language from s. DWD 80.32 that "findings of additional disabling elements shall result in an estimate higher than the minimum" with a list of additional elements that includes the following:
      Pain of at least moderate severity
      Altered sensation
      Sensitivity to heat & cold
      Weakness, loss of at least one (1) grade
      Unstable grafts

Edema of at least moderate severity
Functional deficits
Likelihood of future arthritic change (arthritis).

b. Add a minimum rating of 5% to the body as a whole for a traumatic splenectomy.

c. Allow nurse practitioners and physician assistants to provide work restrictions following routine clinic visits.

d. Continue to allow workers their choice of doctor licensed in and practicing in Wisconsin.

e. Require that practitioners performing independent medical examinations and medical record reviews to be licensed and practicing in Wisconsin.

5. Review of ch. DWD 81 of the Wisconsin Administrative Code: The HCPAC members made the following recommendations:

a. Remove the word "facet" from former s. DWD 81.03 (15) which has been renumbered to s. DWD 81.03 (17) as follows:

(~~15~~17) "Therapeutic injection" is any injection modality specified in ss. DWD 81.06 (5), 81.07 (5), 81.08 (5), 81.09 (5), and 81.10 (2). Therapeutic injections include trigger point injections, sacroiliac injections, ~~facet~~ joint injections, facet nerve blocks, nerve root blocks, epidural injections, soft tissue injections, peripheral nerve blocks, injections for peripheral nerve entrapment, and sympathetic blocks.

b. Update any references from "daily life" to "daily living" in ss. 81.05 (2) (c), (e), and (n) 6.; 81.06 (11) (b) and (c), (12) (b) and (c), and (13) (c); 81.07 (11) (b) and (c), (12) (b) and (c), (13) (c) and (14) (c); 81.08 (11) (b) and (c), (12) (b) and (c), and (13) (c); 81.09 (11) (b) and (c), (12) (b) and (c), (13) (b) and (c), (14) (c), (15) (b) and (c), and (16) (c); 81.10 (4); 81.11 (1) (d); and 81.13 (1).

c. Replace the word "SPECIFIC" with the word "ADDITIONAL" in s. DWD 81.09 (11).

d. Update s. DWD 81.09 (11) (b) as follows:

(b) 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 surgical evaluation or chronic management is necessary. The purpose and goal of surgical evaluation is to determine whether surgery is necessary for the patient who has failed to recover with appropriate nonsurgical care or chronic management.

1. Referral for~~S~~ surgical evaluation, if necessary, shall begin no later than 12 months after beginning initial nonsurgical management.

2. If surgery is necessary, it may be performed after initial nonsurgical management fails.

3. If surgery is not necessary or if the patient does not wish to proceed with surgery, then the patient is a candidate for chronic management. An initial recommendation or decision against surgery does not preclude surgery at a later date.

~~2~~4. Surgical evaluation may include the use of appropriate laboratory and electrodiagnostic testing within the guidelines of sub. (1), if not already obtained during the initial evaluation. Repeat testing is not necessary unless there has been an objective change in the patient's condition that in itself would warrant further testing. Failure to improve with therapy does not, by itself, warrant further testing.

5. Surgical evaluation may also include personality or psychological evaluation consistent with the guidelines of sub. (1) (i).

~~3. Plain films may be appropriate if there is a history of trauma, infection, or inflammatory disorder and are subject to the general guidelines in s. DWD 81.05 (1). Other medical imaging studies are not necessary.~~

~~4. Surgical evaluation may also include personality or psychological evaluation consistent with the guidelines of sub. (1) (i).~~

~~5~~6. Consultation with other health care providers is an important part of surgical evaluation of a patient who fails to recover with appropriate initial nonsurgical management. The need for consultation and the choice of consultant will be determined by the diagnostic findings and the patient's condition.

7. Plain films may be appropriate if there is a history of trauma, infection, or inflammatory disorder and are subject to the general guidelines in s. DWD 81.05 (1). Other medical imaging may be indicated on a case-by-case basis.

~~6. If surgery is necessary, it may be performed after initial nonsurgical management fails.~~

~~7. If surgery is not necessary or if the patient does not wish to proceed with surgery, then the patient is a candidate for chronic management. An initial recommendation or decision against surgery does not preclude surgery at a later date.~~

6. **New Business:** None.

7. **Adjournment:** Ms. Seidl made a motion to adjourn, which was seconded by Ms. Zavala. The motion passed unanimously. The meeting was adjourned at approximately 1:55 p.m. The next meeting is scheduled for October 18, 2019.