Health Care Provider Advisory Committee
Meeting Minutes
Webex Conference Meeting
October 7, 2022

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

Excused: David Bryce, MD and Timothy Wakefield, DC

Staff Present: Jim O'Malley, Laura Przybylo, and Frank Salvi, MD.

1. **Call to Order/Introductions:** Mr. O'Malley, acting chair, convened the Health Care Provider Advisory Committee (HCPAC) meeting at approximately 10:10 a.m., in accordance with Wisconsin's open meetings law, and called the roll. Department staff identified themselves.

2. **Acceptance of the August 5, 2022 meeting minutes:** Dr. Floren made a motion, seconded by Mr. Bartell, to accept the minutes of the August 5, 2022 meeting. The minutes were unanimously approved without correction.

3. **Future meeting dates:** The HCPAC members agreed to schedule the next meeting on January 20, 2023 as a virtual meeting. Tentative meeting dates of May 5, 2023 and August 4, 2023 were also selected. The members also discussed scheduling future meetings on days other than Fridays.

4. **Review of survey of practitioners to update minimum PPD ratings in s. DWD 80.32 of the Wisconsin Administrative Code:** The Department prepared an analysis of the current rule that included the rationale for the proposed changes to minimum permanent partial disability ratings in s. DWD 80.32 recommended by the HCPAC. During the discussion, the following recommended changes to the analysis were made:

   a. Department staff began the process of reviewing and revising the minimum permanent partial disability ratings contained in s. DWD. 80.32 of the Wisconsin Administrative Code by preparing and distributing a survey to practitioners who treat or examine injured employees. The survey was emailed directly to physicians that have interacted with the worker's compensation system and a link to the survey was publicized by the Wisconsin Medical Society, state chiropractic associations, and podiatric association. The survey was administered online through Survey Monkey and contained approximately 167 questions. The questions contained in the survey covered use of the current ratings in addition to ~~creating minimum ratings for~~ asking about the need for a minimum rating to cover other medical procedures and physical conditions. After compiling the responses to the survey, Department staff reviewed the survey questions and responses with the Health Care Provider Advisory Committee.

   b. The following are the consensus recommendations from the Health Care Provider Advisory Committee. The recommended statutory minimum ratings presented below generally fall somewhere between the current rating and the average of the ratings designated by the survey respondents.

c. ~~After consideration, t~~The Health Care Provider Advisory Committee determined it was advisable to maintain~~ and suggested no change for~~ the current minimum permanent partial disability ratings for the following physical conditions:

d. **Loss of Nerve Function Peripheral Nerve Disorders ~~(Complete Sensory Loss)~~**

Complete Sensory Loss is the title for the current s. DWD 80.32 (10). The recommendation is to change the title to Peripheral Nerve Disorders, to update the language, and to reorganize this subdivision in table format.

The current rule ~~does not include~~ contains minimum ratings for~~ sensory deficit or pain and motor deficit~~ complete loss of sensation and complete loss of motor function due to specific upper or lower extremity peripheral nerve injuries. Most DWD 80.32 subsections include guidance on how to assign disability for injuries that are both complete and incomplete. The recommendation is to ~~establish~~ add guidance on minimum ratings for incomplete sensory deficits based on altered sensation and pain, and minimum ratings for incomplete motor deficits based on decreased strength.~~ and limitations on range of motion.~~ The rationale for this recommendation is to ~~establish ratings consistent with current medical consensus used for determining disability ratings~~, make the section easier for practitioners to interpret, and to increase the consistency of ratings for incomplete loss of nerve function across practitioners.

The current rule provides for a minimum rating of 50% for complete loss of sensation to any digit. The recommendation is to increase the minimum rating to 55% at the joint proximal to level of involvement. The rationale for increasing this minimum rating is ~~to make the rating consistent with current medical consensus.~~ that finger sensation is a very important component of function for those working with their hands and for activities of daily living. Decreased sensation also predisposes to further injury.

The loss of sensation to the palmar surface of any digit has a minimum rating of 35% under the current rule. The recommendation is to increase the minimum rating to 40% at the joint proximal to the level of involvement. The rationale for increasing the minimum rating is that ~~the palmar surface is more important than the dorsal surface for employment and activities of daily living~~. ~~The most common response to the survey for the minimum rating that should be given for this condition was 40% by practitioners who responded to the survey.~~ palmar sensation is important for a wide variety of work activities, including activities of daily living and increasingly prevalent use of small electronic devices. Decreased palmar sensation also predisposes to further injury.

The current rule does not contain a minimum disability rating for loss of sensation from damage to the digital nerve. The recommendation is to establish a minimum rating of 20% at the joint proximal to the level of involvement. The rationale for establishing this minimum rating is that employees frequently sustain lacerations to fingers that cut the digital nerve that results in ~~numbness,~~ sensory loss over half of the finger, including palmar and dorsal aspects, and some loss of function.

e. **Ulnar Nerve**

The current rule provides for a 50% minimum rating at the wrist for ulnar nerve paralysis, above elbow, with sensory involvement. The recommendation is to update the language to motor and sensory involvement of the ulnar nerve above the mid forearm and update the minimum rating to 50% at the elbow. The rationale for this minimum rating is ~~to make the rating consistent with current medical consensus~~ that the ulnar nerve is a very important component of function for those working with their hands (power grasp) and for activities of daily living. Decreased function also predisposes to further injury. The rating for common sites of compression around the elbow (cubital tunnel) will not change.

There is no minimum rating in the current rule for motor involvement of the ulnar nerve above the mid forearm. The recommendation is to establish a minimum rating of 45% at the elbow. The rationale for establishing this minimum rating is ~~to make the rating consistent with current medical consensus~~ that the ulnar nerve is a very important component of function for those working with their hands (power grasp) and for activities of daily living. The rating for common sites of compression around the elbow (cubital tunnel) will not change.

There is no minimum rating for sensory loss of the ulnar nerve above the mid forearm in the current rule. The recommendation is to establish a minimum rating of 15% at the elbow. ~~The rationale for establishing this minimum rating is 15% was the most common response to the survey for the minimum rating that should be given for this condition by practitioners who responded to the survey.~~ The rationale for establishing this minimum rating is that the ulnar nerve is a very important component of function for those working with their hands and for activities of daily living. Decreased function also predisposes to further injury. The rating for common sites of compression around the elbow (cubital tunnel) will not change.

The current rule provides for a minimum disability rating of 45%-50% for motor and sensory involvement to the ulnar nerve below the mid forearm. The recommendation is to decrease this minimum rating to 40% at the wrist. The rationale for decreasing this minimum rating is ~~to make the rating consistent with current medical consensus~~ that while the ulnar nerve is a very important component of function for those working with their hands (power grasp) and for activities of daily living, median nerve function (precision grasp) is considered more important.

The current rule provides for a minimum disability rating of 35%-45% for motor involvement to the ulnar nerve below the mid forearm. The recommendation is to decrease this minimum rating to 35% at the wrist. The rationale for decreasing this minimum rating is ~~to make the rating consistent with current medical consensus~~ that while the ulnar nerve is a very important component of function for those working with their hands (power grasp) and for activities of daily living, median nerve function (precision grasp) is considered more important.

The current rule provides a rating of 25% for total ulnar sensory loss to a hand and a 5% - 10% rating at the wrist for below elbow, sensory involvement only. The recommendation is to update the language to sensory involvement only below mid forearm and set the minimum rating at 15% at the wrist. The rationale ~~for decreasing this minimum rating is to make the rating consistent with current medical consensus~~ is

that while the ulnar nerve is a very important component of function for those working with their hands and for activities of daily living, median nerve sensation (palmar aspect of thumb, index and middle fingers) is considered more important.

f. **Median Nerve**

Under the current rule the minimum rating for motor and sensory involvement of the median nerve above the mid forearm is a range between 55% - 65%. The recommendation is to ~~increase~~ establish the minimum rating to 65% at the elbow. ~~The rationale for increasing this minimum rating is to make the rating consistent with current medical consensus.~~ The rationale for establishing the minimum rating at the higher end of the range is that the median nerve is a very important component of function for those working with their hands (precision grasp), for activities of daily living and increasingly prevalent use of small electronic devices. Decreased function also predisposes to further injury.

There is no minimum rating for motor involvement to the median nerve above the mid forearm in the current rule. The recommendation is to establish a minimum rating of 45% at the elbow. ~~The rationale for establishing this minimum rating is to make the rating consistent with current medical consensus.~~ The rationale for establishing this minimum rating is that the median nerve is a very important component of function for those working with their hands (precision grasp) and for activities of daily living.

For sensory involvement to the median nerve above the mid forearm there is no minimum disability rating in the current rule. The recommendation is to establish a minimum rating of ~~45~~40% at the elbow. The rationale for establishing this minimum rating is ~~to make the rating consistent with current medical consensus~~ that the median nerve is a very important component of function for those working with their hands and for activities of daily living (sensation over the thenar eminence, thumb, index, middle and ½ of the ring fingers). Decreased function also predisposes to further injury.

Under the current rule the minimum rating for thenar paralysis with sensory loss is 40% - 50%. The recommendation is to update the injury description to motor and sensory involvement of the median nerve below the mid forearm and update the minimum rating to 50% at the wrist for this condition. The rationale for this minimum rating is ~~to make the rating consistent with current medical consensus~~ that the median nerve is a very important component of function for those working with their hands (precision grasp), for activities of daily living and increasingly prevalent use of small electronic devices. Decreased function also predisposes to further injury.

For motor involvement to the median nerve below the mid forearm there is no minimum disability rating in the current rule. The recommendation is to establish a minimum rating of ~~15~~ 25% at the wrist. The rationale for establishing this minimum rating is ~~to make the rating consistent with current medical consensus~~ that the median nerve is a very important component of function for those working with their hands (precision grasp), for activities of daily living and increasingly prevalent use of small electronic devices.

Under the current rule, the minimum rating for total median sensory loss to a hand is 65% - 75%. The recommendation is to update the injury description to median sensory involvement only below mid forearm. The recommendation is to decrease the minimum

rating to 45% at the wrist. The rationale for establishing this minimum rating is~~ to make the rating consistent with current medical consensus~~ that while the median nerve is a very important component of function for those working with their hands and for activities of daily living (sensation over the thenar eminence, thumb, index, middle and ½ of the ring fingers), and decreased function also predisposes to further injury, the current rating for sensory loss alone was excessive.

g. **Radial Nerve**

Under the current rule, the minimum rating for radial nerve paralysis with complete loss of extension at the elbow, wrist, and fingers is 45% - 50% at the shoulder. The recommendation is to update the description to motor and sensory involvement to the radial nerve including the triceps and set the minimum rating at 45% at the shoulder. The rationale for this minimum rating is radial nerve injury at this level results in significant functional deficits, including loss of elbow, wrist and finger extension, and sensation over the dorsal aspect of the arm, hand, thumb and proximal index, middle and ring fingers. Decreased function also predisposes to further injury.

The current rule contains no minimum disability rating for motor involvement only to the radial nerve including the triceps. The recommendation is to establish a minimum rating of 40% at the shoulder. The rationale for ~~increasing~~ establishing this minimum rating ~~is to make the rating consistent with current medical consensus~~ emphasizes the relative importance of motor versus sensory fibers for those working with their hands and for activities of daily living.

In the current rule there no minimum disability rating for sensory involvement only to the radial nerve including the upper arm. The recommendation is to establish a minimum rating of 5% at the shoulder. ~~The rationale for increasing (establishing) this minimum rating is to make the rating consistent with current medical consensus.~~

There is no minimum disability rating for motor and sensory loss involvement to the radial nerve below the elbow. The recommendation is to establish a minimum rating of 40% at the elbow. The rationale for ~~increasing~~ establishing this minimum rating is ~~to make the rating consistent with current medical consensus~~ that radial nerve injury at this level results in significant functional deficits, including loss of wrist and finger extension, and sensation over the dorsal aspect of the hand, thumb and proximal index, middle and ring fingers. Decreased function also predisposes to further injury.

Under the current rule, the minimum rating for radial nerve paralysis with complete loss of extension to the wrist and fingers is 45% - 50% at the wrist. The recommendation is to update the description to radial motor involvement only below elbow and decrease the rating to 35% at the elbow. The rationale for this minimum rating ~~is to make the rating consistent with current medical consensus~~ emphasizes the relative importance of motor versus sensory fibers for those working with their hands and for activities of daily living.

The current rule contains no minimum disability rating for sensory involvement only to the radial nerve below the elbow. The recommendation is to establish a minimum rating of 5% at the elbow. ~~The rationale for increasing (establishing) this minimum rating is to make the rating consistent with current medical consensus.~~ The rationale for establishing this rating

reflects the lesser importance of radial nerve sensation compared to median or ulnar nerve sensation.

h. Axillary nerve

The current rule does not contain a minimum disability rating for complete loss for motor and sensory involvement of the axillary nerve. The recommendation is to establish a minimum rating of 35% at the shoulder. The rationale for ~~increasing~~ establishing this minimum rating is ~~to make the rating consistent with current medical consensus~~ that the axillary nerve is a very important component of function for those working with their arms (shoulder abduction) and for activities of daily living.

Under the current rule there is no minimum disability rating for complete loss for motor involvement of the axillary nerve. The recommendation is to establish a minimum rating of ~~30~~33% at the shoulder. The rationale for ~~increasing~~ establishing this minimum rating ~~is to make the rating consistent with current medical consensus~~ emphasizes the relative importance of motor versus sensory fibers for those working with their arms and for activities of daily living.

There is no minimum disability rating for complete loss for sensory involvement of the axillary nerve in the current rule. The recommendation is to establish a minimum rating of ~~5~~ 2% at the shoulder. ~~The rational for increasing this minimum rating is to make the rating consistent with current medical consensus~~ The rational for this rating is that functional impact of lost sensation over the lateral aspect of the upper arm is less significant than injuries to the rotator cuff, which are associated with a minimum 5% rating.

i. Musculocutaneous nerve

The current rule does not contain a minimum disability rating for complete loss for motor and sensory involvement of the musculocutaneous nerve. The recommendation is to establish a minimum rating of 30% at the shoulder for musculocutaneous neuropathy motor and sensory loss. The rational for establishing this minimum rating is that the musculocutaneous nerve is a very important component of function for those working with their arms (elbow flexion and forearm supination) and for activities of daily living.

There is no minimum disability rating for complete loss for motor involvement of the musculocutaneous nerve. The recommendation is to establish a minimum rating of 25% at the shoulder for musculocutaneous neuropathy motor involvement only. The rationale for establishing this minimum rating emphasizes the relative importance of motor versus sensory fibers for those working with their arms and for activities of daily living.

The current rule does not contain a minimum disability rating for complete loss of sensory involvement of the musculocutaneous nerve. The recommendation is to establish a minimum rating of 5% at the shoulder for musculocutaneous neuropathy sensory loss. The rationale for establishing this minimum rating reflects the lesser importance of musculocutaneous nerve sensation compared to median or ulnar nerve sensation.

j. **Peroneal nerve**

For the complete loss of the peroneal nerve causing a foot drop the current rule provides for a minimum disability rating in a range between 25% - 30% at the knee. The recommendation is to increase the minimum rating to 40% with the rating changed to the level of the ankle for this condition. The rationale for changing the assignment of this injury to the ankle will avoid the confusion noted with ratings under current guidelines and is consistent with the functional deficits (difficulties with walking and fall risk) experienced by claimants following this injury. Overall compensation for this injury does not change significantly.

The current rule does not contain a minimum disability rating for motor involvement only that causes a foot drop. The recommendation is to establish a minimum rating of 35% at the ankle for this condition. The rationale for establishing this rating reflects the relative importance of the peroneal motor function to mobility (difficulties with walking and fall risk).

Under the current rule there is no minimum disability rating for sensory involvement only of the peroneal nerve (dorsal foot). The recommendation is to establish a minimum rating of 10% at the ankle for this condition. The rationale for establishing this rating reflects the importance of protective foot sensation. Decreased foot sensation also predisposes to further injury.

k. **Tibial nerve**

The current rule does not contain a minimum disability rating for the complete loss of tibial nerve function. The recommendation is to establish a minimum rating of 45% at the ankle for this condition. The rational for establishing this rating reflects the importance of ankle plantarflexion for mobility and sensation over the plantar surface of the foot.

The current rule does not contain a minimum disability rating for tibial motor involvement only that causes plantarflexion weakness. The recommendation is to establish a minimum rating of 30% at the ankle for this condition. The rationale for establishing this rating reflects the importance of the tibial motor function to mobility.

The current rule does not contain a minimum disability rating for sensory involvement only. The recommendation is to establish a minimum rating of 15% at the ankle for this condition. The rational for establishing this minimum rating reflects the importance of sensation over the ankle and foot for some functional activities. Decreased sensation also predisposes to further injury.

l. **Plantar nerve**

The current rule contains no provision for a minimum disability rating for sensory involvement of the plantar nerve (plantar foot). The recommendation is to establish a minimum disability rating of ~~15~~12% at the ankle for this condition. ~~The rationale for increasing this minimum rating is to make the rating consistent with current medical~~

~~consensus.~~ The rationale for establishing this minimum rating reflects the importance of sensation of the foot for some functional activities. Decreased foot sensation also predisposes to further injury.

m. **Common Nerve-Related Surgical Procedures**

The current rule does not include a minimum disability rating for carpal tunnel release. The recommendation is to establish a minimum rating of 2% at the level of the wrist for a carpal tunnel release. The rationale for establishing this minimum rating is that a carpal tunnel release involves a demonstratable anatomic change by cutting the carpal ligament. Following the procedure people frequently experience scarring, sensory deficits, ~~numbness,~~ and motor deficits. A 2% rating is common and consistent with current medical consensus.

There is no minimum rating for cubital tunnel release in the current rule. The recommendation is to establish a minimum rating of 2% at the level of the elbow. The rationale for this minimum rating is that a cubital tunnel release involves a demonstratable anatomic change by cutting the carpal ligament. Following the procedure people frequently experience scarring, sensory deficits, ~~numbness,~~ and motor deficits. A 2% rating is common and consistent with current medical consensus.

For ulnar nerve transposition there is no minimum rating in the current rule. The recommendation is to establish a minimum rating of 5% at the elbow. The rationale for establishing this minimum rating is that an ulnar nerve transposition involves a demonstratable anatomic change by moving the nerve~~ and when it is attached to a muscle~~. Following the procedure people regularly experience scarring, sensory deficits, motor deficits, and persistent pain that can impact function of the elbow, wrist and hand. ~~in the ulnar nerve. A 5% rating is common and consistent with current medical consensus.~~

The list of professional organizations at the end of the analysis was reviewed. It was the consensus that the professional organization for podiatrists should also be included on the list.

Dr. Salvi will draft a paragraph to advise practitioners about the purpose of the tables for evaluating pain.

5. **Review of ch. DWD 81 of the Wisconsin Administrative Code:** Deferred.

6. **Discuss treatment guidelines for COVID-19:** The members of the HCPAC discussed treatment guidelines for COVID-19. Long term effects of COVID-19 were of great concern. Treatment guidelines from the American College of Occupational and Environmental Medicine (ACOEM) were reviewed along with an article about rating permanent impairment for COVID-19 from the AdMIRable Review, Journal of the Tennessee Medical Impairment Rating Registry, Volume 9, Summer 2020. Dr. Goldberg requested data from the WCD about COVID-related claims involving a PTSD component or prolonged, severe incapacitation as a result of Long COVID. Dr. Goldberg also requested information about claims involving long-term conditions such as chronic fatigue and cognitive problems as these claims could be similar to Long COVID claims. Mr. O'Malley stated that the WCD's data would not likely include this detail about claims for COVID-19 reported to the WCD. Mr. O'Malley will provide available data about COVID-19 claims reported to the WCD at the next meeting.

Dr. Goldberg recommended the HCPAC research other states that have guidelines on impairment ratings and treatment guidelines for comparison with Wisconsin. Mr. O'Malley stated the Worker's Compensation Research Institute (WCRI) has conducted surveys of other states that have guidelines for impairment ratings and treatment guidelines applicable to their worker's compensation systems.

7. **New Business:** None.

8. **Adjournment:** A motion to adjourn was made by Dr. Floren and seconded by Dr. Goldberg. The meeting was adjourned at approximately 1:00 p.m. The next meeting is scheduled for January 20, 2023.