Health Care Provider Advisory Committee
Meeting Minutes
Webex Conference Meeting
August 5, 2022

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

Excused: David Bryce, MD; Andrew Floren, MD; David Kuester, MD, Jennifer Seidl PT, and Theodore Gertel, MD.

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

1. **Call to Order/ Introductions:** Mr. Peters 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 May 6, 2022 meeting minutes:** Mr. Bartell made a motion, seconded by Ms. Janusiak, to accept the minutes of the May 6, 2022 meeting. The minutes were unanimously approved without correction.

3. **Future meeting dates:** The HCPAC members agreed to schedule the next meeting on October 7, 2022 as a virtual meeting. Tentative meeting dates of January 20, 2023 and May 5, 2023 were also selected. The members also discussed future hybrid meetings where some members could appear in person and other remotely.

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:

   The HCPAC members discussed the definition of medical consensus. For the next meeting Frank Salvi and Jim O'Malley will work on a definition of medical consensus that can be added to the beginning of the analysis.

   Under the current rule there is no minimum rating for anterior, posterior, or superior labral repair. The recommendation is to establish a minimum rating of 5%. The rationale for establishing this minimum rating is that repair of the labrum involves attaching tendons and ligaments to improve stability to the shoulder.

   The current rule does not contain a minimum disability rating for open or arthroscopic repair of tendinosis or tear of common flexor tendon or extensor tendon. The recommendation is to establish a minimum rating of 5%. The rationale for establishing this minimum rating is

that the anatomy is altered following these procedures and these conditions ~~usually~~ can cause persistent pain due to recurrent degeneration or tears.

The current rule provides for a minimum rating of 12½% for total loss of extension of the wrist. The recommendation is to increase the minimum rating to 15%. The rationale for increasing the minimum rating is that loss of extension of the wrist results in greater dysfunction of the upper extremity including loss of grip ~~strength~~ function and fine motor skills of a hand.

A minimum rating of 7½% for total loss of flexion of the wrist is contained in the current rule. The recommendation is to increase the minimum rating to 12%. The rationale for increasing the minimum rating is that loss of ~~extension~~ flexion of the wrist results in greater dysfunction of the upper extremity including loss of grip ~~strength~~ function and fine motor skills of a hand.

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.~~ The rationale for increasing this minimum rating is to make the rating consistent with current medical consensus.

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 increasing this minimum rating is to make the rating consistent with current medical consensus.

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 is that 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 decreasing this minimum rating is to make the rating consistent with current medical consensus.

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 the minimum rating to 65% at the elbow. ~~The rationale for increasing this minimum rating is there should not be a range for the rating, and a minimum rating is 65% 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 decreasing this minimum rating is to make the rating consistent with current medical consensus.

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 increasing this minimum rating is 45% 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 decreasing this minimum rating is to make the rating consistent with current medical consensus.

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 rationale for increasing this minimum rating is to make the rating consistent with current medical consensus.

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 increasing this minimum rating is to make the rating consistent with current medical consensus.

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 increasing this minimum rating is to make the rating consistent with current medical consensus

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 increasing this minimum rating is to make the rating consistent with current medical consensus.

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 increasing this minimum rating is to make the rating consistent with current medical consensus.

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 increasing this minimum rating is to make the rating consistent with current medical consensus.

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% at the ankle for this condition. The rationale for increasing this minimum rating is to make the rating 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 chronic pain. ~~in the ulnar nerve.~~

The current rule does not contain a minimum permanent disability rating for implantation of a permanent spinal cord stimulator. The recommendation is to establish a 2% minimum rating for implantation of a spinal cord stimulator. The rational for establishing this minimum rating is there is a fixed structural implant for the stimulator physically implanted in the person's back which may cause structural damage, pain, and other complications. ~~inconvenience~~. A minimum rating of 2% is consistent with conservative treatment provided for back pain.

Under the current rule there is no minimum permanent disability rating for implantation of an intrathecal pain pump. The recommendation is to establish a 2% minimum rating for implantation of an intrathecal pain pump. The rational for establishing this minimum rating is there is a fixed structural implant for the stimulator physically implanted under a person's skin and there is a burden associated with the care of the pain pump as it may require battery recharging, medication refills in addition to other regular maintenance. A minimum rating of 2% is consistent with conservative treatment provided for back pain.

For a sacroiliac fusion there is no minimum permanent disability rating under the current rule. The recommendation is to establish a minimum disability rating of 7% for a sacroiliac fusion. The rationale for ~~the~~ establishing this minimum rating is that a fusion of the sacroiliac joint increases the strain on adjacent structures which leads to more degenerative changes years after the surgery.

With the current rule there is a minimum permanent disability rating of 75% for ankylosis of a finger at the middle joint at mid-position. The recommendation is to decrease the minimum rating to 70%. ~~The rationale for decreasing the minimum rating is because a 70% rating was the consensus of practitioners who responded to the survey for this condition.~~ The rationale for decreasing this minimum rating is to make the rating consistent with current medical consensus.

Dr. Capodice recommended that the HCPAC discuss treatment guidelines for COVID-19 at the next meeting.

5. **Adjournment:** The meeting was adjourned at approximately 12:40 p.m. The next meeting is scheduled for October 7, 2022.