Health Care Provider Advisory Committee
Meeting Minutes
Webex Conference Meeting
Aug. 4, 2023
DRAFT

Members Present: Andrew Floren, MD; Theodore Gertel, MD; Barbara Janusiak, RN; David Kuester, MD; Jennifer Seidl, PT; Kelly Von-Schilling Worth, DC; and Nicole Zavala.

Excused: David Bryce, MD; and Steven Peters (Chair).

Staff Present: Jim O'Malley (Acting Chair), Kelly McCormick, Frank Salvi, MD, and Lynn Weinberger.

1. Call to Order/Introductions: Mr. O'Malley, acting chair, convened the Health Care Provider Advisory Committee (HCPAC) meeting at approximately 10:08 a.m., in accordance with Wisconsin's open meetings law, and called the roll. A quorum of the members was not present.

2. Acceptance of the Jan. 20, 2023 and May 5, 2023 meeting minutes: Deferred.

3. Future meeting dates: The HCPAC members agreed to schedule the next meeting on Oct. 13, 2023, as a virtual meeting. Tentative meeting dates of Jan.19, 2024 and May 3, 2024 were also selected.

4. Review of ch. DWD 81 of the Wisconsin Administrative Code including section covering treatment of lower extremities: The HCPAC members resumed review of ch. DWD 81. The following recommendations were made:

To create ss. DWD 81.09(5)(c)4. and DWD 81.091(5)(c)4. as follows:

4. Corticosteroid injections directly into tendons should be avoided.

To create s. DWD 81.091(5)(d):

(d) For purposes of this paragraph, "viscosupplementation" includes injection of hyaluronic acid salts into a chronic moderately symptomatic osteoarthritic joint. All of the following guidelines apply to viscosupplementation:

1. Frequency one series of injections, as directed by the product.

2. Repeat use may be considered after 6 months if prior series of injections reduced symptoms and improved function.

To create s. DWD 81.091(8)(b) as follows:

(b) Splints, braces, straps, walking boots, active-assisted range of motion devices, or supports may be necessary as specified in sub. (3) (i). Durable medical equipment may also include canes, crutches, walkers, knee scooters, and other assistive devices.

To create ss. DWD 81.09 (17)(a) and DWD 81.091(11)(a) as follows:

(a) A health care provider shall use initial nonsurgical management for all patients with any type of fracture or dislocation, unless surgery is indicated.

1. The active, passive, injection, durable medical equipment, and medication treatment modalities and procedures specified in subs. (3), (4), (5), (8), and (10) may be used in sequence or simultaneously during the period of initial nonsurgical management depending on the severity of the condition.

2. Initial nonsurgical management shall be provided in the least intensive setting consistent with standards of medical practices.

3. The 12-week limitation as provided in subs. (3) and (4) begins once the casting, splinting, or bracing is removed and further treatment is indicated by a health care provider.

4. The monitoring of home-based treatment modalities by the treating health care provider may continue for up to 4 months. At any time during this period the patient may be a candidate for chronic management if surgery is ruled out as an appropriate treatment.

To create s. DWD 81.091(11)(c) as follows:

(c) If the patient continues with symptoms and objective physical findings after surgery or the patient refused surgery or the patient was not a candidate for surgery, and if the patient's condition prevents the resumption of the regular activities of daily living including regular vocational activities, then the patient may be a candidate for chronic management under s. DWD 81.13.

To create s. DWD 81.091(12) as follows:

(12) ADDITIONAL GUIDELINES FOR TENDONITIS OF ANY LOWER EXTREMITY TENDON.

(a) A health care provider shall use initial nonsurgical management for all patients with tendonitis and this shall be the first phase of treatment. Any course or program of initial nonsurgical management shall meet all the guidelines of sub. (11) (a).

(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 living, including regular vocational activities, then surgical evaluation or chronic management is necessary. Surgical evaluation and surgical therapy shall meet all the guidelines of sub. (11) (b), with the following modifications:

For patients with a specific diagnosis of tendonitis in the lower extremity who show no improvement after a trial of 8 weeks of traditional active and passive modality care as specified in s. DWD 81.091 (3) and (4), may benefit from further diagnostic testing such as ultrasound or magnetic resonance imaging (MRI).

(c) A patient who continues with symptoms and objective physical findings after further diagnostic testing may be a candidate for chronic management. Any course or program of chronic management for patients with any lower extremity tendonitis shall be provided under the guidelines of s. DWD 81.13.

To create s. DWD 81.091(13) as follows:

(13) ADDITIONAL TREATMENT GUIDELINES FOR NERVE SYNDROMES.

(a) A health care provider shall use initial nonsurgical management for all patients with nerve 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.

(b) If the patient continues with symptoms and objective physical findings after 12 weeks of initial nonsurgical management and if the patient's condition prevents the resumption of the regular activities of daily living, including regular vocational activities, then surgical evaluation or chronic management is necessary. Surgical evaluation and surgical therapy shall meet all of the guidelines of sub. (11) (b), with the following modifications:

1. Surgical evaluation may begin and surgical therapy may be provided, if necessary, after 12 weeks of initial nonsurgical management, except where immediate surgical evaluation is necessary under par. (a).

2. Additional evaluation with electrodiagnostic studies or an injection may be used, as determined by the clinician, for further determination of appropriate next management steps.

(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 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 syndromes shall be provided under the guidelines of s. DWD 81.13.

To create s. DWD 81.091(14) as follows:

(14) ADDITIONAL TREATMENT GUIDELINES FOR MUSCULOSKELETAL PAIN SYNDROMES.

(a) A health care provider shall use initial nonsurgical management for all patients with 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 musculoskeletal pain syndromes where there is no structural pathology.

(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 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 musculoskeletal pain syndromes shall be provided under the guidelines of s. DWD 81.13.

To create s. DWD 81.091(15) as follows:

(15) SPECIFIC TREATMENT GUIDELINES FOR LOWER EXTREMITY IMPINGEMENT SYNDROMES.

(a) A health care provider shall use initial nonsurgical management for all patients with lower extremity impingement syndrome without clinical evidence of surrounding tissue damage or tears, and this shall be the first phase of treatment. Any course or program of initial nonsurgical management shall meet all the guidelines of sub. (11) (a) except for the following:

1. Early surgical evaluation may be necessary for patients with any of the following:

a. Clinical findings of any surrounding tissue damage or tears or compartment syndrome.

b. Acute rupture of any tendon or tendons.

2. Use of home-based treatment modalities with monitoring by a health care provider may continue for up to 6 months. At any time during this period the patient may be a candidate for chronic management if surgery is ruled out as necessary treatment.

3. Diagnostic injection, arthrography, computed tomography-arthrography, or magnetic resonance imaging scanning may be necessary as part of the evaluation.

(b) If the patient continues without significant improvement in symptoms and objective physical findings after an appropriate course of initial nonsurgical management and if the patient's condition prevents the resumption of the regular activities of daily living, including regular vocational activities, then surgical evaluation or chronic management is necessary. Surgical evaluation and surgical therapy shall meet all of the guidelines of sub. (11) (b), with any of the following modifications:

1. Surgical evaluation shall begin no later than 6 months after beginning initial nonsurgical management.

2. Diagnostic injection, arthrography, computed tomography-arthrography, or magnetic resonance imaging scanning may be necessary as part of the surgical evaluation.

3. Surgical procedures that are appropriate and accepted as part of the medical community relating to impingement surgery or repair may include but are not limited to, impingement of a tendon, nerve or other tissue, excision of bony protuberance, removal of adhesions or excision of a damaged bursa.

(c) If the patient continues with symptoms and objective physical findings after surgery, or the patient refused surgery or was not a candidate for surgery, and if the patient's condition prevents the resumption of the regular activities of daily 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 impingement syndromes shall be provided under the guidelines of s. DWD 81.13.

To create s. DWD 81.091(16) as follows:

(16) ADDITIONAL TREATMENT GUIDELINES FOR TRAUMATIC SPRAINS AND STRAINS OF THE LOWER EXTREMITY.

(a) A health care provider shall use initial nonsurgical management for the first phase of treatment for all patients with traumatic sprains and strains of the lower extremity without evidence of significant tissue or tendon disruption. Any course or program of initial nonsurgical management shall meet all the guidelines of sub. (11).

(b) If the patient continues without significant improvement in symptoms and objective physical findings after an appropriate course of initial nonsurgical management and if the patient's condition prevents the resumption of the regular activities of daily living, including regular vocational activities, then surgical evaluation or chronic management is necessary. Surgical evaluation and surgical therapy shall meet all of the guidelines of sub. (11) (b), with any of the following modifications:

1. Surgical evaluation shall begin no later than 6 months after beginning initial nonsurgical management.

2. Diagnostic injection, arthrography, computed tomography-arthrography, or magnetic resonance imaging scanning may be necessary as part of the surgical evaluation.

(c) If the patient continues with symptoms and objective physical findings after 12 weeks of initial nonsurgical management and if the patient's condition prevents the resumption of the regular activities of daily 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 traumatic sprains and strains shall be provided under the guidelines of s. DWD 81.13.

To update s. DWD 81.09(16)(a) as follows:

(a) A health care provider shall use initial nonsurgical management for the first phase of treatment for all patients with traumatic sprains and strains of the upper extremity without

evidence of ~~complete~~ significant tissue or tendon disruption. Any course or program of initial nonsurgical management shall meet all the guidelines of sub. (11).

To update s. DWD 81.10 (1)(a)1.a. and 2.a. as follows:

a. Positive sensory abnormalities, which include spontaneous pain, ~~mechanical hyperalgesia, thermal hyperalgesia,~~ allodynia, and ~~deep somatic~~ hyperalgesia.

To update s. DWD 81.10 (1)(a)2.c. as follows:

c. Edema or sweating abnormalities~~, which include swelling, hyperhidrosis, and hypohidrosis~~.

To update s. DWD 81.10 (1)(b) as follows:

(b) Complex regional pain syndrome ~~of the upper and lower extremities includes the diagnoses of complex regional pain syndrome, reflex sympathetic dystrophy, causalgia, Sudek's atrophy, algoneurodystrophy, shoulder hand syndrome, including ICD 9 CM codes 337.9, 354.4, and 733.7~~ is subdivided into Type 1, which is usually post-traumatic, post-surgical, or post-immobilization and there is no identifiable nerve injury, or Type 2, which occurs after a well-defined nerve injury.

To update s. DWD 81.10 (1)(c) as follows:

(c) ~~Complex regional pain syndrome occurs as a complication of another preceding injury.~~ The treatment guidelines of this section refer to the treatment of the body part affected by the complex regional pain syndrome. The treatment for any condition not affected by complex regional pain syndrome continues to be subject to whatever treatment guidelines otherwise apply. Any treatment under this section for complex regional pain syndrome may be in addition to treatment received for the original condition.

To repeal s. DWD 81.10 (1)(d) and to renumber s. DWD 81.10 (1)(e) as follows:

~~(d) Thermography may be used in the diagnosis of complex regional pain syndrome and is considered an adjunct to physical examination.~~

(~~e~~d) For a patient with continued clinical signs and symptoms of complex regional pain syndrome, further diagnostic testing may be appropriate.

To update s. DWD 81.10 (2)(a) as follows:

(a) A health care provider shall use initial nonsurgical management for all patients with complex regional pain syndrome and this shall be the first phase of treatment. There should be an emphasis on functional restoration as a primary treatment modality. Any course or program of initial nonsurgical management is limited to the modalities specified in pars. (b) to (i).

To update s. DWD 81.10 (2)(b) as follows:

(b) ~~The only t~~Therapeutic injection modalities necessary for complex regional pain syndrome ~~are~~ include sympathetic block, intravenous infusion of local anesthetics, steroids or sympatholytics, or epidural block.

1. Unless medically contraindicated, sympathetic blocks or the intravenous infusion of local anesthetics, steroids or sympatholytics shall be used if complex regional pain syndrome has continued for 4 weeks and the patient remains disabled as a result of the complex regional pain syndrome. All of the following guidelines apply to therapeutic injection modalities:

a. Time for treatment response is within 30 minutes.

b. Maximum treatment frequency permits a repeat injection at a site if there was a positive response to the first injection. If subsequent injections demonstrate diminishing control of symptoms or fail to facilitate objective functional gains, then injections shall be discontinued. ~~Only 3 injections to different sites per patient visit.~~

c. Maximum treatment duration may be continued as long as injections control symptoms and facilitate objective functional gains if the period of improvement is progressively longer with each injection.

2. Epidural block may only be performed in patients who had an incomplete improvement with sympathetic block or intravenous infusion of local anesthetics, steroids or sympatholytics.

To update s. DWD 81.10 (2)(c) as follows:

(c) Only the passive treatment modalities set forth in pars. (d) to (g) are necessary. These passive treatment modalities in a clinical setting or requiring attendance by a health care provider are not necessary beyond 12 weeks from the first modality initiated for treatment of complex regional pain syndrome. Functional restoration should be the main mode of treatment. The goal of passive modalities is to facilitate functional restoration.

To update s. DWD 81.10 (2)(d)2. as follows:

2. Home use of thermal modalities may be prescribed at any time during the course of treatment. Home use may only involve hot packs, hot soaks, hot water bottles, ~~hydrocollators,~~ heating pads, ice packs, ~~and~~ cold soaks, and other durable medical equipment that can be applied by the patient without professional assistance. Home use of thermal modalities may not require any special training or monitoring, other than that usually provided by a health care provider during an office visit.

To update s. DWD 81.10 (2)(f) as follows:

(f) ~~For purposes of this paragraph, "electrical stimulation" includes galvanic stimulation, transcutaneous electrical nerve stimulation, interferential, and microcurrent techniques. All of t~~The following guidelines apply to electrical stimulation treatment:

To update s. DWD 81.10 (2)(g) as follows:

(g) For purposes of this paragraph, "acupuncture treatments" include ~~endorphin-mediated analgesic therapy that includes~~ classic acupuncture and acupressure. All of the following guidelines apply to acupuncture treatments:

To update s. DWD 81.10 (2)(h)1.a. as follows:

a. Maximum treatment frequency is 5 times per week for the first week, ~~decreasing to~~ 3 times per week for the next 2 weeks, and decreasing in frequency after the third week until the end of the maximum treatment duration period in subd. 1. b.

To update s. DWD 81.10 (3) as follows:

(3) ~~SURGERY~~ INTERVENTIONAL THERAPIES.

(a) ~~Surgical sympathectomy may only be performed on a patient who had a sustained but incomplete improvement with sympathetic blocks by injection.~~ Implantable devices for spinal cord or peripheral nerve stimulation.

(b) There shall be appropriate psychological assessment prior to implantation of a spinal cord stimulator or intrathecal drug delivery system to determine whether the patient is a suitable candidate for this type of treatment.

(c) For refractory cases consider implantable devices for intrathecal drug administration.

(d) Surgical sympathectomy has a limited role for refractory cases that have failed most other interventional therapies. Patients that have responded well from sympathetic blocks may be considered for this procedure.

To update s. DWD 81.10 (4) as follows:

(4) CHRONIC MANAGEMENT. If the patient continues with symptoms and objective physical findings after surgery, or the patient refuses surgery, or the patient was not a candidate for surgery, 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 complex regional pain syndrome shall be provided under the guidelines of s. DWD 81.13.

5. New Business: None.

6. Adjournment: A motion to adjourn was made by Dr. Floren and seconded by Dr. Gertel. The meeting was adjourned at approximately 1:05 p.m. The next meeting is scheduled for Oct. 13, 2023.