

Health Care Provider Advisory Committee  
Meeting Minutes  
Aurora Medical Center in Summit  
August 3, 2018

Members Present: John Bartell, RN; Mary Jo Capodice, DO; Andrew Floren, MD; Ted Gertel, MD; Frank Lasee (Chair); Jeff Lyne, DC; Jim O'Malley (Acting Chair); Jennifer Seidl, PT; and Timothy Wakefield, DC.

Excused: Amanda Gilliland, RN; Richard Goldberg, MD; Barb Janusiak, RN; Maja Jurisic, MD; Michael McNett, MD; Stephen Klos, MD; and Peter Schubbe, DC.

Staff Present: Kelly McCormick and Frank Salvi, MD.

Observers: Don Carlson and Pat Herrmann from Maxim Healthcare; Kelly G. Worth, DC of the Spine & Joint Institute.

1. **Call to Order/ Introductions:** Mr. O'Malley convened the Health Care Provider Advisory Committee (HCPAC) meeting at approximately 10:05 a.m., in accordance with Wisconsin's open meetings law. John Bartell, Dr. Andrew Floren and Dr. Timothy Wakefield were introduced as new members of the committee. The members of the HCPAC, WCD staff, and meeting observers introduced themselves.
2. **Acceptance of the May 4, 2018 meeting minutes:** Ms. Seidl made a motion to accept the minutes of the May 4, 2018 meeting. The motion was seconded by Dr. Floren. The minutes were unanimously approved without correction.
3. **Future meeting dates:** The HCPAC members agreed to schedule the next meetings on October 12, 2018 and January 18, 2019, or February 1, 2019, in the event on inclement weather. A tentative meeting date of May 17, 2019 was also selected.

**Posting of HCPAC meeting agenda & minutes on Wisconsin Public Meeting Notices & Minutes website – [publicmeetings.wi.gov](http://publicmeetings.wi.gov):** Mr. O'Malley explained that per Governor Walker's Executive Order #235 all state agencies, including departments, boards, councils and commissions, have been directed to post all open meeting notices and meeting minutes on the Wisconsin public meeting notices website as of September 1, 2017. The DWD website maintains notices and minutes prior to September 1, 2017 and contains links to [publicmeetings.wi.gov](http://publicmeetings.wi.gov) for meeting notices and minutes after that date.

4. **Review of survey of practitioners to update minimum PPD ratings in s. DWD 80.32 of the Wisconsin Administrative Codes:** Mr. O'Malley explained that s. DWD 80.32 contains minimum permanent partial disability (PPD) ratings that apply based on certain types of conditions and surgical procedures. The designation of scheduled injuries has been in effect since 1913. The last modification of the minimum PPD ratings was about 20 years ago. The Worker's Compensation Advisory Council requested an in-depth review of the ratings which prompted the survey. Dr. Salvi was instrumental in preparing the questions, organizing the survey, and tabulating the responses. The survey contained 168 questions arranged by body part/specialty area. A total of 124 practitioners responded. The Department prepared recommendations for proposed changes and suggestions for

areas that warrant further review. Thorough discussion of the survey responses by the HCPAC members resulted in the following recommendations:

- a. For the hip and the knee:  
Total Ankylosis = 50% PPD  
Total Joint Replacement = 40% PPD  
Partial Joint Replacement = 35% PPD  
Prosthetic Resurfacing = 30% PPD
- b. For knee range of motion assessments, consider full knee extension as 0 degrees instead of the current measurement of 180 degrees.
- c. For knee range of motion assessments: 10-degree loss of extension would be considered a mild limitation equal to 5% PPD, 20-degree loss of extension would be considered a moderate limitation equal to 15% PPD, and 30-degree loss of extension would be a severe limitation equal to 30% PPD.
- d. For removal of the patella, set the minimum rating at 20% PPD.
- e. For recurrent patellar dislocation, set the minimum rating at 10% PPD.
- f. For meniscectomy procedure, 5% PPD per meniscus if up to 50% is removed or not specified; 8% PPD per meniscus if 50% or more of meniscus is removed.
- g. For meniscal repair, add a minimum rating of 3% PPD when no part of the meniscus is removed. There currently is not a minimum rating for this.
- h. Clarify anterior cruciate ligament (ACL) reconstruction is a minimum of 10% PPD. Also add 10% PPD minimum rating for posterior cruciate ligament (PCL) reconstruction.
- i. Add a minimum rating of 5% PPD for ACL or PCL debridement, including removal of cyclops lesion.
- j. Add a minimum rating of 10% PPD for a tibial osteotomy with a good result. There currently is not a minimum rating for this.
- k. For the ankle:  
Total Ankylosis = 50% PPD  
Ankylosis Ankle Joint/Loss of dorsiflexion and plantar flexion = 35% PPD  
Subtalar Ankylosis/Loss of inversion and eversion = 15% PPD  
Total Joint Replacement = 40% PPD  
Partial Joint Replacement = 35% PPD
- l. For toes other than the great toe, add a minimum rating of 15% PPD for ankylosis at the middle joint and 10% PPD for ankylosis at the distal joint.
- m. Add a minimum rating of 40% PPD for total joint replacement and 35% PPD for partial joint replacement of the great toe.

The HCPAC members agreed to end review with the lower extremities and will resume discussion at the next meeting beginning with minimum PPD ratings at the shoulder.

**5. Review of ch. DWD 81 of the Wisconsin Administrative Code:** Dr. Wakefield suggested that terminology be updated to replace the words "adjustment" and "manipulation" related to chiropractic treatment and recommended the use of the terms "chiropractic manipulative treatment" and "osteopathic manipulative treatment." Additional terminology may need to be updated to address mobilization treatment by physical therapist. The HCPAC members requested that Dr. Wakefield prepare a listing of the inconsistent terminology he has noted in ch. DWD 81 and make recommendations to be discussed at the next meeting. The HCPAC continued its review of the worker's compensation treatment guidelines in ch. DWD 81 of the Wisconsin Administrative Code. The following change was proposed:

a. *Update s. 81.03 (1) as follows:*

(1) "Active treatment" means treatment specified in ss. DWD 81.06 (4), 81.07 (4), 81.08 (4), 81.09 (4), and 81.10 (2) that requires active patient participation in a manual therapeutic program to increase, restore or preserve flexibility, strength, endurance, or awareness of proper body mechanics, or neuromuscular control and movement.

**6. New Business:** None.

**7. Adjournment:** Ms. Seidl made a motion to adjourn, which was seconded by Dr. Floren. The motion passed unanimously. The meeting was adjourned at approximately 1:00 p.m. The next meeting is scheduled for October 12, 2018.