Health Care Provider Advisory Committee
Meeting Minutes
Webex Conference Meeting
January 21, 2022
DRAFT

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

Excused: David Bryce, MD; Theodore Gertel, MD; Steven Peters (Chair); and Timothy Wakefield, DC.

Staff Present: John Dipko, Kelly McCormick, Jim O'Malley (Acting Chair), Laura Przybylo, 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, and called the roll.

2. **Acceptance of the August 6, 2021 and October 1, 2021 meeting minutes:** Dr. Floren made a motion, seconded by Ms. Zavala, to accept the minutes of the August 6, 2021 meeting. The minutes of the August 6, 2021 meeting were unanimously approved without correction.

   Dr. Floren made a motion, seconded by Mr. Bartell, to accept the minutes of the October 1, 2021 meeting. The minutes of the October 1, 2021 meeting were unanimously approved without correction.

3. **Future meeting dates:** The HCPAC members agreed to schedule the next meeting on May 6, 2022 as a virtual meeting. Tentative meeting dates of August 5, 2022 and October 7, 2022 were also selected. The HCPAC discussed holding future meetings virtually, in person, or via a hybrid format, taking into consideration location, availability and social distancing/COVID 19 protocols.

4. **Review of survey of practitioners to update minimum PPD ratings in s. DWD 80.32 of the Wisconsin Administrative Code:** Before the HCPAC's proposed changes to minimum PPD ratings in s. DWD 80.32 can be presented to the Worker's Compensation Advisory Council (WCAC), the Department must prepare an analysis of the current rule and provide the rationale for the proposed changes. The Department is working on this analysis and requested feedback from the HCPAC. Dr. Floren suggested that the ratings that were reviewed and found to be appropriate as currently written (no changes recommended) be listed at the beginning of the analysis.

5. **Discussion on guidelines for infectious diseases:** Mr. O'Malley provided historical background regarding claims based on occupational exposure to infectious diseases. Wisconsin has not generally had many of these claims. In the 1920s, 1930s, and 1940s a few claims were made for occupational exposure to tuberculosis and small pox. About 20 years ago, there were claims for exposure to cryptosporidium based on contaminated water in the workplace but these claims were difficult to prove. Most recently, employees are making claims based on exposure to the corona virus with some claims being accepted and others being denied. Some states and

organizations, such as the American College of Occupational and Environmental Medicine (ACOEM) have guidelines in place for COVID-19 exposure. Mr. Bartell shared information about how social security disability may be awarded based on a diagnosis of Lyme's disease. Dr. Capodice volunteered to review the ACOEM guidelines regarding infectious diseases and provide a summary at a subsequent HCPAC meeting.

6. **Review of ch. DWD 81 of the Wisconsin Administrative Code:** Mr. O'Malley requested data from Department records for the last six (6) years comparing the number of upper extremity injuries to the number of lower extremity injuries. Between 2016 and 2021, a total of 56,171 upper extremity injuries and a total of 32,532 lower extremity injuries were reported to the Department. After discussion, it was the consensus of the members that guidelines for the lower extremity should be added to ch. 81.

   The HCPAC began review of Dr. Von-Shilling Worth's proposed language regarding the lower extremity and made the following recommendations:

   a. Create new section as follows:
      DWD 81.091 Lower extremity disorders.

   b. Create new subsection in s. DWD 81.091 (1) as follows:
      (1) DIAGNOSTIC PROCEDURES FOR TREATMENT OF LOWER EXTREMITY DISORDERS. (a) A health care provider shall determine the nature of a lower extremity disorder before initiating treatment.

      (b) A health care provider shall perform and document an appropriate history and physical examination. Based on the history and physical examination, a health care provider shall at each visit, assign the patient to the appropriate clinical category according to subds. 1. to 6. A health care provider shall document the diagnosis in the medical record. Patients may have multiple disorders requiring assignment to more than one clinical category. This section does not apply to lower extremity conditions due to a visceral, vascular, infectious, immunological, metabolic, endocrine, systemic neurologic, or neoplastic disease process, lacerations, or amputations.

   c. Create s. DWD 81.091(1)(b)1. as follows:
      1. 'Fractures and dislocations.' This clinical category includes fractures or dislocations which occur while on the job, or that are work related. This would include any fracture of the lower extremity and any pain, swelling, inflammation, disuse atrophy of surrounding lower extremity muscles, neuropathy, tendonitis, and gait disturbances that are caused by the fracture or dislocation.

   d. Create s. DWD 81.091(1)(b)2. as follows:
      2. 'Tendonitis of the lower leg, ankle, or foot.' This clinical category encompasses any inflammation, pain, tenderness, dysfunction or irritation of a tendon, tendon sheath, tendon insertion, or musculotendinous junction in the lower extremity at or distal to the knee due to mechanical injury,trauma, or overuse.

e. Create s. DWD 81.091(1)(b)3. as follows:
3. 'Nerve syndromes.' This clinical category encompasses any compression of the nerves of the lower extremity and any of their branches.,. Nerve syndrome for the lower extremity will result in neuropathy and can be confirmed by neurodiagnostic studies.

f. Create s. DWD 81.091(1)(b)4. as follows:
4. 'Musculoskeletal pain syndromes.' This clinical category encompasses any musculoskeletal condition of the lower extremity, characterized by pain, stiffness, or reduced range of motion, including, but not limited to, the diagnosis of acute or chronic traumatic muscle strain, repetitive strain injury, overuse syndrome for any one or multiple muscle or muscle groups, myofascial pain syndrome, myofascitis, and myalgia.

g. Repeal and recreate s. 81.09 (1)(b)1. as follows:
~~1. 'Epicondylitis.' This clinical category includes medial epicondylitis and lateral epicondylitis, including ICD-9-CM codes 726.31 and 726.32.~~
1. 'Fractures and dislocations.' This clinical category includes fractures or dislocations which occur while on the job, or that are work related. This would include any fracture of the upper extremity and any pain, swelling, inflammation, disuse atrophy of surrounding upper extremity muscles, neuropathy, tendonitis, and gait disturbances that are caused by the fracture or dislocation.

7. **Adjournment:** The meeting was adjourned at approximately 12:40 p.m. The next meeting is scheduled to be held virtually on May 6, 2022.