

**Health Care Provider Advisory Committee
Meeting Minutes
Webex Conference Meeting
January 22, 2021
DRAFT**

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

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

1. **Call to Order/ Introductions:** Mr. Peters convened the Health Care Provider Advisory Committee (HCPAC) meeting at approximately 10:05 a.m., in accordance with Wisconsin's open meetings law, and Ms. McCormick called the roll. A quorum was present.
2. **Acceptance of the October 2, 2020 meeting minutes:** Dr. Capodice made a motion, seconded by Dr. Floren, to accept the minutes of the October 2, 2020 meeting. The minutes were unanimously approved without correction.
3. **Future meeting dates:** The HCPAC members agreed to schedule the next meetings on May 7, 2021 and August 6, 2021. A tentative date of October 1, 2021 was also selected.
4. **Review of survey of practitioners to update minimum PPD ratings in s. DWD 80.32 of the Wisconsin Administrative Code:** The HCPAC members resumed review of the recommended changes to s. DWD 80.32.
 - a. Mr. O'Malley advised that he had talked with an attorney at the Legislative Reference Bureau regarding how to incorporate the charts for sensory and motor losses due to peripheral nerve injuries into the administrative code and it was recommended that these be put in table form. DWD staff created sample tables for review by the HCPAC. After much discussion about the most appropriate terminology to use, the tables, identified as 80.32—1 through 80.32—4, were modified as reflected on pages 2 and 3.

Table 80.32—1

Complete Loss of Function of Referenced Nerves	
Digital sensory loss for hand	
Any digit complete	55% at joint proximal to level of involvement
Any digit palmar surface	40% at joint proximal to level of involvement
Any digit dorsal surface	15% at joint proximal to level of involvement
Digital nerve	20% at joint proximal to level of involvement
Ulnar nerve complete loss	
Motor and sensory involvement above mid forearm	50% at elbow
Motor involvement only above mid forearm	45% at elbow
Sensory involvement only above mid forearm	15% at elbow
Motor and sensory involvement below mid forearm	40% at wrist
Motor involvement only below mid forearm	35% at wrist
Sensory involvement only below mid forearm	15% at wrist
Median nerve complete loss	
Motor and sensory involvement above mid forearm	65% at elbow
Motor involvement only above mid forearm	45% at elbow
Sensory involvement only above mid forearm	45% at elbow
Motor and sensory involvement below mid forearm	50% at wrist
Motor involvement only below mid forearm	15% at wrist
Sensory involvement only below mid forearm	45% at wrist
Radial nerve complete loss	
Motor and sensory involvement including triceps	45% at shoulder
Motor involvement only including triceps	40% at shoulder
Sensory involvement only including upper arm	5% at shoulder
Motor and sensory involvement below elbow	40% at elbow
Motor involvement only below elbow	35% at elbow
Sensory involvement only below elbow	5% at elbow
Axillary nerve complete loss	
Motor and sensory involvement	35% at shoulder
Motor involvement only	30% at shoulder
Sensory involvement only	5% at shoulder
Musculocutaneous nerve complete loss	
Motor and sensory involvement	30% at shoulder
Motor involvement only	25% at shoulder
Sensory involvement only	5% at shoulder
Peroneal nerve complete loss	
Motor and sensory involvement causing foot drop	40% at ankle
Motor involvement only causing foot drop	35% at ankle
Sensory involvement only (dorsal foot)	10% at ankle
Plantar nerve complete loss	
Sensory involvement (plantar foot)	15% at ankle

Table 80.32—2

Characterization of Sensory Deficit or Pain Due to Specific Upper or Lower Extremity Peripheral Nerve Injury*	% of Total Loss
Normal sensation and no pain	0%
Altered (decreased) sensation +/- minimal pain forgotten during activity - Diminished light touch	1-25%
Altered (decreased) sensation +/- mild pain that interferes with some activity - Diminished light touch, 2-Point discrimination	26-60%
Altered (decreased) sensation +/- moderate pain that prevents many activities - Diminished protective sensation (pain, temperature or pressure can cause damage before being perceived)	61-80%
Absent superficial sensation +/- abnormal sensation or severe pain that prevents most activity - Absent protective sensation	81-99%
Absence of all sensation or severe pain that prevents all activity	100%

*For combined sensory and motor deficits (See Table 80.32-3), average the percentages rated for each component alone then multiply that percentage by the value for the specified nerve.

Table 80.32—3

Characterization of Motor Deficit Due to Specific Upper or Lower Extremity Peripheral Nerve Injury*	% of Total Loss
Full strength (5/5) and full active range of motion for muscles innervated by specified nerve - No activity limitations	0%
Mildly decreased strength against resistance (5- or 4+/5), but full active range of motion - Mildly diminished endurance or ability to perform activities	1-25%
Moderately decreased strength against resistance (4 or 4-/5), but full active range of motion - Moderately diminished endurance and ability to perform activities	26-60%
Decreased strength (3/5) full active range of motion against gravity, but not against resistance - Substantial activity deficits	61-80%
Decreased strength (2/5) full active range of motion with gravity eliminated - Inability to perform most activities for muscles innervated by specified nerve	81-95%
Severely decreased strength (1/5) slight contractility but no range even with gravity eliminated - No functional movement of muscles innervated by specified nerve	96-99%
Absent strength (0/5) no contractility - No movement of muscles innervated by specified nerve	100%

*For combined sensory (See Table 80.32-2) and motor deficits, average the percentages rated for each component alone then multiply that percentage by the value for the specified nerve.

Table 80.32—4

Common Nerve-Related Surgical Procedures	Minimum Disability
Carpal Tunnel Release	2% at wrist
Cubital Tunnel Release	2% at elbow
Ulnar Nerve Transposition	5% at elbow

b. Language was updated in the introductory paragraph to s. DWD 80.32 as follows:

DWD 80.32 Permanent disabilities. Minimum percentages of loss of use for amputation levels, losses of motion, sensory losses and surgical procedures.

(1)(a) The disabilities set forth in this section are the minimums for the described conditions. ~~However, f~~ Findings of additional disabling elements shall result in an estimate higher than the minimum. The minimum also assumes that the member, the back, etc., was previously without disability. Appropriate reduction shall be made for any preexisting disability.

(b) For a surgical procedure, the minimum assumes an excellent or optimal outcome. A suboptimal outcome shall result in an estimate higher than the minimum.

Note: An example would be where in addition to a described loss of motion, pain and circulatory disturbance further limits the use of an arm or a leg. A meniscectomy in a knee with less than a good result would call for an estimate higher than 5% loss of use of the leg at the knee. The same principle would apply to surgical procedures on the back. The schedule of minimum disabilities contained in this section was adopted upon the advice of a worker's compensation advisory council subcommittee after a survey of doctors experienced in treating industrial injuries.

c. Additional updates were made to 80.32 (3), regarding the hip, as follows:

Mal position <u>Malposition</u>	Grade upward
Prosthesis Total	Minimum of 40%

d. Additional updates were made to 80.32 (4), regarding the knee, as follows:

Ankylosis, optimum position, 170 <u>10</u> °	40 <u>50</u> %
Remaining range, 180 <u>0</u> ° – 135 <u>45</u> °	25%
Remaining range, 180 <u>0</u> ° – 90°	10%
<u>Repair of recurrent patellar dislocation</u>	<u>10%</u>
Anterior cruciate ligament repair	Minimum of 10%
<u>Anterior or posterior cruciate ligament debridement including cyclops lesion removal</u>	<u>5%</u>
<u>Tibial osteotomy good result</u>	<u>10%</u>

e. Additional updates were made to 80.32 (5), regarding the ankle, as follows:

Total ankylosis, optimum position, (total loss of motion)	40 <u>50</u> %
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~~Talocrural Ankylosis, ankle joint~~
 (~~Loss of dorsi and plantar flexion~~) ~~30~~ 35%

Subtalar ankylosis, (loss of inversion and eversion) 15%

f. Additional updates were made to 80.32 (6), regarding the toes, as follows:

~~Mal position~~-Malposition On merits

~~Loss of motion~~ ~~No disability~~

g. One update was made to 80.32 (7), regarding the shoulder, as follows:

In ~~mal position~~-malposition Grade upward

h. Additional updates were made to 80.32 (8), regarding the elbow, as follows:

Ankylosis, optimum position, 45° angle

With ~~radio-ulnar rotational~~ motion destroyed 60%

With ~~radio-ulnar rotational~~ motion ~~in tact~~ intact 45%

Any ~~mal position~~ malposition Grade upward

~~Limitation of motion elbow joint, radio-ulnar motion unaffected~~

~~Remaining range 180° = 135°~~ ~~35%~~

~~Remaining range 135° = 90°~~ ~~20%~~

~~Remaining range 180° = 90°~~ ~~10%~~

Limitation of elbow joint motion with 0° as full extension and 140° as full flexion

Loss of flexion, limited to 30° (severe) 30%

Loss of flexion, limited to 70° (moderate) 20%

Loss of flexion, limited to 110° (mild) 5%

Loss of extension, limited to 30° (severe) 30%

Loss of extension, limited to 70° (moderate) 20%

Loss of extension, limited to 110° (mild) 5%

Rotation at elbow joint

~~Neutral to full~~ Loss of pronation, limited to 10° (severe) ~~0~~ 15%

Loss of pronation, limited to 30° (moderate) 10%

Loss of pronation, limited to 60° (mild) 3%

~~Neutral to full~~ Loss of supination, limited to 10° (severe) ~~15~~ 10%

Loss of supination, limited to 30° (moderate) 7%

Loss of supination, limited to 60° (mild) 2%

Repair of tendinosis or tear of common
Flexor tendon or extensor tendon tear 5%

i. One update was made to 80.32 (9), regarding the wrist, as follows:

~~Mal position~~ Malposition Grade upward

j. Additional updates were made to 80.32 (11), regarding the back, as follows:

~~Spinal fusion, good results~~ Spinal fusion, successful ~~5~~ 7% minimum per level

~~Cervical fusion, successful~~ 5%

Pelvic fracture and symphysis pubis separation
of such degree to cause permanent disability 10%

k. Dr. Kuester suggested that implantation of an artificial spinal disc be made the same rating as discectomy and fusion because the procedures yield about the same result. Dr. Salvi advised that there was general consensus in the results from the survey of practitioners that the minimum rating should be increased in terms of the fusion. Dr. Salvi indicated he would review the survey results again and provide additional information to the HCPAC about the specific survey results for the back.

5. Review of ch. DWD 81 of the Wisconsin Administrative Code. The HCPAC resumed review of ch. 81 starting at s. DWD 81.13. There was a brief discussion about terminology and the difference between chronic management and chronic pain management. It was decided to defer review of this section until Ms. Seidl is available because physical therapy is one of the

main modalities discussed in the chronic management section. Ms. Janusiak suggested that this section might also be appropriate for complications related to COVID-19 and substance abuse disorders resulting from the treatment of work injuries.

6. **Other Business:** Congratulations were extended to Dr. Capodice on her recent election to the Board of Directors for the American College of Occupational and Environmental Medicine (ACOEM).
7. **Adjournment:** Ms. Janusiak made a motion to adjourn, which was seconded by Dr. Goldberg. The motion passed unanimously. The meeting was adjourned at approximately 12:45 p.m. The next meeting is scheduled for May 7, 2021.

[MINUTES HCPAC MEETING 1.22.21 draft.doc]