Health Care Provider Advisory Committee
Meeting Minutes
Webex Conference Meeting
October 2, 2020

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

Excused: David Bryce, MD; Theodore Gertel, MD; and Timothy Wakefield, DC;

Staff Present: John Dipko, 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 called the roll. Mr. O'Malley reminded the HCPAC members that a physician vacancy still exists on the committee and, ideally, filled by a physician with surgical experience.

2. **Acceptance of the August 7, 2020 meeting minutes:** Ms. Seidl made a motion, seconded by Dr. Floren, to accept the minutes of the August 7, 2020 meeting. The minutes were unanimously approved without correction.

3. **Future meeting dates:** The HCPAC members agreed to schedule the next meetings on January 22, 2021 and May 7, 2021. A tentative date of August 6, 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 updated the language to identify the charts for peripheral nerve injuries and determined the charts would be best used as an Addendum or Note to the rule to provide assistance to doctors in rating nerve injuries with less than complete loss. The charts were modified as follows:

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%

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 - Diminished endurance or ability to perform some activities	1-25%
Moderately decreased strength against resistance (4 or 4-/5), but full active range of motion - Diminished endurance and ability to perform some activities	26-60%
Decreased strength (3/5) full active range of motion against gravity, but not against resistance - Substantial functional activity deficits	61-80%
Decreased strength (2/5) full active range of motion with gravity eliminated - Inability to perform most functional 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 functional movement of muscles innervated by specified nerve	100%

*For combined sensory and motor deficits, average the percentages rated for each component alone then multiply that percentage by the value for the specified nerve.

5. Review of ch. DWD 81 of the Wisconsin Administrative Code. The HCPAC resumed review of ch. 81 starting at s. DWD 81.09 (15). The following changes were recommended:

a. Add paragraph 3. under s. DWD 81.09 (15) (a) as follows:
3. Diagnostic injection, arthrography, computed tomography-arthrography, or magnetic resonance imaging scanning may be necessary as part of the evaluation.

b. Delete paragraphs 1. and 2., remove numbering for paragraph 3., and update language in s. DWD 81.09 (15) (b) as follows:
(b) If the patient continues without significant improvement in symptoms and objective physical findings after 6 months of initial nonsurgical management and if the patient's condition prevents the resumption of the regular activities of daily ~~life~~ 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. The only s~~Surgical procedures necessary for patients with shoulder impingement syndromes and related conditions a~~re~~ may include rotator cuff ~~repair~~ pathology, acromioplasty, excision of distal clavicle, excision of bursa, removal of adhesion, or

repair of proximal biceps tendon, all of which shall meet the guidelines of s. DWD 81.12 (2).

c. Update the heading of s. DWD 81.09 (16) as follows:
(16) ~~SPECIFIC~~ ADDITIONAL TREATMENT GUIDELINES FOR TRAUMATIC SPRAINS AND STRAINS OF THE UPPER EXTREMITY.

d. Delete paragraph (b) and renumber paragraph (c) to (b) in s. DWD 81.09 (16) as follows:
~~(b) Surgery is not necessary for the treatment of traumatic sprains and strains, unless there is clinical evidence of complete tissue disruption. Patients with complete tissue disruption may need immediate surgery.~~
(~~c~~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 ~~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 traumatic sprains and strains shall be provided under the guidelines of s. DWD 81.13.

e. Update language under s. DWD 81.11 (1) (a) as follows:
(a) For purposes of this chapter, hospitalization is characterized as inpatient as determined by the admitting physician using established medical criteria. ~~if the patient spends at least one night in a hospital, except for a patient in outpatient short stay status recovering after surgery for less than 24 hours or a patient in observation status.~~

f. Delete paragraphs (b) and (d) and renumber paragraphs (c) and (e) as follows:
~~(b) Unless a patient's condition requires special care, only ward or semiprivate accommodations are necessary. The admitting health care provider shall document the patient's special care needs.~~
(~~c~~b) Admission before the day of surgery is necessary only if it is medically necessary to stabilize the patient before surgery. ~~Admission before the day of surgery to perform any part of a preoperative work up that could have been completed as an outpatient is not necessary.~~
~~(d) Inpatient hospitalization solely for physical therapy, bedrest, or administration of injectable drugs is necessary only if the treatment is otherwise necessary and the patient's condition makes the patient unable to perform the activities of daily life and participate in the patient's own treatment and self-care.~~
(ec) Discharge from the inpatient hospitalization shall be at the ~~earliest possible~~ date consistent with current standards of medical practice ~~proper health care~~.

g. Delete all of s. DWD 81.11 (2).
~~**(2)** SPECIFIC GUIDELINES FOR HOSPITAL ADMISSION OF PATIENTS WITH LOW BACK PAIN.~~
~~(a) A health care provider shall direct hospitalization for low back pain in the circumstances in pars. (b) to (e).~~
~~(b) When the patient experiences incapacitating pain as evidenced by inability to mobilize for activities of daily living, for example unable to ambulate to the bathroom, and, in addition, the intensity of service during admission meets any of the following:~~
~~1. Physical therapy is necessary at least twice daily for assistance with mobility. Heat, cold, ultrasound, and massage therapy alone do not meet this criterion.~~
~~2. Muscle relaxants or narcotic analgesics are necessary intramuscularly or intravenously for a minimum of 3 injections in 24 hours. Need for parenteral analgesics is determined by any of the following:~~

~~a. An inability to take oral medications or diet by mouth.~~
~~b. An inability to achieve relief with aggressive oral analgesics.~~
~~(c) For surgery that is otherwise necessary according to s. DWD 81.12 (1) and is appropriately scheduled as an inpatient procedure.~~
~~(d) For evaluation and treatment of cauda equina syndrome according to s. DWD 81.06 (13).~~
~~(e) For evaluation and treatment of foot drop or progressive neurologic deficit according to s. DWD 81.06 (13).~~

h. Update language in s. DWD 81.13 (1) as follows:
(1) SCOPE. This section applies to chronic management of all types of physical injuries, even if the injury is not specifically governed by this chapter. If a patient continues with symptoms and physical findings after all appropriate initial nonsurgical and surgical treatment has been rendered, 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. The purpose of chronic management is twofold: the patient should be made as independent in the ongoing management of the patient's ~~of health care providers in the ongoing care of a~~ chronic condition as reasonably possible; and the patient shall be returned to the highest functional status reasonably possible.

i. Update language in s. DWD 81.13 (1) (a) as follows:
(a) ~~Personality or p~~Psychological evaluation may be necessary for patients who are candidates for chronic management. A treating health care provider may perform this evaluation or may refer the patient for consultation with another health care provider in order to obtain a psychological evaluation. These evaluations may be used to assess the patient for a number of psychological conditions that may interfere with recovery from the injury. ~~Since more than one of these psychological conditions may be present in a given case, a~~ The health care provider performing the evaluation shall consider all of the following:

1. Is symptom magnification occurring?
2. Does the patient exhibit an emotional reaction to the injury, such as depression, catastrophizing, fear, or anger, that is interfering with recovery?
3. Does the patient have an elevated Adverse Childhood Experiences (ACE) score?
~~3~~4. Are there other ~~personality~~ psychological factors or disorders that are interfering with recovery?
~~4~~5. Does the patient have a substance use disorder? ~~Is the patient chemically dependent?~~
~~5~~6. Are there any interpersonal conflicts interfering with recovery?
~~6~~7. Does the patient have a ~~chronic pain syndrome or psychogenic~~ pain disorder with related psychological factors?
~~7~~8. In cases in which surgery is an appropriate treatment ~~possible~~, are psychological factors likely to interfere with the potential ~~benefit~~ outcomes of the surgery?

j. Update language in ss. DWD 81.06 (1) (i), 81.07 (1) (i), 81.08 (1) (i), and 81.09 (1) (i) to mirror the proposed updated language in s. DWD 81.13 (1) (a).

6. **Adjournment:** Dr. Goldberg made a motion to adjourn, which was seconded by Ms. Janusiak. The motion passed unanimously. The meeting was adjourned at approximately 1:00 p.m. The next meeting is scheduled for January 22, 2021.