Health Care Provider Advisory Committee
Meeting Minutes
Aurora Medical Center in Summit
May 17, 2019

Members Present: John Bartell, RN; Mary Jo Capodice, DO; Andrew Floren, MD; Richard Goldberg, MD; Jim O'Malley (Acting Chair); Steve Peters (Chair); Kelly G. Von-Schilling Worth, DC; and Timothy Wakefield, DC.

Excused: Ted Gertel, MD; Maja Jurisic, MD; Barb Janusiak, RN; and Jennifer Seidl, PT.

Staff Present: John Dipko, Kelly McCormick and Frank Salvi, MD.

Observer: Lynn Steffes, Wisconsin Physical Therapy Association.

1. **Call to Order/ Introductions:** Mr. Peters convened the Health Care Provider Advisory Committee (HCPAC) meeting at approximately 10:10 a.m., in accordance with Wisconsin's open meetings law. The members of the HCPAC, WCD staff, and the observer introduced themselves.

2. **Acceptance of the January 18, 2019 meeting minutes:** Approval of the minutes of the January 18, 2019 meeting was deferred as there was not a quorum of HCPAC members present.

3. **Future meeting dates:** The HCPAC members agreed to schedule the next meetings on August 2, 2019 and October 18, 2019. A tentative meeting date of January 17, 2020, with an alternate date of January 24, 2020 if inclement weather, were also selected.

5. **Review of ch. DWD 81 of the Wisconsin Administrative Code:** Dr. Wakefield gave a brief summary of changes he was suggesting to make language more consistent throughout the code. Suggested changes proposed by the Wisconsin Physical Therapy Association (WPTA) were also discussed. The HCPAC members made the following recommendations:

   a. Updated "Active treatment" definition in s. 81.03 (1) to:
   (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 <u>manual</u> therapeutic program to increase<u>, restore or preserve</u> flexibility, strength, endurance, or awareness of proper body mechanics<u>, range of motion, kinesthetic sense, balance, coordination, posture, proprioception, self-care, home management, and/or to improve functional performance, biofeedback, or neuromuscular control and movement</u>.

   b. Add a definition for "Electrical stimulation" in s. 81.03 as follows:
   <u>(6) "Electrical stimulation" includes but is not limited to galvanic stimulation, transcutaneous electrical nerve stimulation, interferential, microcurrent techniques, and muscle stimulation.</u>

c. Update the definition of "Neurological deficit" in s. 81.03 to:

(~~11~~13) "Neurologic deficit" means a loss of function secondary to involvement of the central or peripheral nervous system. This includes motor loss; spasticity; loss of reflex; radicular or anatomic sensory loss; loss of bowel, bladder or erectile function; impairment of special senses, including vision, hearing, taste, or smell; or deficits in coordination, kinesthetic sense, posture, balance, proprioception, cognitive, vestibular, or memory function.

d. Update the definition of "Passive treatment" in s. 81.03 to:

(~~13~~15) "Passive treatment" is any treatment modality specified in ss. DWD 81.06 (3), 81.07 (3), 81.08 (3), 81.09 (3), and 81.10 (2). Passive treatment modalities include bedrest, thermal treatment, manual and/or mechanical traction, acupuncture, dry needling, electric treatment, photo and/or light and/or laser therapy, sound therapy, electrical ~~muscle~~ stimulation, braces, manual and mechanical therapy, massage, kinesiology taping, and adjustments and/or manipulative treatment.

e. Revert back to use of term "Therapeutic injection" from previously recommended "Joint injection" in s. 81.03:

(~~15~~16) "Therapeutic injection" is any injection modality specified in ss. DWD 81.06 (5), 81.07 (5), 81.08 (5), 81.09 (5), and 81.10 (2). Therapeutic injections include trigger point injections, sacroiliac injections, facet joint injections, facet nerve blocks, nerve root blocks, epidural injections, soft tissue injections, peripheral nerve blocks, injections for peripheral nerve entrapment, and sympathetic blocks.

f. Update numbering in s. 81.03 from (1) to (18).

g. Revise previously recommended additional modality in ss. 81.06 (3), 81.07 (3), 81.08 (3), and 81.09 (3) to:

(L) *Photo and or laser or light therapy.* Photo and/or laser and/or light therapy uses light with specific characteristics, primarily wavelength, power, and delivery mode to provide photons of light to cellular tissue to treat specific medical conditions. The main responses to photo and/or laser and/or light therapy are pain reduction, inflammation reduction, and accelerated tissue healing.

h. Update s. 81.06 (4) (e) and (f) as follows:

(e) Exercise, which is important to the success of an initial nonsurgical treatment program and a return to normal activity, shall include active patient participation in activities designed to increase flexibility, strength, endurance, aerobic capacity, ~~or~~ muscle relaxation, range of motion, kinesthetic sense, balance, coordination, posture, proprioception, self-care, home management, and/or to improve functional performance. Exercise shall, at least in part, be specifically aimed at the musculature that impacts function of the lumbosacral spine. Aerobic exercise and extremity strengthening may be performed as adjunctive treatment, but may not be the primary focus of the exercise program.

(f) Exercises shall be evaluated to determine if the desired goals are being attained. Strength, flexibility, ~~and~~ endurance, range of motion, balance, and/or functional performance shall be objectively measured. A health care provider may objectively measure the treatment response as often as necessary for optimal care after the initial evaluation. Subdivisions 1. and 2. govern supervised and unsupervised exercise, except for computerized exercise programs and health clubs, which are governed by s. DWD 81.13.

i. Update s. 81.07(4) (e) and (f) as follows:

(e) Exercise, which is important to the success of a nonsurgical treatment program and a return to normal activity, shall include active patient participation in activities designed to increase flexibility, strength, endurance, aerobic capacity, ~~or~~ muscle relaxation, range of motion, kinesthetic sense, balance, coordination, posture, proprioception, self-care, home management, and/or to improve functional performance. Exercise shall, at least in part, be specifically aimed at the musculature that impacts function of the cervical spine. While aerobic exercise may be performed as adjunctive treatment, this shall not be the primary focus of the exercise program.

(f) Exercises shall be evaluated to determine if the desired goals are being attained. Strength, flexibility, ~~and~~ endurance, range of motion, balance, and/or functional performance shall be objectively measured. A health care provider may objectively measure the treatment response as often as necessary for optimal care after the initial evaluation. Subdivisions 1. and 2. govern supervised and unsupervised exercise, except for computerized exercise programs and health clubs, which are governed by s. DWD 81.13.

j. Update s. 81.08 (4) (e) and (f) as follows:

(e) Exercise, which is important to the success of a nonsurgical treatment program and a return to normal activity, shall include active patient participation in activities designed to increase flexibility, strength, endurance, aerobic capacity, ~~or~~ muscle relaxation, range of motion, kinesthetic sense, balance, coordination, posture, proprioception, self-care, home management, and/or to improve functional performance. Exercise shall, at least in part, be specifically aimed at the musculature that impacts function of the thoracic spine. While aerobic exercise may be performed as adjunctive treatment, this shall not be the primary focus of the exercise program.

(f) Exercises shall be evaluated to determine if the desired goals are being attained. Strength, flexibility, ~~and~~ endurance, range of motion, balance, and/or functional performance shall be objectively measured. A health care provider may objectively measure the treatment response as often as necessary for optimal care after the initial evaluation. Subdivisions 1. and 2. govern supervised and unsupervised exercise, except for computerized exercise programs and health clubs, which are governed by s. DWD 81.13.

k. Update s. 81.09 (4) (e) and (f) as follows:

(e) Exercise, which is important to the success of a nonsurgical treatment program and a return to normal activity, shall include active patient participation in activities designed to increase flexibility, strength, endurance, aerobic capacity, ~~or~~ muscle relaxation, range of motion, kinesthetic sense, balance, coordination, posture, proprioception, self-care, home management, and/or to improve functional performance. Exercise shall, at least in part, be specifically aimed at the musculature that impacts function of the upper extremity. While aerobic exercise may be performed as adjunctive treatment, this shall not be the primary focus of the exercise program.

(f) Exercises shall be evaluated to determine if the desired goals are being attained. Strength, flexibility, ~~and~~ endurance, range of motion, balance, and/or functional performance shall be objectively measured. A health care provider may objectively measure the treatment response as often as necessary for optimal care after the initial evaluation. Subdivisions 1. and 2. govern supervised and unsupervised exercise, except for computerized exercise programs and health clubs, which are governed by s. DWD 81.13.

4. **Review of survey of practitioners to update minimum PPD ratings in s. DWD 80.32 of the Wisconsin Administrative Code:** Mr. O'Malley and Dr. Salvi resumed summation of the results of the practitioners' survey regarding minimum permanent partial disability (PPD) ratings

contained in s. DWD 80.32, Wisconsin Administrative Code, that apply based on certain types of conditions and surgical procedures. Thorough discussion of the survey responses by the HCPAC members resulted in the following recommendations:

a. For injuries of the median nerve, the following minimum ratings should apply:

Above elbow motor and sensory involvement	65%
Forearm motor involvement only	45% (not previously rated)
Thenar paralysis with sensory involvement	50%
Total sensory loss to hand and fingers	45%

b. For injuries of the ulnar nerve, the following minimum ratings should apply:

Above elbow motor and sensory involvement	50%
Below elbow motor and sensory involvement	45%
Above elbow total loss of sensation	40%
Below elbow total loss of sensation	15%
Below elbow motor involvement only	35%
Total ulnar sensory loss to hand	15%

c. For injuries of the radial nerve, the following minimum ratings should apply:

Above elbow motor and sensory involvement	50%
Below elbow motor and sensory involvement	45%
For loss of radial nerve sensation	5% (not previously rated)

d. For nerve injuries to a digit,

Complete loss of sensation to digit	55%
Loss of sensation to palmar surface	40%
Loss of sensation to dorsal surface	15% (current rating)
Loss of sensation from damage to digital nerve (medial or lateral aspect of finger)	20% (not previously rated)

e. For injuries of the peroneal nerve (or lumbar nerve root) paralysis causing foot drop the minimum rating should be increased to 35%.

f. For loss of sensation to a foot, the following minimum ratings should be added:

Loss of plantar surface sensation	35%
Loss of dorsal surface sensation	15%

g. For axillary neuropathy, the following minimum ratings should be added:

Motor and sensory involvement	35%
Motor involvement only	30%
Total sensory loss	5%

h. For musculocutaneous neuropathy, the following minimum ratings should be added:

Motor and sensory involvement	30%
Motor involvement only	25%
Total sensory loss	5%

i. Recommend that Complex Regional Pain Syndrome (CRPS) be rated as an unscheduled injury (consistent with contribution from central nervous system pathophysiology) instead of as a scheduled injury (to the symptomatic area of the body).

j. Add a minimum rating for a carpal tunnel release of 2% at the wrist.

k. Add a minimum rating for a cubital tunnel release of 2% at the elbow.

l. Add a minimum rating for an ulnar nerve transposition of 5% at the elbow.

6. **New Business:** None.

7. **Adjournment:** Dr. Floren made a motion to adjourn, which was seconded by Mr. Bartell. The motion passed unanimously. The meeting was adjourned at approximately 1:00 p.m. The next meeting is scheduled for August 2, 2019.