Health Care Provider Advisory Committee
Meeting Minutes
Aurora Medical Center in Summit
May 4, 2018

Members Present: Mary Jo Capodice, DO; Ted Gertel, MD; Amanda Gilliland, RN; Richard Goldberg, MD; Frank Lasee, Chair; Jeff Lyne, DC; Michael M. McNett, MD; James O'Malley (Acting Chair); and Jennifer Seidl, PT.

Excused: Barb Janusiak, RN; Maja Jurisic, MD; Stephen Klos, MD; Jim Nelson; and Peter Schubbe, DC.

Staff Present: Kelly McCormick and Frank Salvi, MD.

Observers: None

1. **Call to Order/ Introductions:** Mr. Lasee convened the Health Care Provider Advisory Committee (HCPAC) meeting at approximately 10:15 a.m., in accordance with Wisconsin's open meetings law. The members of the HCPAC and WCD staff introduced themselves.

2. **Acceptance of the January 19, 2018 meeting minutes:** A correction to the minutes to strike through the word "entrapment" in paragraph b. under **Review of ch. DWD 81 of the Wisconsin Administrative Code** was suggested. Dr. Goldberg made a motion to approve the January 19, 2018 meeting minutes with the change; the motion was seconded by Dr. Lyne. The minutes were unanimously approved as corrected.

3. **Future meeting dates:** The HCPAC members agreed to schedule the next meeting on August 3, 2018. A meeting date of October 12, 2018 and a tentative meeting date of January 18, 2019, or February 1, 2019, in the event on inclement weather, were also scheduled.

4. **Update on amendments to s. DWD 80.32 of the Wisconsin Administrative Code:** Mr. O'Malley advised that 142 practitioners responded to the 179-question survey about minimum disability ratings. He provided examples of some of the questions and corresponding responses. Mr. O'Malley and Dr. Salvi are preparing a list of recommendations based on the responses to provide to the HCPAC for further discussion.

5. **Review of ch. DWD 81 of the Wisconsin Administrative Code:** The HCPAC continued its review of the worker's compensation treatment guidelines in ch. DWD 81 of the Wisconsin Administrative Code. The following changes were proposed:

   a. *Update s. 81.09 (6) (b) as follows:*
   (b) In order to optimize the beneficial effect of surgery, postoperative therapy with active and passive treatment modalities may be provided, even if these modalities had been used in the preoperative treatment of the condition. In the postoperative period the maximum treatment duration with passive treatment modalities in a clinical setting from initiation of the first passive modality used, except bedrest or bracing, is as follows:

1. ~~Sixteen~~ Nine weeks for rotator cuff repair, acromioclavicular ligament repair, or any surgery for a clinical category in this section that requires joint reconstruction.

2. ~~Eight~~ Six weeks for all other surgery for clinical categories in this section.

b. *Add language to s. 81.09 (8) (b):*
(b) Splints, braces, straps, active-assisted range of motion devices, or supports may be necessary as specified in sub. (3) (i).

c. *Update s. 81.09 (8) (d) as follows:*
(d) Exercise equipment for home use, including but not limiting to, upper extremity ergometers, weight machines, and rowing machines, ~~bicycles, treadmills, and stairclimbers,~~ are necessary only as part of an approved chronic management program. This equipment is not necessary during initial nonsurgical care or during reevaluation and surgical therapy. If the employer has an appropriate exercise facility on its premises with the prescribed equipment the insurer may mandate use of that facility instead of authorizing purchase of the equipment for home use.

d. *Update s. 81.09 (8) (e), as well as s. 81.06 (8) (b), s. 81.07 (8) (e), and s. 81.08 (8) (e) as follows:*
(e) All of the following durable medical equipment ~~is~~ are not necessary for home use for the upper extremity disorders specified in subs. (11) to (16):

1. Whirlpools, Jacuzzis, hot tubs, and special bath or shower attachments.

2. Beds, waterbeds, mattresses, chairs, recliners, and loungers.

3. Magnetic devices.

e. *Update s. 81.09 (10) as follows:*
(10) MEDICATION MANAGEMENT.

(a) Prescription of controlled substance medications scheduled under ch. 450, Stats., including opioids ~~and narcotics~~, are necessary primarily for the treatment of severe acute pain, when non-narcotic medications and other modalities have failed. Therefore, these medications are not generally recommended in the treatment of patients with upper extremity disorders. When used, they shall be prescribed in accordance with the Wisconsin Medical Examining Board Opioid Prescribing Guideline as authorized in ch. 448, subch. II, Stats. Prescribers shall comply with the requirements stipulated in s. 961.385, Stats., regarding the Prescription Drug Monitoring Program.

(b) A health care provider shall document the rationale for the use of any ~~scheduled medication~~ controlled substances. Treatment with nonscheduled medication may be appropriate during any phase of treatment and intermittently after all other treatment has been discontinued. The prescribing health care provider shall determine that ongoing medication is effective treatment for the patient's condition.

(c) Corticosteroids shall be prescribed in a manner consistent with evidence-base for the patient's condition.

d. *Update s. 81.09 (11) (a) as follows:*
(a) A health care provider shall use initial nonsurgical management for all patients with epicondylitis and this shall be the first phase of treatment.

1. The ~~passive,~~ active, passive, injection, durable medical equipment, and medication treatment modalities and procedures specified in subs. (3), (4), (5), (8), and (10) may be used in sequence or simultaneously during the period of initial nonsurgical management depending on the severity of the condition. ~~After the first week of treatment, initial~~ Initial nonsurgical care shall ~~at all times~~ include active treatment modalities under sub. (4).

2. Initial nonsurgical management shall be provided in the least intensive setting consistent with quality health care practices.

3. Except as provided in sub. (3), the use of passive treatment modalities in a clinic setting or requiring attendance by a health care provider for a period in excess of 12 weeks is not necessary.

4. The monitoring~~Use~~ of home-based treatment modalities ~~with monitoring~~ by the treating health care provider may continue for up to ~~12~~ 4 months. At any time during this period the patient may be a candidate for chronic management if surgery is ruled out as an appropriate treatment.

e. For consistency, also update s. 81.06 (11) (a) 3., s. 81.07 (11) (a) 3., and s. 81.08 (11) (a) 3. to read:

81.06 (11) (a) 3. ~~After the first week of treatment, i~~Initial nonsurgical treatment shall ~~at all times contain~~ include active treatment modalities according to the guidelines in sub. (4).

81.07 (11) (a) 3. ~~After the first week of treatment, i~~Initial nonsurgical treatment shall ~~at all times contain~~ include active treatment modalities according to the guidelines of sub. (4).

81.08 (11) (a) 3. 3. ~~After the first week of treatment, i~~Initial nonsurgical management shall ~~at all times contain~~ include active treatment modalities according to the guidelines of sub. (4).

6. **New Business:** None.

7. **Adjournment:** Dr. Gertel made a motion to adjourn, which was seconded by Dr. McNett. The motion passed unanimously. The meeting was adjourned at approximately 12:45 p.m. The next meeting is scheduled for August 3, 2018.