

**Health Care Provider Advisory Committee  
Meeting Minutes  
Webex Conference Meeting  
May 6, 2022  
DRAFT**

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

Excused: David Bryce, MD; Andrew Floren, MD; and Theodore Gertel, MD.

Staff Present: John Dipko, Kelly McCormick, Jim O'Malley, Laura Przybylo, and Frank Salvi, MD.

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. Department staff identified themselves.
2. **Acceptance of the January 21, 2022 meeting minutes:** Ms. Seidl made a motion, seconded by Ms. Janusiak, to accept the minutes of the January 21, 2022 meeting. The minutes were unanimously approved without correction.
3. **Future meeting dates:** The HCPAC members agreed to schedule the next meeting on August 5, 2022 as a virtual meeting. Tentative meeting dates of October 7, 2022 and January 20, 2023 were also selected.
4. **Review of survey of practitioners to update minimum PPD ratings in s. DWD 80.32 of the Wisconsin Administrative Code:** The Department prepared an analysis of the current rule that included the rationale for the proposed changes to minimum permanent partial disability ratings in s. DWD 80.32 recommended by the HCPAC. During the discussion, the following additional recommended changes to the rules were made:
  - a. In s. DWD 80.32 (4) related to the knee, replace the phrase "Removal of patella" with "Patellectomy or patellar excision"
  - b. In s. DWD 80.32 (4) and (7) replace the word "repair" with "reconstruction" for "Anterior cruciate ligament reconstruction", "Posterior cruciate ligament reconstruction", and "Rotator cuff reconstruction"
  - c. Establish a minimum rating of 30% at the ankle for ankle joint resurfacing
  - d. Establish a minimum rating of 5% at the shoulder for rotator cuff debridement

The HCPAC members also recommended adding a list of contributors along with their area of specialty and an appendix with links to research supporting the proposed changes.

5. **Review of ch. DWD 81 of the Wisconsin Administrative Code.** The HCPAC resumed review of ch. DWD 81 related to adding a section specific to treatment of the lower extremity. The following new paragraphs were recommended:

- a. Create s. 81.091 (1) (b) 5. as follows:
  - 5. 'Impingement syndromes including tendonitis and bursitis and related conditions.' This clinical category encompasses any inflammation, pain, tenderness, dysfunction, or irritation of a tendon, tendon insertion, tendon sheath, musculotendinous junction, or bursa in the lower extremity due to mechanical injury or irritation, including, but not limited to, the diagnosis of impingement syndrome, iliotibial band syndrome, peroneal tendonitis, Achilles tendonitis, hip tendonitis, patellar tendonitis, quadriceps tendonitis, pes anserine bursitis or tendinopathy, hamstring tendonitis, or any other tendon or bursa that becomes swollen or inflamed secondary to a work related injury.
- b. Create s. 81.091 (1) (b) 6. as follows:
  - 6. 'Traumatic sprains or strains of the lower extremity.' This clinical category encompasses an instantaneous or acute injury that occurred because of a single precipitating event to any one or several of the lower extremity ligaments or muscles of the lower extremity. Injuries with complete tissue disruption are also part of this section and would encompass all necessary avenues for relief from the secondary effects of these type of injuries such as pain, swelling and inflammation, deformation, and dysfunction in total. Injuries to muscles because of repetitive use or occurring gradually over time without a single precipitating trauma, are considered musculoskeletal pain syndromes under subd. 4.
- c. Create s. 81.091 (1) (c) as follows:
  - (c) A health care provider may order certain laboratory tests in the evaluation of a patient with lower extremity disorders to rule out infection, metabolic-endocrinologic disorders, tumorous conditions, systemic musculoskeletal disorders such as rheumatoid arthritis, or side effects of medications. Laboratory tests may be ordered at any time a health care provider suspects any of these conditions, but a health care provider shall justify the need for the tests ordered with clear documentation of the indications.
- d. Create s. 81.091 (1) (d) as follows:
  - (d) Medical imaging evaluation of lower extremity disorders shall be based on the findings of the history and physical examination and may not be ordered before a health care provider's clinical evaluation of the patient. Medical imaging may not be performed as a routine procedure and shall comply with the guidelines in s. DWD 81.05. A health care provider shall document the appropriate indications for any medical imaging studies obtained.
- e. Create s. 81.091 (1) (e) as follows:
  - (e) Electromyography and nerve conduction studies are only necessary for conditions of the lower extremity that involve ongoing weakness, tingling, numbness, pain or with any nerve syndromes pre or post-surgical.

6. **Adjournment:** The meeting was adjourned at approximately 12:55 p.m. The next meeting is scheduled for August 5, 2022.