

Public Hearing Summary

Proposed Rules Relating to Worker's Compensation Chapters DWD 80 and 81 CR 007-019

A public hearing was held on March 22, 2007, from 9:00 a.m. to 12:00 p.m. The hearing was conducted in Madison at the UW Extension Pyle Center and at 5 other locations simultaneously via video conference. The other locations were Eau Claire, Green Bay, La Crosse, Milwaukee, and Superior.

4 people commented in support of the proposed rules

0 people were opposed

12 people observed for information only

Comments were received from the following:

Russ Leonard
Wisconsin Chiropractic Association
Madison

Mark Grapentine
Wisconsin Medical Society
Madison

Dr. Mike Lischak, member
Worker's Compensation Health Care Providers Advisory Committee
Milwaukee

Dr. Jurisic, member
Worker's Compensation Health Care Providers Advisory Committee
Milwaukee

The following individuals observed for information only:

- In Milwaukee: Rick Stoltz, Jennifer Pollak, Mary Woodburn, Monica Smith, Brian Bobeck, and Ann Marie Prida.
- In Eau Claire: Jennifer Mc Gregor, Maureen Anderson and Cindy Sislock.
- In Green Bay: Shelly Tatroo, Julie Baierl and Christine Cody.

Russ Leonard, Wisconsin Chiropractic Association.

Mr. Leonard stated that both he and Mr. Mark Grapentine from the Wisconsin Medical Society appeared in support of the proposed rules creating the treatment guidelines. It is not an arbitrary rule.

Mr. Leonard briefly covered the history of the Worker's Compensation Advisory Council beginning in 1999 for controlling health care costs and fees with involvement from the health care liaisons. He mentioned that the focus in the two (2) original processes was on how to improve outcomes and bring in outliers. The Workers' Compensation Research Institute has not given enough credit in their studies to the necessity of treatment and reasonableness of fee dispute resolution process.

Mr. Leonard stated that the necessity of treatment dispute process has taken care of outliers. This is based on peer review and the loser in the dispute pays the cost for the review.

Mr. Leonard stated they understood how the system works. He stated Wisconsin has the best outcomes for injured employees and that prices are higher. That is why the chiropractors support the treatment guidelines and there has been good reception by provider groups. People who get injured do not do so voluntarily. Health care providers want to provide the care that the injured employees need, no more, no less.

Mark Grapentine, Wisconsin Medical Society.

Mr. Grapentine stated that the Wisconsin Medical Society is represented by about 11,500 physicians and that Mr. Leonard covered a lot of history. He was appearing to support the treatment guidelines. The creation of DWD 81 is an example of a process that was done in the right way. That is the spirit of moving forward. Concern about the patient is first. He is not surprised that the Workers' Compensation Research Institute rates Wisconsin as number one (1) for patient satisfaction with their health care provider. Patients should not suffer.

Dr. Maja Jurisic, member Health Care Providers Advisory Committee

Dr. Jurisic supports the treatment guidelines and the last two (2) amendments that the committee approved for DWD 81 recently. Earlier language used in the rule to define complex regional pain syndrome is very outdated. It is important to make sure that the definition for the condition is clear to make the correct diagnosis. The IASP (International Association for the Study of Pain) definition is a fairly stringent standard for making a correct diagnosis. Dr. Jurisic also agrees that the language about preventing unnecessary treatment should be deleted in s. DWD 81.01 (1).

Department response: The Department agreed to make 2 changes requested by the Health Care Provider Advisory Committee. Section DWD 81.01(1) stated that the purpose of the chapter was to establish guidelines for necessary treatment of patients with compensable worker's compensation injuries to prevent unnecessary treatment under s. 102.16 (2m), Stats., and s. DWD 80.73. This section was changed to emphasize that the purpose of Chapter DWD 81 is to establish factors for experts to use in rendering opinions to resolve necessity of treatment disputes under s. 102.16 (2m), Stats., and DWD 80.73, rather than to prevent unnecessary treatment.

An earlier version of s. DWD 81.10 (1) had a method of diagnosing complex regional pain syndrome based on Minnesota worker's compensation treatment parameters that were initially adopted in the early 1990s. The Health Care Provider Advisory Committee proposed more accurate criteria to establish a diagnosis for complex regional pain syndrome that is based on current diagnostic guidelines issued by the International Association of the Study of Pain. The rule incorporates these guidelines.

Dr. Mike Lischak, member Health Care Providers Advisory Committee.

Dr. Lischak supports the treatment guidelines and the last two (2) changes agreed to by the Health Care Providers Advisory Committee. He stated that the committee's review of the treatment guidelines was an open and fair process. There was a lot of discussion. There were compromises and it was a positive way to come to consensus. Health care services that are necessary should be performed to the greatest extent possible. The right health care should be provided at the right time and not needless care or expense. There can be dilemmas with different conditions with so many factors involved. The treatment guidelines provide parameters that are not overly restrictive. There are some restrictions but it is a good attempt. The treatment guidelines are an ongoing effort and we are able to amend them appropriately.