

**WORKERS' COMPENSATION
MEDICAL ADVISORY COMMITTEE**

July 11, 2014
9 a.m. – 10:30 a.m.

MAC Committee Members Present:

Ronald Bowman, MD (Chair); Timothy Keenen, MD (Vice-Chair); John Braddock, MD; Brad Lorber, MD; Constantine Gean, MD (Insurer Representative); Lon Holston (Worker Representative); Gary Rischitelli, MD; Dr. Franklin Wong, MD (MCO Representative); Susan Strom, DC; Tom Williams, PT

DCBS Staff Present:

Juerg Kunz, Cara Filsinger, Ryan Delatorre, Michelle Miranda

MAC Committee Members Absent:

Hans Carlson, MD

Agenda Item	Discussion
Welcome, Introductions (0:00:00)*	Dr. Bowman called the meeting to order at 9:00 a.m.
Administrative discussion (00:01:50)*	<p>Review and approve minutes for Friday March 14, 2014, meeting- MAC</p> <p>Dr. Braddock made a motion, and the committee seconded the motion to approve March 14, 2014, meeting minutes as drafted.</p> <p>Review and endorse letter in support of Medical Arbiter program recruitment Cara Filsinger asked if MAC would support the recruiting efforts for the Arbiter program and to contact her if they are willing to support the program. Second, if they had participated in the program before, would they be in agreement with lending their name to the letter. The committee agreed to support the recruitment effort.</p> <p>Update on rule making to implement 2014 legislation (HB4104) Juerg Kunz discussed HB 4104 and interim medical benefits. Prior to this bill, health insurers may not have paid for medical services if they potentially were due to work related injuries. With the implementation of HB 4104 the private health insurer will have to guarantee payment to health providers for services that would otherwise be covered by the private health plan. The process only applies to patients with private health insurance. If it is known that the worker was injured at work, medical providers should not collect deductibles and copays. The effective date of HB 4104 is January 1, 2015. If you choose to send testimony regarding the rules implementing the bill, members should send it to Fred Bruyns.</p>
Data Chart, Dr. Wong (00:11:06)*	<p>Discussed data chart and premium rates – Dr. Franklin Wong</p> <p>The committee discussed statistical itemization of workers' compensation premiums and rate changes, and how the costs are split up. The committee would be interested in having a report on overall system data, including medical information.</p> <p>Lon reported MLAC has access to a report that shows how the costs are distributed. There are two owners of the system: management and labor. There is the premium cost to the</p>

employer, and the delivery system and benefits to the workers. Providers are part of the benefits to the injured workers. The report that MLAC has may contain more detailed information which provides a better explanation of how the cost are distributed. Dr. Wong suggested having a yearly report. Cara replied that this is possible, and updated information may be available by September; however, the base premium rate is still being updated.

Return to work form (form 3245)
(00:22:55)*

Reviewed and discussed draft return to work form (Form 3245) – Ryan Delatorre
Ryan reviewed revisions to the return to work form based on the feedback from providers, insurers, TPA's, and stakeholders on the current form. It is suggested that the current return to work form is burdensome and takes too long to fill out. Dr. Braddock was asked to review the form and propose changes in 2011. The most significant change is that form changed from capacity based to restriction based. The committee was asked for feedback on the recent revisions to the form.

Dr. Braddock suggested also getting feedback from employers on the form as they are the ones that use it. Percentages provide a clearer definition of the worker's limits and abilities, instead of using language like "occasionally." The term "permanent restriction" needs to be removed.

The committee agreed that it does not support permanent restriction reporting on the form. Claim number needs to be optional to fill out, as most providers don't know what the claim number is. Need to add a box that indicates "restriction remains the same as previously noted."

There is a difference between day and night driving; this needs to be depicted on the form. Also, restriction for repetitive or range of motion needs to be looked at.

Technology reviews
(00:52:10)*

Spinal Cord stimulator – Juerg Kunz

Juerg said it was concluded at the last meeting that the review of spinal cord stimulator is on hold until 2016. It is common practice for spinal cord stimulator candidates to be referred for a second opinion for psychiatric evaluation. The committee asked if the division could select providers to provide a second opinion. Our legal analysis concluded that we can require the worker to be examined by a provider identified by the division. In order for this to happen certain criteria for the chosen panel providers need to be defined, and any provider that fulfills these criteria has to be allowed to be on this panel.

This would be a rule change and have to go through the rules process. WCD does not require a second opinion, but insurance can.

(00:58:40)

Prolotherapy/Platelet Rich Plasma (PRP) Injections:

Juerg discussed that prolotherapy/platelet rich plasma injections was reviewed two years ago and it was determined that there is not enough evidence to separate platelet rich plasma from prolotherapy in general. Juerg suggested that the focus be on orthopedic application.

The committee agreed to form a Prolotherapy/Platelet Rich Plasma Injections Subcommittee that will start meeting in January 2015. Stem cell technology will be added to this discussion.

Dr. Keenen made a proposal to the committee that they agree on the definition for prolotherapy to determine what is included as a prolotherapy procedure.

The committee questioned whether prolotherapy is being paid for in a veiled manner; where it is actually prolotherapy but it is being called something else, and how do you determine this.

(01:27:11)

Subcommittee meetings

(1:22:08)*

Subcommittee on lumbar and cervical artificial disc

The subcommittee met immediately after the meeting.

Closing

(1:27:37)

The meeting adjourned at 10:30 am.

The next MAC meeting will be held on September 12, 2014.

*The **audio** files for the meeting minutes and public testimony (both written and audio) can be found here: http://www.cbs.state.or.us/wcd/rdrs/mac/mac_mtgmnts.htm