

STATE OF MICHIGAN
DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH
OFFICE OF FINANCIAL AND INSURANCE REGULATION
Before the Commissioner of Financial and Insurance Regulation

In the matter of

XXXXX

Petitioner

File No. 101768-001

v

Humana Insurance Company
Respondent

Issued and entered
this 27th day of February 2009
by Ken Ross
Commissioner

ORDER

I
PROCEDURAL BACKGROUND

On December 2, 2008, XXXXX, on behalf of her daughter XXXXX (“Petitioner”), filed a request for external review with the Commissioner of Financial and Insurance Regulation under the Patient’s Right to Independent Review Act, MCL 550.1901 *et seq.* The Commissioner reviewed the information and accepted the request on December 10, 2008.

The Commissioner notified Humana Insurance Company of the external review and requested the information used in making its adverse determination. The company provided its information on December 10, 2008.

This case can be resolved by an analysis of the terms of the Petitioner’s health care policy. The Commissioner reviews contractual issues pursuant to MCL 550.1911(7). This matter does not require a medical opinion from an independent review organization.

II
FACTUAL BACKGROUND

While playing basketball at XXXXX in XXXXX, XXXXX on February 16, 2008, the Petitioner

injured her knee. On February 29, 2008, she had surgery on the knee. She required physical therapy to help regain her range of motion. She had physical therapy between April and July 2008. Humana provided coverage for 25 physical therapy sessions from April 4 through June 10. The Petitioner requested coverage for additional visits beyond the 25 that had been approved. Humana denied coverage for physical therapy beyond the 25 visits.

The Petitioner has exhausted Humana's internal grievance process and is now eligible for external review.

III ISSUE

Was Humana correct in denying coverage for the Petitioner's additional physical therapy?

IV ANALYSIS

Petitioner's Argument

Petitioner received physical therapy, and after 25 physical therapy sessions, her physician believed she needed additional therapy. The Petitioner's mother says that the doctor recommended additional physical therapy because they were medically necessary for the Petitioner.

The Petitioner argues that Humana should be required to pay for her physical therapy treatments because her physician believes it was medically necessary for treatment of her condition.

Respondent's Argument

Humana says that the Petitioner's policy provides that 25 physical therapy visits per year are covered. The Petitioner started physical therapy visits on April 4, 2008. The yearly benefit of 25 visits was exhausted on June 10, 2008. Visits beyond the 25 visit maximum benefit allowed are not covered. Humana argues that it is correct in denying coverage for physical therapy beyond the 25 visits for the year.

Commissioner's Review

The Commissioner has considered the arguments of both parties and reviewed the provisions of the policy. The Petitioner's policy includes the following provision:

Physical medicine and rehabilitative services

Physical therapy, occupational therapy, speech therapy, audiology and cognitive rehabilitation services are limited to a combined total of 25 visits per year.

The policy, on page 110, defines "year" as "the period of time which begins on any January 1st and ends on the following December 31st." The Petitioner received the benefits provided under the policy for a single year.

Although the Petitioner's physician relates the importance of additional physical therapy to the Petitioner's progress, the policy does not provide unlimited coverage for physical therapy. The Petitioner has received the maximum physical therapy benefit permitted under the policy. The Commissioner finds that Humana processed the claims correctly according to the terms of the Petitioner's coverage.

**V
ORDER**

The Commissioner upholds Humana Insurance Company's denial of coverage for the additional physical therapy visits.

This is a final decision of an administrative agency. Under MCL 550.1915, any person aggrieved by this Order may seek judicial review no later than sixty days from the date of this Order in the circuit court for the county where the covered person resides or in the circuit court of Ingham County. A copy of the petition for judicial review should be sent to the Commissioner of Financial and Insurance Regulation, Health Plans Division, Post Office Box 30220, Lansing, MI 48909-7720.