

STATE OF MICHIGAN
DEPARTMENT OF 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. 89883-001

v

Physicians Health Plan of Mid-Michigan
Respondent

Issued and entered
this 24th day of July 2008
by Ken Ross
Commissioner

ORDER
I
PROCEDURAL BACKGROUND

On May 19, 2008, 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.* On May 27, 2008, after a preliminary review of the material submitted, the Commissioner accepted the request.

The issue in this external review can be decided by contractual analysis. The contract here is the PHP Plus Certificate of Coverage (the certificate) issued by Physicians Health Plan of Mid-Michigan (PHP). The Commissioner reviews contractual issues under MCL 550.1911(7). This matter does not require a medical opinion from an independent review organization.

II
FACTUAL BACKGROUND

On June 5, 2007, the Petitioner had a total left knee replacement and as a result required physical therapy (PT). From June until mid-November 2007 the Petitioner had at least

60 PT visits. The Petitioner asked PHP to cover additional PT visits. PHP denied the request and the Petitioner appealed.

After Petitioner exhausted PHP's internal grievance process, PHP maintained its denial and issued a final adverse determination dated April 18, 2008.

III ISSUE

Did PHP properly deny coverage for additional PT visits under the terms of the certificate?

IV ANALYSIS

Petitioner's Argument

The Petitioner says that the therapy she received immediately following her knee replacement surgery in June 2007 was not effective -- it actually caused her flexion to decrease from 100 to 90 degrees. She says she did not start making progress until November, when she asked for additional PT visits.

She argues that the PT provided from November 13 through November 27, 2007, was medically necessary. Therefore, she wants PHP to make an exception and allow coverage for an additional 15 visits under the 2007 calendar year benefits.

PHP's Argument

PHP says it correctly denied coverage for additional PT visits in November 2007 under the terms of the Petitioner's certificate. PHP based its decision on the following provision in "Section 1: What's Covered – Benefits" on page 33 of the certificate, which says:

Benefits for any combination of physical therapy, occupational therapy, speech therapy and pulmonary rehabilitation therapy are limited to 60 visits per calendar year.

PHP says that the Petitioner had completed 60 visits by November 15, 2007, and since PT visits are limited to 60 in a calendar year, its denial of additional visits was appropriate.

Commissioner's Review

The focus of this analysis is whether PHP properly denied additional PT visits under the terms of the certificate. The Petitioner argues that additional visits were medically necessary and therefore PHP should provide coverage. The Commissioner finds that PHP's denial of additional visits was correct under the facts of this case.

While it is unfortunate that Petitioner's early PT visits were not helpful for her condition and that additional PT visits were medically necessary, the certificate is clear that only 60 visits of rehabilitation therapy (any combination of physical, occupational, speech, or pulmonary therapy) are covered under the terms of the certificate regardless of the circumstances. There is no exception that would allow for additional PT visits, even if medically necessary.

The Commissioner notes that PHP says the Petitioner had 90 PT visits in 2007 and, because of a computer error, it covered 75 of them, 15 above the maximum. However, PHP says it will not attempt to recover any overpayment.

The Commissioner finds that PHP's denial of the Petitioner's request for additional PT visits for 2007 is consistent with the certificate.

**V
ORDER**

The Commissioner upholds PHP's April 18, 2008, final adverse determination in Petitioner's case. PHP appropriately denied coverage for additional visits under the terms of the certificate.

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

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of the Office of Financial and Insurance Regulation, Health Plans Division, Post Office Box
30220, Lansing, MI 48909-7720.