

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
OFFICE OF FINANCIAL AND INSURANCE REGULATION
Before the Commissioner of Financial and Insurance Regulation

In the matter of

XXXXX

Petitioner

File No. 114499-001

v

Physicians Health Plan of Mid-Michigan
Respondent

Issued and entered
this 28th day of April 2011
by R. Kevin Clinton
Commissioner

ORDER
I
PROCEDURAL BACKGROUND

On June 30, 2010 XXXXX, on behalf of her husband 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 August 6, 2010, after a preliminary review of the material submitted, the Commissioner accepted the request.

The Commissioner notified Physicians Health Plan of Michigan (PHP) of the external review and requested the information used in making its adverse determination. The Commissioner received PHP's response on August 17, 2010.

The issue in this external review can be decided by contractual analysis. The contract here is the PHP Certificate of Coverage issued by Physicians Health Plan of Mid-Michigan to the State of Michigan. 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 May 3, 2009, the Petitioner suffered a massive stroke and as a result required physical therapy. From May 11 through September 15, 2009, Petitioner received at least 54 PT sessions. In August 2009, he began to experience pain in his right shoulder. His primary care physician examined Petitioner and advised him that he had frozen shoulder and to resume physical therapy. From September 2 through November 6, 2009, the Petitioner received PT. On September 10, 2009, PHP discontinued its coverage for PT. Petitioner asked PHP to cover the additional PT visits received. 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 June 2, 2010.

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 he received due to a frozen shoulder was medically necessary. He argues that PHP's benefit summary for his health plan is unclear or incomplete as to the limitations on therapy. In addition, he argues the additional therapy is not for cardiac rehabilitation but is needed for the frozen shoulder which should be covered as long as he was making progress.

He argues that the PT provided beyond September 10, 2009, was medically necessary. Therefore, he wants PHP to make an exception and allow coverage for additional visits under the 2009 calendar year benefits.

PHP's Argument

PHP says it correctly denied coverage for additional PT visits under the terms of the

certificate. PHP based its decision on the following provision on page 33 of the certificate:

Section 1: What's Covered – Benefits

* * *

26. Rehabilitation Services – Outpatient Therapy

* * *

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 the Petitioner had completed 60 visits by September 10, 2009, 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 per the language of the summary that is incomplete as to the limitation on the number of PT visits. However, the certificate determines how benefits are paid. The summary is not the contract between Petitioner's employer and PHP. The summary is only an overview of services that may be covered. The summary does state that there are limitations.

While it is unfortunate that Petitioner's early PT visits were related to cardiac rehabilitation and that additional PT visits were medically necessary for a frozen shoulder, the certificate is clear that only 60 visits of rehabilitation therapy (any combination of physical, occupational, speech, pulmonary or cardiac 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 finds that PHP's denial of the Petitioner's request for additional PT visits for 2009 was consistent with the certificate.

**V
ORDER**

The Commissioner upholds PHP's June 2, 2010, 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 of Financial and Insurance Regulation, Health Plans Division, Post Office Box 30220, Lansing, MI 48909-7720.

R. Kevin Clinton
Commissioner