

**STATE OF MICHIGAN**  
**DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES**  
Before the Director of the Department of Insurance and Financial Services

In the matter of:

**Ryl Flexibility Therapies, LLC**

**Petitioner**

**File No. 21-1512**

**v**

**Auto Club Group Insurance Company**

**Respondent**

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**Issued and entered  
this 11<sup>th</sup> day of January 2022  
by Sarah Wohlford  
Special Deputy Director**

**ORDER**

**I. PROCEDURAL BACKGROUND**

On September 25, 2021, Ryl Flexibility Therapies, LLC (Petitioner) filed with the Department of Insurance and Financial Services (Department) a request for an appeal pursuant to Section 3157a of the Insurance Code of 1956 (Code), 1956 PA 218, MCL 500.3157a. The request for an appeal concerns the determination of Auto Club Group Insurance Company (Respondent) that the Petitioner overutilized or otherwise rendered or ordered inappropriate treatment, products, services, or accommodations under Chapter 31 of the Code, MCL 500.3101 to MCL 500.3179.

The Respondent issued the Petitioner a written notice of the Respondent's determination under R 500.64(1) on September 1, 2021. The Petitioner now seeks reimbursement in the full amount it billed for the dates of service at issue.

The Department accepted the request for an appeal on September 27, 2021. Pursuant to R 500.65, the Department notified the Respondent and the injured person of the Petitioner's request for an appeal on November 23, 2021, and provided the Respondent with a copy of the Petitioner's submitted documents. The Respondent filed a reply to the Petitioner's appeal on December 10, 2021.

The Department assigned an independent review organization (IRO) to analyze issues requiring medical knowledge or expertise relevant to this appeal. The IRO submitted its report and recommendation to the Department on December 20, 2021.

## II. FACTUAL BACKGROUND

This appeal concerns the denial of payment for physical/massage therapy treatment rendered on June 22, 2021, June 24, 2021, July 2, 2021, July 6, 2021, July 8, 2021, July 13, 2021, July 15, 2021, July 20, 2021, July 22, 2021, July 29, 2021, August 3, 2021, August 5, 2021, August 10, 2021, August 12, 2021, August 24, 2021, and August 26, 2021, under Current Procedural Terminology (CPT) codes 97112 and 97124, which are described as therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities; and therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion), respectively.

With its appeal request, the Petitioner identified the following diagnoses for the injured person in relation to a motor vehicle accident in March of 2015: left shoulder pain and left knee pain. The Petitioner documented in its medical record for the dates of service at issue that treatment focused on the improvement of muscle performance and knee and lower leg muscle strength, as well as increased range of motion of the “shoulder areas,” and decreased pain and inflammation. Petitioner’s medical records for each at-issue service date reveal that at-home myofascial therapeutic massage and neuromuscular therapy were performed for sixty minutes per session.

The Petitioner’s request for an appeal further stated:

[The injured person] maintained contact with [the injured person’s] doctors and/or PT, they both were in favor of the continued massage therapy 2-3 times per week, 2 times per week was decided to be sufficient. This was at home therapy so there is milage (sic) expense as well as equipment and supplies provided for the service.

In its reply, the Respondent referenced the Official Disability Guidelines (ODG) and American College of Occupational and Environmental (ACOEM) recommendations and noted that the injured person had been treated in the past for greater than 50 sessions for diagnoses of left shoulder pain and left knee pain resulting from a motor vehicle accident on March 24, 2015. The Respondent further noted that the ACOEM recommends “select use of massage in patients with trigger points/myofascial pain as an adjunct to active treatments consisting primarily of a graded aerobic and strengthening exercise program,” but that the recommendation is limited to three to five visits if there is ongoing objective improvement.

## III. ANALYSIS

### Director’s Review

Under MCL 500.3157a(5), a provider may appeal an insurer’s determination that the provider overutilized or otherwise rendered inappropriate treatment, products, services, or accommodations, or that the cost of the treatment, products, services, or accommodations was inappropriate under Chapter 31 of the Code. This appeal involves a dispute regarding inappropriate treatment and overutilization.

The Director assigned an IRO to review the case file. In its report, the IRO reviewer concluded that, based on the submitted documentation, “medical necessity was not supported on the dates of service at issue and that the treatment was overutilized in frequency or duration” based on medically accepted standards.

The IRO reviewer is a practicing physician who is board certified in physical medicine and rehabilitation and is knowledgeable with respect to the medical conditions and type of treatment at issue in this appeal. In its report, the IRO reviewer referenced R 500.61(i), which defines “medically accepted standards” as the most appropriate practice guidelines for the treatment provided. These may include generally accepted practice guidelines, evidence-based practice guidelines, or any other practice guidelines developed by the federal government or national or professional medical societies, boards, and associations. The IRO reviewer relied on the ODG, ACOEM recommendations, and Milliman Care Guidelines, 25<sup>th</sup> edition, 2021, in reaching its determination.

The IRO reviewer noted that formal rehabilitation should aim towards a transition to self-management with independent exercise and remaining active. The IRO reviewer opined:

[When] there are impairments or complicating factors that preclude independent pursuit of exercise and modalities or if appropriate independent measures have failed, formal rehabilitation can be a consideration. The general aim of formal rehabilitation is to initiate a program to address and manage symptoms and functional impairments with goals that can include reduction of pain, reduction of impairment or disability, and improvement of quality of life.

The IRO reviewer further stated:

Formal rehabilitation on a prolonged basis is not recognized in any generally accepted practice guideline, evidence-based practice guideline, or other guideline developed by the federal government or national or professional medical societies, boards or associations, as appropriate management with respect to chronic back pain or other types of chronic benign musculoskeletal pain.

The IRO reviewer recommended that the Director uphold Respondent’s determination that the treatment provided to the injured person on the dates of service at issue was not medically necessary in accordance with medically accepted standards, as defined by R 500.61(i).

#### **IV. ORDER**

The Director upholds the Respondent’s determination dated September 1, 2021.

This order applies only to the treatment and dates of service discussed herein and may not be relied upon by either party to determine the injured person’s eligibility for future treatment or as a basis for action on other treatment or dates of service not addressed in this order.

This is a final decision of an administrative agency. A person aggrieved by this order may seek judicial review in a manner provided under Chapter 6 of the Administrative Procedures Act of 1969, 1969 PA 306, MCL 24.301 to 24.306. MCL 500.244(1); R 500.65(7). A copy of a petition for judicial review should be sent to the Department of Insurance and Financial Services, Office of Research, Rules, and Appeals, Post Office Box 30220, Lansing, MI 48909-7720.

Anita G. Fox  
Director  
For the Director:

X *Sarah Wohlford*

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Sarah Wohlford  
Special Deputy Director  
Signed by: Sarah Wohlford