

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

In the matter of:

**Onward Therapy Services LLC**  
**Petitioner**

**File No. 21-1080**

**v**

**Citizens Insurance Company of America**  
**Respondent**

---

**Issued and entered**  
**this 16<sup>th</sup> day of August 2021**  
**by Sarah Wohlford**  
**Special Deputy Director**

**ORDER**

**I. PROCEDURAL BACKGROUND**

On June 18, 2021, Onward Therapy Services, LLC (Petitioner), filed with the Director of 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 Citizens Insurance Company of the Midwest (Respondent) that the Petitioner overutilized or otherwise rendered or ordered inappropriate treatment 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 May 25, 2021. The Petitioner now seeks reimbursement in the full amount it billed for the date of service at issue.

The Department accepted the request for an appeal on June 22, 2021. Pursuant to R 500.65, the Department notified the Respondent and the injured person of the Petitioner's request for an appeal on June 22, 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 July 19, 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 July 27, 2021.

## II. FACTUAL BACKGROUND

This appeal concerns the denial of payment for fitness therapy rendered on April 28 and May 5, 2021. The Petitioner billed for these services with Current Procedural Terminology (CPT) code 97110 for therapeutic exercise. The injured person's diagnoses were identified on the Respondent's May 26, 2021 Explanation of Review (EOR) as quadriplegia, C1-C4 incomplete, quadriplegia, C5-C7 incomplete, and chronic pain due to trauma.

With its appeal request, the Petitioner submitted medical documentation for the dates of service at issue, which noted that the injured person's treatment goals included working on improvements with his activities of daily living and home exercise program. The submitted medical documentation for the April 28, 2021 date of service noted that the injured person needed the therapist's assistance "for almost all exercises due to a slight lack of core stabilization" and that his arm exercises were challenging. The submitted medical documentation for the May 5, 2021 date of service noted that the session focused on upper extremity and core exercises and that the injured person "had difficulty stabilizing his core during some of his exercises." The Petitioner's supporting documentation also included a prescription from a treating physician for fitness therapy for a duration of one year and indicated a diagnosis of spinal cord injury (SCI) with tetraplegia status post motor vehicle collision (MVC).

The Petitioner's request for an appeal stated:

[The injured person] has chronic tetraplegia related to remote SCI status post [motor vehicle crash] and is medically necessary for him to pursue fitness therapy as previously prescribed to assist with pain control, help with spasticity management and assist with strengthening and weightbearing to reduce risk for osteoporotic fractures and other skin lesions and pulmonary issues related to his high level of spinal cord injury.

The Respondent denied treatment as not medically necessary and stated that "maintenance therapy for spinal cord injury should be performed by the caregiver." In its EOR, the Respondent requested a written explanation from Petitioner regarding the medical necessity of the fitness therapy services provided on the dates of service at issue.

In a written explanation addressed to the Respondent, the Petitioner stated that it provided fitness therapy sessions to the injured person, rather than physical therapy services, and it described the rendered treatment as a "step down from physical therapy but a step up from personal training." The Petitioner explained that it used CPT code 97110 for this bill because it was the most appropriate code to use for the services provided.

In its reply, the Respondent reaffirmed its denial of the fitness therapy services for the dates of service at issue and stated the services were not medically necessary and could be conducted at home by the injured person's caregiver instead.

### 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 is a matter of medical necessity.

The Director assigned an IRO to review the case file. In its report, the IRO reviewer concluded that, based on the submitted documentation, the fitness therapy services provided on the dates of service at issue were not medically necessary based on medically accepted standards. Although the IRO reviewer opined that the services were not medically necessary, the IRO reviewer did conclude that CPT code 97110 was appropriately utilized as it relates to "therapeutic exercises to single or multiple body parts with direct contact from a qualified professional, to promote strengthening, flexibility, and endurance."

The IRO reviewer is board-certified in physical medicine and rehabilitation, has knowledge in the care of patients with spinal cord injury requiring fitness therapy, and is an attending physiatrist for a rehabilitation center. The IRO reviewer referenced R 500.61(i), in its report, 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, board, and associations. The IRO reviewer relied on evidence-based scientific exercise guidelines for adults with spinal cord injury and literature regarding exercise recommendations for spinal cord injury.

The IRO reviewer opined that the fitness therapy services provided on the dates of service at issue were not medically necessary and that the submitted documentation from the Certified Inclusive Fitness Trainer (CIFT) did "not clearly suggest signs of medical instability, uncontrolled pain, or worsening pulmonary function post session that would necessitate these services." The IRO reviewer stated that the medical record dated April 28, 2021, noted the injured person was not in pain. According to the IRO reviewer, there was insufficient evidence from the physician's prescription to warrant a fitness therapy program "with direct contact from a licensed inclusive fitness trainer." The IRO explained:

Practice guidelines support a maintenance therapy program for prevention of high risk comorbidities associated with chronic SCI. Without evidence of acute decline in function, recent injury/hospitalization or worsening symptoms, a maintenance therapy program can be achieved by various methods with caregiver support and

community outreach and doesn't require the use of a fitness trainer. As this can be a burden to caregivers, measures can be considered to alleviate the burden through SCI support groups.


Based on the above, the IRO reviewer recommended that the Director uphold the Respondent's determination that the fitness therapy services provided to the injured person on April 28 and May 5, 2021, were not medically necessary in accordance with medically accepted standards, as defined by R 500.61(i).

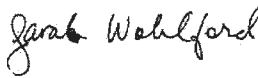
#### IV. ORDER

The Director upholds the Respondent's determination dated May 25, 2021.

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:

 Recoverable Signature

X 

---

Sarah Wohlford  
Special Deputy Director  
Signed by: Sarah Wohlford