

**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 Personal Training, LLC**  
**Petitioner**

**File No. 21-1128**

**v**

**Home-Owners Insurance Company**  
**Respondent**

---

**Issued and entered**  
**this 9<sup>th</sup> day of September 2021**  
**by Sarah Wohlford**  
**Special Deputy Director**

**ORDER**

**I. PROCEDURAL BACKGROUND**

On July 19, 2021, Onward Personal Training, 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 Home-Owners 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 two written notices of the Respondent's determination under R 500.64(1) on June 29, 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 July 19, 2021. Pursuant to R 500.65, the Department notified the Respondent and the injured person of the Petitioner's request for an appeal on July 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 August 12, 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 August 20, 2021.

## II. FACTUAL BACKGROUND

This appeal concerns the denial of payment for physical therapy services rendered on May 21, 2021, and June 2, 2021. The submitted documentation indicates that the injured person was injured in a motor vehicle accident in October 2015 resulting in a traumatic brain injury, post-traumatic stress disorder, chronic low back pain due to L1, L2, and L3 transverse processes fractures and L5 fracture along with a right rotator cuff tear. The injured person also has a diagnosis of post-laminectomy syndrome and was being treated with physical therapy. With its appeal request, the Petitioner argues that "skilled services," such as physical therapy, are supported for "preventing further deterioration of the individual's health" and that the services provided to the injured person were "reasonable and necessary." The Petitioner further stated that without physical therapy, the injured person will be "at risk of declining in functional ambulation, decline in overall strength and flexibility and increased pain."

In the Respondent's determinations, both dated June 29, 2021, payment for physical therapy services rendered were denied as medically unnecessary. The determination noted that there is "no quality evidence" to support the use of physical therapy to treat chronic pain. In its reply, the Respondent reaffirmed its determination that the physical therapy services provided to the injured person on May 21, 2021 and June 2, 2021 were not medically necessary. The Respondent went on to explain that based on the Official Disability Guidelines (ODG), the recommended course of physical therapy to treat the injured person's diagnosis is 10 visits over six weeks, but the injured person completed "at least 72 sessions of physical therapy, which far exceeds the recommended course."

## 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 medical necessity 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, the physical therapy services provided to the injured person on May 21, 2021 and June 2, 2021, were not medically necessary and were overutilized in frequency and duration in accordance with medically accepted standards as defined by R 500.61(i).

The IRO reviewer is a medical doctor board-certified in physical medicine and rehabilitation, and pain medicine with an active practice. 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, board, and associations. The IRO reviewer relied on the Official Disability Guidelines (ODG) by Milliman Care Guidelines (MCG) for its review.

The IRO reviewer opined that the physical therapy services provided to the injured person on May 21, 2021 and June 2, 2021 were not medically necessary in accordance with medically accepted standards as defined by R 500.61(i). Based on the ODG by MCG, the IRO reviewer explained that the standard of care for treatment of chronic musculoskeletal pain includes an identified plan of care that allows for:

...fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home [physical therapy]... Treatment should be "active", with formal reassessment after a "6-visit clinical trial" to evaluate whether therapy has resulted in positive, negative, or no impact, prior to continuing or modifying treatment.

The IRO reviewer further noted that based on the ODG, the frequency and duration of manual therapy/massage are the same as guidelines determined for manipulation of low back conditions and should include a "trial of 6 visits over 2 weeks, with evidence of objective functional improvement" and a "total of up to 18 visits over 6-8 weeks." The IRO reviewer went on to note that ODG does not recommend traction "including powered traction devices or home-based patient-controlled gravity traction (inversion tables)" as "[t]raction methods for treatment of low back pain have shown minimal effectiveness."

The IRO reviewer explained further:

This patient was noted to have been involved in a motor vehicle accident in 2015 that reportedly resulted in multiple injuries including L1, L2 and L3 transverse processes fractures and L5 fracture. Records provided indicate the [injured person was] receiving ongoing repeated physical therapy treatment for exercises to develop strength as well as manual therapy/massage with traction. The patient had more than 70 sessions of this type of treatment without any evidence of significant progress made[;] an ongoing treatment of this type would be considered maintenance therapy, well outside of standard of care.

In addition, the IRO reviewer opined that the physical therapy services rendered on the dates of service at issue were overutilized in frequency or duration in accordance with medically accepted standards as defined by R 500.61(i). The IRO reviewer also noted that the documentation indicated support for a home exercise program and "there was no ongoing need for further skilled/supervised therapy sessions or for passive treatment modalities such as massage/manual therapy." As such, the IRO reviewer described the rendered services as "maintenance therapy" provided "well outside the standard of care."

Based on the above, the IRO reviewer recommended that the Director uphold the Respondent's determination that the physical therapy services provided to the injured person on the dates of service at


issue were not medically necessary in accordance with medically accepted standards, as defined by R 500.61(i).

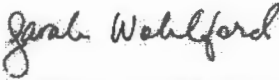
#### IV. ORDER

The Director upholds the Respondent's determinations dated June 29, 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