

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

In the matter of:

**Therapeutic Healing
Petitioner**

File No. 21-1176

v

**Auto Club Insurance Association
Respondent**

**Issued and entered
this 1st day of October 2021
by Sarah Wohlford
Special Deputy Director**

ORDER

I. PROCEDURAL BACKGROUND

On August 10, 2021, Therapeutic Healing (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 Insurance Association (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 Petitioner's appeal is based on the denial of a bill pursuant to R 500.64(3), which allows a provider to appeal to the Department from the denial of a provider's bill. The Respondent issued the Petitioner a bill denial on July 30, 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 August 17, 2021. Pursuant to R 500.65, the Department notified the Respondent and the injured person of the Petitioner's request for an appeal on August 17, 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 September 3, 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 September 30, 2021.

II. FACTUAL BACKGROUND

This appeal concerns the denial of payment for massage therapy treatments rendered on July 5, 7, 12, and 14, 2021 under procedure code 97140, which is described as manual therapy techniques. On July 30, 2021, the Respondent issued the Petitioner an *Explanation of Benefits* letter, stating that the massage therapy treatment “exceeds the period of care for either utilization or relatedness.”

With its appeal request, the Petitioner submitted treatments notes for the dates of service at issue which describe the injured person’s primary diagnosis as “fusion of spine” in the “lumbar region.” In a letter included in its appeal request, the Petitioner stated that the alignment of the injured person’s pelvis and hips are compromised. Further, the Petitioner stated that manual therapy reduces and manages the injured person’s lumbar region pain and muscle spasms caused by installed hardware.

In its reply, the Respondent reaffirmed its determination that the massage therapy treatments were not medically necessary. The Respondent stated that the injured person exceeded recommended treatment frequency based the Official Disability Guidelines (ODG), which state that the “maximum duration for massage therapy is 2 months.” Further, the Respondent stated:

The [injured person] began treatment with [the Petitioner] on 05/08/2014 with treatment continuing through 07/14/2021. Between 01/04/2021 and 07/14/2021, the [the injured person] received 52 sessions of manual therapy...No significant functional benefit from treatment was documented. The medical records do not support this request.

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 dispute of 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, the massage therapy treatments provided to the injured person on the dates of service at issue were not medically necessary and were overutilized in frequency or duration based on medically accepted standards.

The IRO reviewer is board-certified in physical medicine and rehabilitation. 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 Official Disability Guidelines (ODG) and medical journal articles for its recommendation.

The IRO reviewer summarized the submitted documentation and noted that the injured person was involved in a motor vehicle accident in October 1998, which resulted in chronic headaches, spine pain, postural abnormality, and hip and gluteal pain. Based on submitted documentation, the IRO reviewer opined that the injured person had no spasticity, paralysis, or skeletal misalignment. The IRO reviewer opined that no high-quality evidence or research indicates that massage therapy provides any long-term improvement in function or quality of life in chronic pain or posture abnormalities. Additionally, the IRO reviewer opined that there is no evidence that shows the use of massage therapy as more beneficial than standard medical or physical therapy care. Further, the IRO reviewer opined that the ODG does not recognize the use of formal passive modalities, such as massage therapy, on a prolonged basis as appropriate management for traumatic brain injury, chronic spinal region pain, or other types of chronic pain.

Based on the above, the IRO reviewer recommended that the Director uphold the Respondent's determination that the massage therapy provided to the injured person on July 5, 7, 12, and 14, 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 July 30, 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:

 Recoverable Signature

X 

Sarah Wohlford

Special Deputy Director

Signed by: Sarah Wohlford