

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. 21-1255

v

Auto Club Insurance Association
Respondent

Issued and entered
this 6th day of October 2021
by Sarah Wohlford
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On August 9, 2021, Onward Therapy Services 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 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 27, 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 7, 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 15, 2021.

II. FACTUAL BACKGROUND

This appeal concerns the denial of payment for massage therapy treatments provided to the injured person on June 19, 24 and 26, 2021 under procedure code 97124, which is described as therapeutic procedures including massage therapy.

With its appeal request, the Petitioner submitted clinical documentation for the dates of service at issue. Treatment notes indicated that the injured person's diagnoses included: other specified intracranial injury without loss of consciousness, personal history of traumatic brain injury, cervicgia, and chronic pain due to trauma. Further, the treatment notes list the injured person's pain as a 8 out of 10 on a ten-point pain scale on June 19, 2021, and 7 out of 10 on a ten-point pain scale on June 24 and 26, 2021. In a letter included with its appeal request, the Petitioner stated that it provided "reasonable and necessary massage therapy services to the injured person... to facilitate recovery."

In its reply, the Respondent reaffirmed its initial determination that the massage therapy treatments were overutilized and not medically necessary based on American College of Environmental Medicine (ACOEM) guidelines, which recommend six to ten massage therapy sessions for chronic cervicothoracic or chronic low back pain. Specifically, the Respondent stated:

Additional visits exceed recommended treatment guidelines. The [injured person] received massage therapy treatment since January 2020, and has received at least 60 massage therapy sessions prior to 06/19/2021, with continued complaints of severe pain reported. There were no objective findings documented to show that the claimant had a positive response and functional improvement from the completed therapy sessions.

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 the massage therapy treatments was overutilized in frequency or duration based on medically accepted standards.

The IRO reviewer is a doctor of chiropractic medicine. 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 American College of Occupational and Environmental Medicine (ACOEM) treatment guidelines related to chronic pain and massage therapy and the Official Disability Guidelines for its recommendation.

The IRO reviewer opined that based on the medical records provided, the massage therapy treatments rendered on the dates of service at issue were not medically necessary and were not in accordance with medically accepted standards as defined by R 500.61(i). The IRO reviewer explained that:

The American College of Occupational and Environmental Medicine (ACOEM) provides evidence-based practice guidelines for chronic cervicothoracic pain and/or chronic low back pain. [The ACOEM] allow for 6 to 10 sessions of massage of 30 to 35 minutes each, 1 or 2 times a week for 4 to 6 weeks. Objective improvements should be shown approximately half way through the regimen to continue this treatment course.

Based on medically accepted standards, the IRO reviewer opined that:

Based on the medical records provided, the [injured person] has received 60+ treatments of massage since January 2020 with no objective improvement noted in the records as a result of this treatment. The treatments in question were performed outside of the above medically accepted standards as described by ACOEM.

The IRO reviewer further opined that the massage therapy treatment 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). Specifically, the IRO reviewer noted that:

ACOEM guidelines for chronic cervicothoracic pain and/or chronic low back pain recommend a frequency of 1 or 2 times a week for 4 to 6 weeks. The [injured person] has received 60+ treatments of massage since January 2020. The treatments in question exceed ACOEM guidelines.

Based on the above, the IRO reviewer recommended that the Director uphold the Respondent's determination that the massage therapy treatments provided to the injured person on June 19, 24 and 26, 2021 were not medically necessary and were overutilized in frequency or duration in accordance with medically accepted standards, as defined by R 500.61(i).

IV. ORDER

The Director upholds the Respondent's determination dated July 27, 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*

Sarah Wohlford
Special Deputy Director
Signed by: Sarah Wohlford