

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
Petitioner

File No. 21-1274

v

MemberSelect Insurance Company
Respondent

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

ORDER

I. PROCEDURAL BACKGROUND

On August 13, 2021, Onward Therapy Services (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 MemberSelect 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 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 its bill denial on July 29, 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 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 15, 2021.

II. FACTUAL BACKGROUND

This appeal concerns the denial of payment for a massage therapy service rendered on June 29, 2021, under Current Procedural Terminology (CPT) code 97124, which is described as therapeutic procedure, massage. With its appeal request, the Petitioner submitted documentation that indicated that the injured person was in a motor vehicle accident in January 2019 that resulted in bilateral shoulder and bilateral leg pain.

In support of the necessity of the service rendered, the Petitioner noted:

[The injured person] received massage therapy which consisted of basis Swedish massage (effleurage, petrissage and tapotement). Restorative care is required for the [injured person's] diagnosis and state of recovery to continue to facilitate her potential improvement and response to therapy; maximum improvement is yet to be attained; and there is expectation that anticipated improvement is still attainable.

In addition, the Petitioner's request for an appeal stated:

Without continued massage therapy the [injured person] is at risk of increased pain, limited [range of motion], and trouble sleeping...the treatment provided is reasonable and necessary to continue to facilitate recovery, the [injured person] continued massage therapy one to two times weekly, 60 minutes as prescribed by a medical doctor.

In its "Explanation of Review" dated July 29, 2021, the Respondent stated that the Petitioner overutilized services and that the services rendered were not medically necessary. As a basis for its denial, the Respondent stated that its utilization review was consistent with the Official Disability Guidelines (ODG). In its reply, the Respondent further explained:

Official Disability Guidelines state that massage therapy is recommended at one to two times per week for a maximum duration of 2 months. Care beyond 2 months may be indicated at one treatment every other week for certain chronic pain patients in whom massage is helpful in improving function, decreasing pain, and improving quality of life. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 2 months should be documented with objective improvement in function.

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, the massage therapy service provided to the injured person on June 29, 2021 was not medically necessary and was overutilized in frequency or duration, based on medically accepted standards.

The IRO reviewer is a board-certified medical doctor in physical medicine and rehabilitation with additional certification in electrodiagnostic medicine and acupuncture 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) for its recommendation.

The IRO reviewer opined that the massage therapy service provided to the injured person on June 29, 2021, was not medically necessary in accordance with medically accepted standards as defined by R 500.61(i). The IRO reviewer noted:

The medical records provided indicate that the [injured person] had been treated with over two months of massage therapy, without documentation of improvement in function, decreased pain levels, or improved quality of life. On 6/29/2021, the massage therapy note stated that the [injured person's] pain level was 2. She had "mild tenderness" in her left rotators. The [injured person] could participate in a home exercise program to include strengthening and range of motion exercises.

Based on the above, the IRO reviewer recommended that the Director uphold the Respondent's determination that the massage therapy service provided to the injured person on June 29, 2021 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 July 29, 2021.

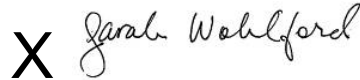
This order applies only to the treatment and dates of service discussed herein and may not be relied upon by either party to determine the injured person's eligibility for future treatment or as a basis for action on other treatment or dates of service not addressed in this order.

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