

**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. 21-1277**

**v**

**Auto Club Insurance Association**  
**Respondent**

---

**Issued and entered**  
**this 6<sup>th</sup> 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 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 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 27, 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 27, 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 rendered on July 1, 2021, under Current Procedural Terminology (CPT) code 97124, which is described as therapeutic procedures, massage. The Petitioner noted in its appeal request that the injured person was involved in a motor vehicle accident in November 1996. The Petitioner identified the injured person's diagnoses as: a history of traumatic brain injury; pain in the right hip and lower back, and generalized muscle weakness.

The Petitioner's request for an appeal stated that the American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) guidelines utilized by Respondent would classify the massage therapy services rendered under 97124 as reasonable and necessary and the services provided are "allowable expenses" and that these benefits are payable for life due to the injuries sustained in the MVA from November 21, 1996.

The Petitioner also stated the following:

[The injured person] received massage therapy which consisted of basis Swedish massage (effleurage, petrissage and tapotement), deep tissue and trigger point therapy. Restorative care is required for her 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 its *Explanation of Benefits* dated July 29, 2021, the Respondent denied payment based on "records reviewed" and noted that "no reimbursement for additional massage treatment is recommended."

In its reply, the Respondent reaffirmed its position that the massage therapy rendered on the date of service at issue was not medically necessary and exceeded the recommended guidelines. More specifically, the Respondent noted:

[American College of Occupational and Environmental Medicine] Guidelines state that six to ten massage therapy session are recommended for chronic cervicothoracic or chronic low back pain as adjunct to an exercise program. Per Official Disability Guidelines, maximum duration of massage for chronic pain is 2 months. Care beyond 2 months may be indicated for certain chronic pain patients in whom massage is helpful in improving function, decreasing pain, and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached [Maximum Medical Improvement] and maintenance treatments have been determined. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 2 months should be documented with objective improvement in function[.]

Regarding overutilization of treatment, the Respondent stated:

The medical records do not support this request as the [injured person] has received massage treatment since January 2020, and has received in excess of 80 massage therapy session prior to 07/01/2021, which exceeds guideline recommendations. No significant objective improvement in function was documented. The documentation indicated that ongoing tension, pain and restriction continued despite treatment.

### 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 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 date of service at issue and the treatments were overutilized in frequency based on medically accepted standards.

The IRO reviewer is board certified in physical medicine and rehabilitation and pain management. 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 practice guidelines from the American College of Occupational and Environmental Medicine for its recommendation.

The IRO reviewer opined:

American College of Occupational and Environmental Medicine (ACOEM) states that six (6) to 10 sessions of massage are recommended for select use in chronic cervicothoracic pain as an adjunct to more efficacious treatments consisting primarily of a graded aerobic and strengthening exercise program. The [injured person] has had noted spasms for which prior massage therapy was warranted, however, the number of sessions has exceeded noted guidelines. A home exercise program can be instituted. Therefore, the massage therapy treatment performed on July 1, 2021, was not medically necessary.

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 July 1, 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 29, 2021.

This order relates only to the treatment, products, services, or accommodations 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 treatments 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