

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

**In the matter of:**

**Strength Training and Recovery  
Petitioner**

**File No. 21-1538**

**v**

**Auto Club Group Insurance Company  
Respondent**

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**Issued and entered  
this 11<sup>th</sup> day of January 2022  
by Sarah Wohlford  
Special Deputy Director**

**ORDER**

**I. PROCEDURAL BACKGROUND**

On September 28, 2021 and November 8, 2021, Strength Training and Recovery (Petitioner) filed with the Department of Insurance and Financial Services (Department) requests 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 Group Insurance Company (Respondent) that the Petitioner overutilized or otherwise rendered or ordered inappropriate treatment 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 bill denials on July 19 and 28, 2021, August 4 and 12, 2021, and September 8 and 14, 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 November 23, 2021. Pursuant to R 500.65, the Department notified the Respondent and the injured person of the Petitioner's request for an appeal on November 23, 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 December 15, 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 December 21, 2021.

## II. FACTUAL BACKGROUND

This appeal concerns the denial of payment for massage therapy treatments rendered on June 28, 2021; July 12 and 19, 2021; and August 2, 13, and 27, 2021. The Current Procedural Terminology (CPT) code at issue is 97124, which is described as massage therapy. In its *Explanation of Benefits* letters, the Respondent stated that the medical documentation submitted was inadequate to support the medical necessity of treatment.

With its appeal request, the Petitioner submitted medical documentation which identified the injured person's diagnosis as unspecified intracranial injury with loss of consciousness of an unspecified duration, unspecified hip contracture, and quadriplegia, and noted that the injured person was involved in a motor vehicle accident (MVA) in December of 1983. The Petitioner provided a prescription for massage therapy with a care plan of 2-3 times per week for 12 weeks. The Petitioner stated that the injured person's quadriplegia has affected function in all his limbs. The Petitioner noted that the injured person utilizes a wheelchair for mobility and stated that he "has difficulties independently completing activities of daily living (ADLs)" due to muscles tightness, soreness, and pain in his neck, upper back, and mid-back.

The Petitioner's request for an appeal stated:

Through the use of massage therapy, [the injured person] has a decrease in pain, muscle tightness, and muscle soreness all of which allow him to maximize his range of motion (ROM) and assist as much as possible in his ADLs and his mobility. This pain reduction and assistance in ADLs allow for [the injured person] to experience the personal independence he has gained and continues to work to increase in other therapies...The negative factors of removing this therapy would be detrimental to [the injured person's] health and continued recovery.

In its reply, the Respondent reaffirmed its initial determinations and referenced the American College of Occupational and Environmental Medicine (ACOEM) guidelines for chronic cervicothoracic pain. The Respondent stated that massage therapy sessions were provided to the injured person from July 19, 2019 through March 9, 2020 with little interruption, and concluded that the records did not support the treatment based on the guidelines.

## 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 treatment was overutilized in frequency or duration based on medically accepted standards.

The IRO reviewer is a licensed physical therapist in active clinical 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 ACOEM guidelines, guidelines issued by the American Massage Therapy Association, and the massage therapy general rules of the Michigan Board of Massage Therapy.

The IRO reviewer explained that ACOEM recommends massage therapy to treat chronic cervicothoracic pain only “to assist in increasing functional activity levels more rapidly and the primary attention should remain on a conditioning program that has both graded aerobic exercise and strengthening exercises.” The IRO reviewer noted that the injured person received massage therapy to his neck, upper back, shoulders, and thorax on the dates of service at issue. The IRO reviewer stated:

There is no documentation on any improvements in functional activity levels from receiving massage therapy services. ACOEM guidelines state that this intervention is not recommended in patients not involved in a conditioning program or who are non-compliant with graded increases in activity levels. ACOEM criteria are not met for approval of massage therapy rendered on [the dates of service at issue.]

The IRO reviewer further noted that the American Massage Therapy Association recommends documenting the intensity of pain on a 10-point scale and documenting whether pain prevents an individual from working, participating in leisure activities, or sleeping. The IRO reviewer noted that the Petitioner did not document the intensity of pain throughout the massage therapy sessions at issue.

The IRO reviewer explained that the Michigan Board of Massage Therapy rules recommend “only providing massage therapy services that ensure the safety of and benefit to the client” and providing “high quality care within the boundaries of the licensee’s professional competence, based on education, training and experience.” The IRO reviewer stated that the submitted records “do not demonstrate or confirm” that the injured person was benefiting from massage therapy sessions. Specifically, the IRO reviewer stated:

At each visit, the client reports [the] same findings, including tightness and stiffness throughout upper thorax, upper trap, lower trap and/or back of the neck. There is no documentation on any improvements in pain levels or on any improvements in any specific functional activities.

The IRO reviewer recommended that the Director uphold the Respondent’s determination that the massage therapy treatments provided to the injured person on June 28, 2021; July 12 and 19, 2021; and

August 2, 13, and 27, 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 determinations dated July 19 and 28, 2021, August 4 and 12, 2021, and September 8 and 14, 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:

X *Sarah Wohlford*

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Sarah Wohlford  
Special Deputy Director  
Signed by: Sarah Wohlford