

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

In the matter of:

██████████
Petitioner

v

File No. 150854-001

United Healthcare Insurance Company
Respondent

Issued and entered
this 14th day of December 2015
by Randall S. Gregg
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On November 16, 2015, Phase One Rehab, authorized representative of ██████████ (Petitioner), filed a request with the Director of Insurance and Financial Services for an external review under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.* After a preliminary review of the material received, the Director accepted the case on November 19, 2015.

The Petitioner receives medical benefits under a group plan underwritten by United Healthcare Insurance Company (United). The benefits are defined in the *United Healthcare Choice Plus* certificate of coverage. The Director notified United of the request for an external review and asked for the information used in making its adverse determination. United provided its response on November 19, 2015.

To address the medical issue in the case, the Director assigned it to an independent medical review organization which provided its analysis and recommendation on December 3, 2015.

II. FACTUAL BACKGROUND

On April 21, 2015, the Petitioner had knee surgery. For her post-surgery rehabilitation the Petitioner's doctor prescribed several items of durable medical equipment: an intermittent

pneumatic compression unit and a deep vein thrombosis therapy unit with extremity pump as part of her rehabilitation. The charges for the devices and supplies totaled \$11,350.00.

United denied coverage. The Petitioner appealed the denial through United's internal grievance process. At the conclusion of that process, United issued a final adverse determination dated October 14, 2015, affirming its benefit decision. The Petitioner now seeks a review of that adverse determination from the Director.

III. ISSUE

Did United correctly deny coverage for the durable medical equipment prescribed by the Petitioner's doctor?

IV. ANALYSIS

Respondent's Argument

In its final adverse determination, United described the policy provisions and medical standards it used to determine the Petitioner's claims. In conclusion, United wrote:

You had surgery on your knee. Your doctor ordered a device to squeeze your leg to try to prevent blood clots. Your plan covers services that are proven effective and necessary. This device may be necessary if you were bed ridden for a prolonged period after the surgery. Your record does not show this. Based on further review, the service requested is not covered.

Petitioner's Argument

In the request for external review, the Petitioner's representative wrote:

Patient was provided with durable medical equipment at the request of her physician, [REDACTED]. Phase One Rehab provided an intermittent pneumatic compression unit (IPC) and Deep Vein Thrombosis Therapy unit following her left knee surgery due to a congenital deformity (755.64) [and] lateral meniscus tear (836.1). Both items were rentals and also included the use of leg wraps as well. [United] has denied our claims as not medically necessary.

Director's Review

United's *Choice Plus* certificate of coverage requires that any health service, supply or pharmaceutical product, in order to be covered, must be medically necessary. See pages 8 and 56 of the *Choice Plus* certificate. The Director, as required by section 11(6) of the Patient's Right to Independent Review Act, MCL 550.1911(6), assigned the case to an independent medical review

organization (IRO) to determine whether the prescribed durable medical equipment was medically necessary in the treatment of the Petitioner's condition.

The IRO reviewer is a licensed physician who has been in active practice for more than 18 years and is board certified in orthopedic surgery and critical care. The reviewer is familiar with the medical management of patients with the Petitioner's condition. The IRO reviewer's report included the following analysis and recommendation:

[T]his case involves a ■ year-old female who underwent arthroscopic knee surgery on 4/21/15. At issue in this appeal is whether the intermittent pneumatic compression pump and deep vein thrombosis prophylaxis device with related equipment that the member received following her surgery was medically necessary for treatment of her condition.

The member underwent routine knee arthroscopic surgery with anterior cruciate ligament (ACL) reconstruction and proximal tibial osteotomy. The member was not bed ridden after her surgery....[T]he risk of deep vein thrombosis (DVT) incurred with this surgery is low....[T]he medical records provided for review do not indicate that there were any significant risk factors for deep vein thrombosis present. Therefore...post-operative deep vein thrombosis prophylaxis was not medically necessary in this member's case.

Pursuant to the information set forth above and available documentation...the intermittent pneumatic compression pump and deep vein thrombosis prophylaxis device with related equipment that the member received was not medically necessary for treatment of her condition. (Krych AJ, et al. Incidence and risk factor analysis of symptomatic venous thromboembolism after knee arthroscopy. *Arthroscopy*. 2015 Nov;13(11):2112-8. Anand A. The incidence of DVT. *Arthroscopy*. 2014 Nov;30(11):1390. Sun Y, et al. Incidence of symptomatic and asymptomatic venous thromboembolism after elective knee arthroscopic surgery: a retrospective study with routinely applied venography. *Arthroscopy*. 2014 Jul;30(7):818-22. Sun Y, et al. Deep venous thrombosis after knee arthroscopy: a systematic review and meta-analysis. *Arthroscopy*. 2014 Mar;30(3):406-12. Graham WC, et al. Venous thromboembolism following arthroscopic knee surgery: a current concepts review of incidence, prophylaxis, and preoperative risk assessment. *Sports Med*. 2014 Mar;44(3):331-43.)

The Director is not required to accept the IRO's recommendation. *Ross v Blue Care Network of Michigan*, 480 Mich 153 (2008). However, the recommendation is afforded deference by the Director; in a decision to uphold or reverse an adverse determination, the Director must cite "the principal reason or reasons why the [Director] did not follow the assigned independent review organization's recommendation." MCL 550.1911(16)(b). The IRO's analysis is based on extensive experience, expertise, and professional judgment and is not contrary to any provision of the Petitioner's certificate of coverage. MCL 550.1911(15). The Director can discern no reason why the IRO's recommendation should be rejected in the present case.

The Director finds that the prescribed medical equipment was not medically necessary for treatment of the Petitioner's condition. For that reason, the equipment is not a covered benefit under the *United Healthcare Choice Plus* certificate of coverage.

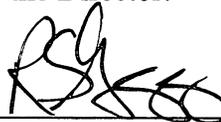
V. ORDER

The Director upholds United Healthcare Insurance Company's final adverse determination of October 14, 2015.

This is a final decision of an administrative agency. Under MCL 550.1915, any person aggrieved by this order may seek judicial review no later than 60 days from the date of this order in the circuit court for the county where the covered person resides or in the circuit court of Ingham County. A copy of the petition for judicial review should be sent to the Department of Insurance and Financial Services, Office of General Counsel, Post Office Box 30220, Lansing, MI 48909-7720.

Patrick M. McPharlin
Director

For the Director:



Randall S. Gregg
Special Deputy Director