



AIMS Sacramento  
P.O. Box 269120  
Sacramento, California 95826  
Telephone (916)563-1900  
Facsimile (916)563-1919

Date: 4-15-10

### Approval of Medical Authorization Request

Ortho Manual Therapy  
631 S. Ham Ln  
Lodi, CA 95242

Sent via fax to: 209-368-7433

RE: Injured Worker:	Tiffany Anderson
Employer	San Joaquin County Mosquito VCD
Date of Injury:	6-19-08
Claim Number	VE0700184

#### Treatment Request

Date of Request	4-15-10
Date of Receipt	4-15-10
Type of Review:	Prospective
Disposition	Approved

Dear Teresa:

After careful consideration approval is being extended as follows for the above captioned claim:

Post Op Physical Therapy 2X4 Right knee

Approval is being extended with the following exceptions:

- Approved, but will be reimbursed at the appropriate reasonable rate for the procedure CPT code(s) listed.
- Full amount billed by all providers is not guaranteed for total reimbursement.
- This authorization does not guarantee full payment for your service.
- A recommended allowance will be based on what is accepted as fair and reasonable reimbursement for the same services and geographical area.
- Add time for physical and occupational therapies is not approved.

In order to expedite payment of these services, please attach a copy of this authorization letter to your billing, in addition to other required documents/reports. If you have any questions regarding this approval please feel free to contact me at 916-563-1900.

Sincerely,  
Acclamation Insurance Management Services

Mackenzie Dawson  
Claims Examiner