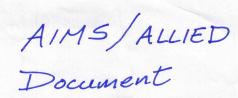
6/17/11





requested:

• Service Modified To: Certify Voltaren gel times 1 month.

Date Of Modification: 6/17/2011

Requested Service: Voltaren gel

**Non-Certification** has been recommended by our physician reviewer for the following services requested:

Gym membership

Date of Non Certification: 6/17/2011

Request for Additional Information has been recommended by our physician reviewer for the following services requested:

PR Additional Information Requested For Services: None

**Delay** has been recommended by our physician reviewer for the following services requested: *None* 

**Withdrawal** of the following services was confirmed with the requesting physician: *None* 

The following physician reviewed this request and made the decision/recommendation:

Dr.

Denise Rubino

P.O. Box 269120, Sacramento, CA 95826-9120

Telephone: (916) 563-1911 Toll Free: (888) 290-1911

Hours of Availability: Monday - Friday 9:00 AM - 5:30 PM Pacific Time

A copy of the physician peer review report is enclosed for your review and consideration (unless your are a non-physician provider, in which you are only entitled to this notice of determination).

## Optional Internal UR Appeals Process for the Requesting Physician

AMC provides a voluntary appeal process. The requesting physician may submit an appeal within thirty (30) days of the receipt of this letter to have the additional information reviewed by a physician reviewer who did not make the original determination.

Allied Managed Care