

Garden State Orthopaedic Associates, P.A.
Pre-Cert/Authorization Department
400 Franklin Turnpike, Suite 110
Mahwah, NJ 07430

Date: 8/21

Attention: Carolina Shell

To: DH Alternative Risk

Fax #: 973 - 940 - 1852

Re: Brian Manley

Claim # PVS080024

From: Andrea Vachon x2151
Pre-Cert Department Manager
Tel: 201-475-0019. Fax : 201-475-8740
Email: andreav@gardenstateortho.com

1st post op appointment
is on 8/25 at 11:15 am
in Clifton.

of pages: 3 (including this page)

May we dispense
the Donjoy Brace?

Office Notes dated _____

(Post Op)

☒ Prescription for Physical Therapy, Occupational Therapy or Work Conditioning

☐ Prescription for FCE

☐ Prescription for MRI/CT/US/EMG _____

☐ Work Status Note

☐ MG-2/C-4 Form

☒ Other Donjoy AEL Brace



GARDEN STATE ORTHOPAEDIC ASSOCIATES

Douglas S. Holden, M.D.
 FAOS
 Diplomate ABOs
 Fellowship in Total Joint Replacement

Adam D. Bernstein, M.D.
 FAOS
 Diplomate ABOs
 Fellowship in Sports Medicine
 Subspecialty Certificate in
 Orthopaedic Sports Medicine

Steven B. Shamash, D.O.
 FAOAO
 Diplomate ABOs
 Fellowship in Hand & Upper Extremity
 Certificate of Added Qualification Hand Surgery

Brian P. VanGrouw, D.O.
 Diplomate AAO
 Diplomate AAOs
 Diplomate AOS

Ryan T. Cassilly, M.D.
 Diplomate ABOs
 Fellowship in Spinal Surgery

Frederick F. Fakharzadeh, M.D.
 Diplomate ABOs
 Certificate of Added Qualification Hand Surgery
 Member, American Society for Surgery of the Hand

Erik C. Zachwieja, M.D.
 Fellowship in Total Joint Replacement
 Member of American Assoc. of Hip and Knee Surgeons
 Member of Academy of Orthopaedic Surgeons

Seth R. Queier, M.D.
 FAOS
 Diplomate ABOs
 Fellowship in Foot & Ankle

William G. Thomson, PA-C
 Chief Physician Assistant

Bryan D. Sheldon, PA-C
 Physician Assistant

Long K. Bui-Le, PA-C
 Physician Assistant

Jeffrey R. Lee, PA-C
 Physician Assistant

Justin P. VanGrouw, PA-C
 Physician Assistant

**Alexander
 Rothschild, M.S., FACMPE, CASC**
 Administrator

Robert A. Schultz, M.D.
 Emeritus
 Fellow AAOs
 Diplomate ABOs

Kenneth A. Levitsky, M.D.
 Special Consultant
 FAOS
 Diplomate ABOs
 Fellowship in Foot & Ankle

PHYSICAL THERAPY PRESCRIPTION LETTER OF MEDICAL NECESSITY

DATE: 08/18/2023
NAME: Brian Manley
D.O.B.: 05/25/1984
ACCOUNT #: 1217899

DIAGNOSIS: S/P Left Knee Arthroscopy, ACL Reconstruction, Partial Lateral and Partial Medial Meniscectomies.

THERAPY TYPE: PHYSICAL THERAPY
 EVALUATION AND TREATMENT
FREQUENCY: 3 x per week x 6 weeks

ATTENTION: Treating physical therapist: Please note the following guidelines below:

MODALITIES: AS NEEDED

NOTES: Patient is cleared to start PT

WBAT, ROM --60 week 1, 0-90 week 2, advance accordingly thereafter.

8/18/2023 3:54 PM (EDT)

Douglas Holden MD

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28-04 BROADWAY - FAIR LAWN - NEW JERSEY - 07410

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William G. Thomson, PA-C - Bryan D. Sheldon, PA-C - Long K. Bu-Le, PA-C - Jeffrey R. Lee, PA-C - Justin P. Van Grouw, PA-C*

DATE: 08/18/2023

PATIENT NAME: Brian Manley

DATE OF BIRTH: 05/25/1984

ACCOUNT #: 1217899

ADDRESS: 379 HICKORY ST

KEARNY NJ 07032-3518

PHONE NUMBER: 201-702-9330

INSURANCE NAME: DH ALTERNATIVE RISK SOLUTIONS

ADDRESS: PO BOX 68, NEWTON, NJ, 07860-0069

PHONE NUMBER: 973-940-1851

ADJUSTER:

CLAIM #: pvs080024

DATE OF INJURY: 2022-05-27

DME Rx Donjoy SE 4-Point Knee Brace. Patient will need this brace at his first post op appointment.

DIAGNOSIS: S/P Left Knee Arthroscopy, ACL Reconstruction, Partial and Lateral Menisectomies

ICD10:

Equipment:

8/18/2023 3:59 PM (EDT)

Douglas Holden MD