



Listed below are details of a Prior Authorization Request (PAR) that was submitted to request confirmation that the proposed treatment(s)/test(s) are based on a correct application of the Medical Treatment Guidelines. The claim administrator has granted the request.

To the claimant: This is a copy for your records. No action is required at this time; if you have any questions, please follow up with SINHA UPENDRA K.

Note: If present, a Level 2 Insurer Response supersedes a Level 1 Insurer Response.

CLAIM INFORMATION

| WCB Case # | Date of Injury | Claim Admin Claim # |
|------------|----------------|---------------------|
| G3050609 | 06/04/2021 | 73134710-065 |

Patient Name Neumann, Thaddeus

Address 34 Broome Street, Apartment 1
BROOKLYN, NY 11222

SSN XXX-XX-6262

DOB 04/22/1958

Gender Male

Employer Name COMMON GROUND MANAGEMENT CORPO

Address 505 8TH AVENUE, 5TH FLOOR, Not Available
NEW YORK, NY 10018

Insurer Name STATE INSURANCE FUND

Insurer ID W204002

Address 199 CHURCH ST - 7TH FLOOR
NEW YORK, NY 10007-1173

Claim Admin Name STATE INSURANCE FUND

Claim Admin ID W204002

Address 199 CHURCH ST - 7TH FLOOR
NEW YORK, NY 10007-1173

HEALTH CARE PROVIDER INFORMATION

Name SINHA UPENDRA K

Address 57-23 141st Street
Flushing, NY 11355

Type Physician

WCB Auth # 138337-1

NPI 1063520336

PRIOR AUTHORIZATION REQUEST DETAILS

| | | | |
|----|--|---|---|
| 1. | Body Part Right Shoulder | MTG Reference Code and Description Shoulder - D.6.f: Surgical/Operative - Operative Procedures - Impingement Syndrome | CPT Code and Description 29805: Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure) |
|----|--|---|---|

STATEMENT OF MEDICAL NECESSITY / SUPPORTING MEDICAL DOCUMENTATION

Supporting documentation was provided as a part of this request.

PROVIDER'S ATTESTATION

By submission of this request for prior authorization, I certify that my statements are true and correct, and I do not have a substantially similar request pending.

Provider Name SINHA UPENDRA K

Date 07/21/2022

LEVEL 1 INSURER RESPONSE

| | | |
|----|--|-------------------------------|
| 1. | Authorization Requested | Insurer Response |
| | Body Part Right Shoulder | Insurer Response Grant |
| | MTG Reference Code and Description Shoulder - D.6.f: Surgical/Operative - Operative Procedures - Impingement Syndrome | |
| | CPT Code and Description 29805: Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure) | |

Claim Apportioned No

Name of the Reviewer Honesty Dewolf

Date 08/01/2022

Reviewer Title L1 Reviewer