



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 #
G3107316	10/17/2021	464-6-1449

Patient Name Loseva, Tamara

Address 3311 Shore Parkway, Apt. 1H
Brooklyn, NY 11235

SSN XXX-XX-8387

DOB 06/06/1985

Gender Female

Employer Name QUALITY HEALTHCARE INC

Address 3512 QUENTIN RD
BROOKLYN, NY 11234-4231

Insurer Name ORISKA INSURANCE COMPANY WORKERS'
COMPENSATION UNDWRG

Insurer ID W166250

Address PO BOX 400 1310 UTICA ST
ORISKANY, NY 13424

Claim Admin Name ORISKA INSURANCE COMPANY WORKERS'
COMPENSATION UNDWRG

Claim Admin ID W166250

Address PO BOX 400 1310 UTICA ST
ORISKANY, NY 13424

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	MTG Reference Code and Description	CPT Code and Description
	Right Knee	Knee - C.9.g: Surgical/Operative - Arthroscopy/Open Reduction/Patellar Button/Patellectomy - Retropatellar Pain Syndrome	29870: Arthroscopy, knee, 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 07/26/2022

LEVEL 1 INSURER RESPONSE

1.	Authorization Requested		Insurer Response	
	Body Part	Right Knee	Insurer Response	Grant
	MTG Reference Code and Description	Knee - C.9.g: Surgical/Operative - Arthroscopy/Open Reduction/Patellar Button/Patellectomy - Retropatellar Pain Syndrome		
	CPT Code and Description	29870: Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)		

Claim Apportioned No

Supporting documentation was provided as a part of this request.

Name of the Reviewer Belinda Stevenson

Date 08/05/2022

Reviewer Title L1 Reviewer, RN