



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 #
G2716057	01/31/2020	72521628-528

Patient Name Mccardy, Denzel

Address 1680 Bedford Avenue, Apartment 4E
Brooklyn, NY 11225

SSN XXX-XX-4917

DOB 08/23/1967

Gender Male

Employer Name Isseks Bros, Inc

Address 298 Broome Street
New York, NY

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	MTG Reference Code and Description	CPT Code and Description
	Left 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	Left 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

Name of the Reviewer Nancy Difulio

Date 08/02/2022

Reviewer Title L1 Reviewer