



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 denied all or part of the request; please carefully review all items.

To the claimant: For any treatment/test that was **Denied**, if Denial Category is **Administrative** or **Jurisdiction** you or your legal representative may request review by filing *Request for Assistance by Injured Worker* (Form RFA-1W) or *Request for Further Action by Legal Counsel* (Form RFA-1LC) respectively. These forms are available under the "Forms" section of the WCB's website: www.wcb.ny.gov. If you do not have access to the internet, please call (877) 632-4996 or visit our nearest Customer Service Center to obtain a copy of the form.

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

CLAIM INFORMATION

WCB Case #	Date of Injury	Claim Admin Claim #
G3007377	05/25/2021	189551784001

Patient Name Antoine, Romial

Address 820 Linden Blvd, Apt 4B
Brooklyn, NY 11203

SSN XXX-XX-6116

DOB 02/12/1972

Gender Male

Employer Name Imperial Electric Supplies Inc

Address 475A Bloy St
Hillside, NJ 07205

Insurer Name EMPLOYERS PREFERRED INSURANCE COMPANY

Insurer ID W076592

Address 10375 PROFESSIONAL CIRCLE
RENO, NV 89521-4802

Claim Admin Name Broadspire Services, Inc.

Claim Admin ID T100104

Address

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 Reducation/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 07/21/2022

LEVEL 1 INSURER RESPONSE

1.	Authorization Requested		Insurer Response	
	Body Part		Insurer Response	
	Right Knee		Deny	
	MTG Reference Code and Description	Knee - C.9.g: Surgical/Operative - Arthroscopy/Open Reduction/Patellar Button/Patellectomy - Retropatellar Pain Syndrome	Denial Category	Administrative Reasons Related To Claim Status
	CPT Code and Description	29870: Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	Denial Reason	Claim Currently Controverted
			FROI-Denial or SROI-Denial Date	06/30/2021
			WCB Document ID #	G3007377
			Rationale	This is controverted claim .please deny case not established yet.

Claim Apportioned No

Name of the Reviewer Dara Falogme

Date 07/27/2022

Reviewer Title L1 Reviewer