



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](http://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 #
G3322718	04/27/2022	22001204

**Patient Name** Penafiel, Tonny

**Address** 7410 35th Avenue, Apt. 416  
Jackson Heights, NY 11372

**SSN** XXX-XX-9148

**DOB** 03/13/1961

**Gender** Male

**Employer Name** NEW YORK BLACK CAR OPERATORS

**Address** 2833 JACKSON AVENUE, FLOOR 6  
LONG ISLAND CITY, NY 11101

**Insurer Name** NEW YORK BLACK CAR OPERATORS' INJURY  
COMPENSATION FUND, INC.

**Insurer ID** W549976

**Address** 2833 JACKSON AVENUE, FLOOR 6  
LONG ISLAND CITY, NY 11101-0000

**Claim Admin Name** NEW YORK BLACK CAR OPERATORS' INJURY  
COMPENSATION FUND, INC.

**Claim Admin ID** W549976

**Address** 2833 JACKSON AVENUE, FLOOR 6  
LONG ISLAND CITY, NY 11101-0000

## 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 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** 07/26/2022

**LEVEL 1 INSURER RESPONSE**

1.	Authorization Requested	Insurer Response
	<b>Body Part</b> Left Knee <b>MTG Reference Code and Description</b> Knee - C.9.g: Surgical/Operative - Arthroscopy/Open Reduction/Patellar Button/Patellectomy - Retropatellar Pain Syndrome <b>CPT Code and Description</b> 29870: Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	<b>Insurer Response</b> Deny <b>Denial Category</b> Administrative Reasons Related To Claim Status <b>Denial Reason</b> Claim or Body Part/Condition Disallowed <b>WCB Determination Date</b> 06/24/2022 <b>WCB Document ID #</b> 376458025 <b>Rationale</b> Claimant did not identify a knee injury on the C-3 form.

**Claim Apportioned** No**Name of the Reviewer** Carol Merriman**Date** 07/26/2022**Reviewer Title** L1 Reviewer, RN