



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 #
G2900617	09/04/2020	G2900617

Patient Name Mirzaev, Akmal

Address 1718 Quentin Rd, Apt 4K
Brooklyn, NY 11229

SSN XXX-XX-9356

DOB 09/25/1978

Gender Male

Employer Name Diloar Davlyatov

Address 460 Neptune Avenue, Apt. 22S
Brooklyn, NY 11224

Insurer Name Uninsured Employers Fund TPA

Insurer ID W990004

Address 328 State St, Rm 331
Schenectady, NY 12305

Claim Admin Name S.A.F.E. LLC

Claim Admin ID T100126

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
	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 07/21/2022

LEVEL 1 INSURER RESPONSE

1.	Authorization Requested	Insurer Response
	Body Part	Insurer Response
	Left Knee	Deny
	MTG Reference Code and Description	Denial Category
	Knee - C.9.g: Surgical/Operative - Arthroscopy/Open Reduction/Patellar Button/Patellectomy - Retropatellar Pain Syndrome	Administrative Reasons Related To Claim Status
	CPT Code and Description	Denial Reason
	29870: Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	Claim Closed By Section 32 or Board Decision
		WCB Determination Date
		07/14/2022
		WCB Document ID #
		Document ID : 377430
		Rationale
		Request for Left Knee Arthroscopy is denied Administratively as claimant agreed to settle the benefits of this case in exchange for a lump sum payment at the hearing of 7/14/22 and elected not to withdraw from the settlement within the 10 days provided to do so.

Claim Apportioned No

Name of the Reviewer Tara Falso

Date 07/27/2022

Reviewer Title L1 Reviewer, LPN