

Reference: Patient D

Darlene AXXXXXX

Date of Birth: 9/16/59

46 yo White female, presented for consultation specifically for evaluation of heavy metal toxicity, with a history of adenomatous polyp, constipation and decreased energy. Pt returned as scheduled and was evaluated per our standard protocol with full physical and pre-procedure work up. She began IV treatments with periodic office visits as per our standard protocol until she began contesting her charges and disputing having ever been seen in the clinic.

Each numbered item below is the NCMB's expert reviewer's comments on the charts. Each bulleted item is our response, with references to the medical charts showing the facts.

- **Dr. Peterson:**

1. "Was treated by Dr. Buttar w/ EDTA chelation for "Heavy Metal Constipation"
 - ***D1a 12/6/06 Initial visit: Pt's chief complaint was that she was here for evaluation of heavy metals. Part of her history was that she also had constipation and a history of polyps.***
 - ***D1b: 12/6 Progress Notes: Impressions listed as Heavy Metals, Constipation, GI Dysbiosis, not "Heavy Metal Constipation".***
 - ***Dr. Peterson misread the Impressions. This refutes his entire argument on standard of care with regard to treatment modality.***
2. NCMB Expert's (Dr. Peterson) opinion on Treatment – Below standard of practice/care
 - ***Standard of Care for evaluation of heavy metals is exactly what was done according to standard protocol as established by multiple medical societies, including:***
 - ***AMESPA (Advanced Medical Education and Services, Physician Association) Course – ACCME approved, AMA Cat 1, CME course, of which Dr. Buttar has been a faculty member since it's inception in 2005***
 - ***ABCMT (American Board of Clinical Metal Toxicology of which, Dr. Buttar currently serves as Chairman of the Board) – Introduction to Clinical Metal Toxicology Course, of which Dr. Buttar has been a faculty member sine 1999,***
 - ***ACAM (American College for Advancement in Medicine's) Heavy Metal Course of which Dr. Buttar has been a faculty member in the past***
 - ***ICIM (International College of Integrative Medicine's) Heavy Metal Course of which Dr. Buttar has been a faculty member in the past***
 - ***AAEM (American Academy of Environmental Medicine's) Heavy Metal Course of which Dr. Buttar has been a faculty member in the past***

3. NCMB Expert's (Dr. Peterson) opinion on Diagnosis – Below standard of practice/care
 - **Reference response to No. 1 above:**
 - **D1a 12/6/06 Initial visit: Pt's chief complaint was that she was here for evaluation of heavy metals. Part of her history was that she also had constipation and a history of polyps.**
 - **B1 : Diagnosis clearly stated. Clearly Standard of Care**
4. "She had constipation. I am aware of no data using EDTA chelation for this problem."
 - **We concur. EDTA is NOT used for constipation or any GI disorder for that matter. Constipation was part of her history ONLY.**
5. "The standard of care would have (been) to find a reason for the constipation, such as diet, hypothyroidism, medications, etc. Medications such as Metamucil or increased fruit in her diet may have been prescribed."
 - **We concur with "find a reason for the constipation" portion ONLY. This is exactly what was done.**
 - **G1 - G5b: CDSA (Complete Diagnostic Stool Analysis) Test performed to determine if there were any functional issues with patient's GI tract**
 - **The rest of the Dr. Peterson's towards the treatment is BELOW our standard of care in our clinic. If a patient has an early partial bowel obstruction that is misdiagnosed as constipation, Dr. Peterson's treatment would be highly dangerous and possibly catastrophic.**
6. "In addition she was never seen or examined by a doctor. No physician contact documented."
 - **Dr. Buttar did NOT see this patient. However, a licensed NP with over 25 years of clinical experience and almost 5 years of experience with Dr. Buttar, did see this patient.**
 - **It is NOT required that a physician see a patient if a licensed NP has seen the patient and the physician has reviewed the chart.**
 - **D1b: Dr. Buttar signed Progress Notes 12/6 showing his review of and involvement with patient's treatment plan.**
 - **D2b: Dr. Buttar signed Progress Notes 12/7 showing his review of and involvement with patient's treatment plan.**
 - **D3b: Dr. Buttar signed Progress Notes 1/17 showing his review of and involvement with patient's treatment plan.**
- **Dr. Mann:**
1. "Seen only by the Nurse Practitioner and not on all visits."
 - **Visits for IV treatments do not require the patient to see a provider.**
 - **This would unnecessarily inflate the patient's bill for a provider to see them each time they present for an IV treatment.**
 - **In addition, patient was evaluated by nursing staff and vitals are done before and after each treatment as per written protocol.**
2. "**No documentation of any direct contact with Dr. Buttar** who initiated chelation therapy without seeing the patient or establishing a diagnosis."

- **Dr. Buttar did NOT see this patient. However, a licensed NP with over 25 years of clinical experience and almost 5 years of experience with Dr. Buttar, did see this patient.**
 - **It is NOT required that a physician see a patient if a licensed NP has seen the patient and the physician has reviewed the chart.**
 - **D1b: Dr. Buttar signed Progress Notes 12/6 showing his review of and involvement with patient's treatment plan.**
 - **D2b: Dr. Buttar signed Progress Notes 12/7 showing his review of and involvement with patient's treatment plan.**
 - **D3b: Dr. Buttar signed Progress Notes 1/17 showing his review of and involvement with patient's treatment plan.**
3. **"No documentation of any direct contact with Dr. Buttar who initiated chelation therapy initiated without seeing the patient or establishing diagnosis"**
- **Patient was EMPIRACALLY treated for Heavy Metal Toxicity after appropriate evaluation.**
 - **D1b: Initial impression was R/O heavy Metals, Constipation by Hx, R/O GI Dysbiosis**
 - **D2b: Challenge IV was ordered to establish or R/O Heavy metal Toxicity**
 - **D3a: Urine Toxic Metals testing revealed Heavy Metal Toxicity, with elevated levels of lead, mercury, and nickel.**
4. **"Multiple unjustified, in the medical record, laboratory tests."**
- **Dr. Mann has NO training in metal toxicology. He is NOT qualified to determine what is "unjustified" or "justified".**
 - **CMS standard and necessity for "constant monitoring of patients" attached, as outlined by the Federal Government, Medicare, Medicaid, etc, specifically regarding the administration of chelation therapy.**
 - **Dr. Mann CONTRADICTS himself:**
 - i. **In Point 1 above, he criticizes the fact the patient was NOT seen by a provider each time coming for an office visit (which is unnecessary), thus indicating MORE need for evaluation.**
 - ii. **Here he criticizes the multiple test done to monitor renal and hepatic function (which IS necessary), thus indicating LESS need for evaluation.**
 - **D1b: standard blood work, EKG, BMD, is done on all patients prior to doing any IV treatment.**
 - **Clearly, reviewer has NO expertise in treating metal toxicity.**
 - **Renal function, hepatic function, electrolytes, base line cardiac function, hemoglobin, iron status, MUST be evaluated prior to initiating any treatment to insure patient safety.**
 - **Lack of understanding this basic fundamental concept of patient safety prior to initiating any intravenous therapy clearly shows Dr. Mann's lack of qualification to review any patient IV treatment initiated in Dr. Buttar's clinic.**
 - **IGF1, CDSA ordered prior to physical exam, also as part of initial workup due to patient presenting complaint of constipation and hx of polyps**
 - **E3: Lipids, Fe, TIBC, %saturation, Ferritin, Chem. profile ordered after 5th anionic surfactant treatment according to standard protocol, as established by multiple medical societies, including:**

- **AMESPA (Advanced Medical Education and Services, Physician Association) Course – ACCME accredited, AMA Category 1, CME course, of which Dr. Buttar has been a faculty member since its inception in 2005.**
 - **ABCMT (American Board of Clinical Metal Toxicology of which, Dr. Buttar currently serves as Chairman of the Board) – Introduction to Clinical Metal Toxicology Course, of which Dr. Buttar has been a faculty member since 1999.**
 - **ACAM (American College for Advancement in Medicine's) Heavy Metal Course of which Dr. Buttar has been a faculty member in the past.**
 - **ICIM (International College of Integrative Medicine's) Heavy Metal Course of which Dr. Buttar has been a faculty member in the past**
 - **AAEM (American Academy of Environmental Medicine's) Heavy Metal Course of which Dr. Buttar has been a faculty member in the past.**
 - **D2b: Challenge for Urine Toxic Metals ordered to establish:**
 - **Establish diagnosis of heavy metal toxicity**
 - **Need for treatment for heavy metal toxicity**
 - **Urine Essential Elements included in "challenge test"**
 - **Monitoring adequate essential mineral levels during treatment**
 - **Ensuring patient safety and preventing iatrogenic complications**
5. "Results not communicated to the patient."
- **D2a: Results of standard lab, EKG, BMD documented in chart.**
 - **D2a: Documented tests were reviewed with patient and copies of standard lab and copy of EKG given to pt.**
 - **D3a: Urine Toxic Metals result of 1/4/06 reviewed and copy given to pt.**
 - **D3a: Note that lab of 12/6/06 was reviewed at physical exam with patient**
6. "Most of the provided documentation has to do with billing issues."
- **The NCMB requested the billing information and attached this to the patient medical record. This is NOT part of the patient's medical record in our office. Non-medical documents are maintained in separate patient files.**
 - **A3 – A81: Patient's account went into arrears. Much of the documentation is the recorded communication between our office and her credit card company, after she attempted a chargeback of her credit card on multiple occasions. This is standard operating procedure for any office.**
 - **Patient attempted to commit credit card fraud by disputing that:**
 - **she had ever been seen in our clinic,**
 - **she had ever had treatments in our clinic,**
 - **her own signature was on the credit card statements.**
 - **Patient "threatened" to go to the NCMB if she was not refunded, after her own credit card company refused to credit her account.**
7. "No diagnosis."

- **B1: established all working diagnosis**
 - **D1b: established all working diagnosis**
 - **D2a: established working diagnosis**
 - **D3a: Follow up visit of 1/17/06 confirmed Dx of Heavy Metal Toxicity with results of Heavy Metals Test of 1/4/06**
8. "No treatment plan defined."
- **D1b: Treatment plan was clearly established according to written, copywrited and published AMESPA training protocols as well as our written clinic treatment protocols.**
 - **Specific plan documented in the chart as follows, during initial visit:**
 - **D1b: Increase water intake**
 - **D1b: Schedule PE exam with EKG, BMD, female panel, IGF1, and CDSA**
 - **D1b,: GI and Liver Detox after collection of CDSA**
 - **D1b; MultiBalance Vitamins 2 tid**
 - **D1b: Super B one tid**
 - **D1b: Omega FA one bid**
 - **D1b: Mega Minerals one tid**
 - **D1b: Office visit one month after PE**
 - **D1b: Consider TDT**
 - **D1b: Ondamed biofeedback**
 - **D1b: Electro Dermal**
 - **D1b: Reviewed above with Dr. B.**
 - **Treatment was clearly established and followed as indicated under A/P, (Assessment/Plan) of each SOAP note:**
 - **D2b: Treatment plan clearly defined**
 - **D3a,D3b: Treatment plan clearly defined**
9. "No repeat evaluation of the patient directly – history or physical examination."
- **D3a: Follow up office visit of 1/17/06, pt stated that she had noticed:**
 - **more energy since starting treatment.**
 - **a decrease in constipation after initiating supplements.**
 - **Weight decreased by 2 lbs.**
 - **Increased water intake as instructed.**
 - **D3a: Follow up visit of 1/17/06 under Objectives of SOAP note with clearly documented physical exam**
 - **D3b: Discussion of GI and Liver Detox which were ordered.**
10. "Diagnosis: Below standard of practice/care."
- Standard of Care for evaluation of heavy metals is exactly what was done according to standard protocol as established by multiple medical societies, including:**
- **AMESPA (Advanced Medical Education and Services, Physician Association) Course – ACCME accredited, AMA Catagory 1, CME course, of which Dr. Buttar has been a faculty member since it's inception in 2005.**
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- **AAEM (American Academy of Environmental Medicine's) Heavy Metal Course of which Dr. Buttar has been a faculty member in the past.**
- **ABCMT sent out certified letter to all state medical boards establishing "standard of care" for treatment of heavy metal toxicity.**

11. "Treatment: Below standard of practice/care."

- **Dr. Mann is NOT an expert in heavy metal toxicity, and is therefore incapable of discussing or reviewing anything to do with treating patients with heavy metal toxicity, let alone discuss a "standard of care" issue.**
- **Dr. Mann is NOT credentialed to treat patients with metal toxicity, and is therefore this subject is beyond his scope of knowledge or expertise.**
- **Dr. Mann has never clinically treated a patient for metal toxicology, nor has he administered any form of chelators to patient for assessment, diagnostic or therapeutic purposes, and is therefore ignorant of how to assess and treat a patient with this type of pathology.**
- **Dr. Mann has never attended any training offered by any medical societies who have provided training to physicians routinely over the past 30 years in how to clinically evaluate, diagnose and treat a patient presenting with heavy metal toxicity.**
- **Standard of Care for the treatment of heavy metal toxicity and GI Dysbiosis is exactly what was done according to standard protocol as established by multiple medical societies, including:**
 - **AMESPA (Advanced Medical Education and Services, Physician Association) Course – ACCME accredited, AMA Category 1, CME course, of which Dr. Buttar has been a faculty member since it's inception in 2005.**
 - **ABCMT (American Board of Clinical Metal Toxicology of which, Dr. Buttar currently serves as Chairman of the Board) – Introduction to Clinical Metal Toxicology Course, of which Dr. Buttar has been a faculty member since 1999.**
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12. "Records: Below standard of practice/care" because the record does not use SOAP notes

- **SOAP notes are clearly used throughout the medical record. Patient had an office visit 3 times while a patient at our clinic. All 3 visits were documented using SOAP format.**
 - **D1: SOAP is clearly used.**
 - **D2: SOAP is clearly used.**
 - **D3: SOAP is clearly used.**
14. "There is no documented history and examination on repeat visits."
- **D3a: Follow up office visit of 1/17/06, pt stated that she had noticed:**
 - **more energy since starting treatment.**
 - **a decrease in constipation after initiating supplements.**
 - **Weight decreased by 2 lbs.**
 - **Increased water intake as instructed.**
 - **D3a: Follow up visit of 1/17/06 under Objectives of SOAP note with clearly documented physical exam**
 - **D3b: Discussion of GI and Liver Detox which were ordered.**
15. "There is no stated working diagnosis."
- **B1: established all diagnosis**
 - **D1b: established all diagnosis**
 - **D2a: established diagnosis**
 - **D3a: Follow up visit of 1/17/06 confirmed Dx of Heavy Metal Toxicity with results of Heavy Metals Test of 1/4/06**
16. "There is no rationale for the treatment plan."
- **D1b: Treatment plan was clearly established according to AMESPA training protocols as well as our written clinic treatment protocols.**
 - **Specific plan documented as follows:**
 - **Schedule PE exam with EKG, BMD, full standard panel including CBC, Chemistry, Ferritin, Iron profile, IGF1, and CDSA**
 - **GI and Liver Detox after collection of CDSA**
 - **MultiBalance Vitamins 2 tid**
 - **Super B one tid**
 - **Omega FA one bid**
 - **Mega Minerals one tid**
 - **Office visit one month after PE**
 - **Consider TDT**
 - **Ondamed biofeedback**
 - **Electro Dermal**
 - **Nurse Practitioner reviewed the above treatment plan with Dr. Buttar.**
18. "There is clearly failure of communication between provider and patient."
- **D2a: Results of standard lab, EKG, BMD documented in chart, reviewed with patient and copies of standard lab, EKG given to pt.**
 - **D3a: Urine Toxic Metals result of 1/4/06 reviewed and copy given to pt.**
 - **D3a: Note that lab of 12/6/06 was reviewed at physical exam with patient**
19. "There is extensive diagnostic testing without justification or conclusions."
- **D1b: standard blood work, EKG, BMD, is done on all patients prior to doing any IV treatment.**

- **Clearly, reviewer has NO expertise in treating metal toxicity.**
- **Renal function, hepatic function, electrolytes, base line cardiac function, hemoglobin, iron status, MUST be evaluated prior to initiating any treatment.**
- **IGF1, CDSA ordered prior to physical exam, also as part of initial workup due to patient presenting complaint of constipation and hx of polyps**
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 - **AAEM (American Academy of Environmental Medicine's) Heavy Metal Course of which Dr. Buttar has been a faculty member in the past.**
- **D2b: Challenge for Urine Toxic metals and Urine Essential Elements ordered based upon initial history and clearance of physical examination of 12/7/06 and satisfactory standard labs, EKG, and BMD**

20. "There is the appearance of an excessive focus on billing."

- **NCMB requested all billing information. This is NOT part of the medical record, but included by the NCMB.**
- **A3 – A81: Patient's account went into arrears. Much of the documentation is the recorded communication between our office and her credit card company, after she attempted a chargeback of her credit card on multiple occasions. This is standard operating procedure for any office.**
- **Patient attempted to commit credit card fraud by disputing she had ever been seen in our clinic, by disputing she had ever had treatments in our clinic, and by disputing her own signature on the credit card statements.**
- **Patient "threatened" to go to the NCMB if she was not refunded her money, after her own credit card company refused to credit her account.**

21. "Patient complaints re: contact with the practice unheeded."

- **A1 – A81 - There was MORE contact and correspondence with this patient than with most patients, with over 80 pages of documentation showing clinic correspondence with patient and vice versa.**

- ***D4: 3/13 patient complained she still had yeast problems. Elizabeth (nursing staff) consulted Jane (NP) and called patient back the next day, leaving her a voice mail message.***
- ***Patient also spoke with Davina (administrative staff) on 3/15. Davina attempted to transfer patient to nursing staff but she declined, stating she was going to another doctor.***
- ***All other complaints were regarding billing, and were handled appropriately per our office policy (A1 – A81).***