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8 **BEFORE THE**
9 **BOARD OF PODIATRIC MEDICINE**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 500-2015-000293

13 RENAE L. WITT, D.P.M.
10011 Stonybrook Avenue
Huntington Beach, CA 92646
14 Doctor of Podiatric Medicine License No. E
4644,

A C C U S A T I O N

15 Respondent.

16
17 Complainant alleges:

18 **PARTIES**

19 1. Brian Naslund (Complainant) brings this Accusation solely in his official capacity as
20 the Executive Officer of the Board of Podiatric Medicine, Department of Consumer Affairs.

21 2. On or about July 19, 2005, the Board of Podiatric Medicine issued Doctor of
22 Podiatric Medicine License Number E 4644 to RENAE L. WITT, D.P.M. (Respondent). The
23 Podiatrist License was in full force and effect at all times relevant to the charges brought herein
24 and will expire on March 31, 2019, unless renewed.

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1
2 JURISDICTION

3 3. This Accusation is brought before the Board of Podiatric Medicine (Board),
4 Department of Consumer Affairs, under the authority of the following laws. All section
5 references are to the Business and Professions Code unless otherwise indicated.

6 4. Section 2222 of the Code states the California Board of Podiatric Medicine shall
7 enforce and administer Medical Practice Act as to doctors of podiatric medicine. Any acts of
8 unprofessional conduct or other violations proscribed by this chapter are applicable to licensed
9 doctors of podiatric medicine and wherever the Medical Quality Hearing Panel established under
10 Section 11371 of the Government Code is vested with the authority to enforce and carry out this
11 chapter as to licensed physicians and surgeons, the Medical Quality Hearing Panel also possesses
12 that same authority as to licensed doctors of podiatric medicine.

13 The California Board of Podiatric Medicine may order the denial of an application or issue
14 a certificate subject to conditions as set forth in Section 2221, or order the revocation, suspension,
15 or other restriction of, or the modification of that penalty, and the reinstatement of any certificate
16 of a doctor of podiatric medicine within its authority as granted by this chapter and in conjunction
17 with the administrative hearing procedures established pursuant to Sections 11371, 11372, 11373,
18 and 11529 of the Government Code. For these purposes, the California Board of Podiatric
19 Medicine shall exercise the powers granted and be governed by the procedures set forth in this
20 chapter.

21 5. Section 2497.5 of the Code states:

22 "(a) The board may request the administrative law judge, under his or her proposed decision
23 in resolution of a disciplinary proceeding before the board, to direct any licensee found guilty of
24 unprofessional conduct to pay to the board a sum not to exceed the actual and reasonable costs of
25 the investigation and prosecution of the case.

26 "(b) The costs to be assessed shall be fixed by the administrative law judge and shall not be
27 increased by the board unless the board does not adopt a proposed decision and in making its own
28 decision finds grounds for increasing the costs to be assessed, not to exceed the actual and

1 reasonable costs of the investigation and prosecution of the case.

2 "(c) When the payment directed in the board's order for payment of costs is not made by the
3 licensee, the board may enforce the order for payment by bringing an action in any appropriate
4 court. This right of enforcement shall be in addition to any other rights the board may have as to
5 any licensee directed to pay costs.

6 "(d) In any judicial action for the recovery of costs, proof of the board's decision shall be
7 conclusive proof of the validity of the order of payment and the terms for payment."(e)(1) Except
8 as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee
9 who has failed to pay all of the costs ordered under this section."(2) Notwithstanding paragraph
10 (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year
11 the license of any licensee who demonstrates financial hardship and who enters into a formal
12 agreement with the board to reimburse the board within one year period for those unpaid costs.

13 "(f) All costs recovered under this section shall be deposited in the Board of Podiatric
14 Medicine Fund as a reimbursement in either the fiscal year in which the costs are actually
15 recovered or the previous fiscal year, as the board may direct."

16 6. Section 2261 of the Code states:

17 "Knowingly making or signing any certificate or other document directly or indirectly
18 related to the practice of medicine or podiatry which falsely represents the existence or
19 nonexistence of a state of facts, constitutes unprofessional conduct."

20 7. Section 2262 of the Code states:

21 "Altering or modifying the medical record of any person, with fraudulent intent, or creating
22 any false medical record, with fraudulent intent, constitutes unprofessional conduct.

23 "In addition to any other disciplinary action, the Division of Medical Quality or the
24 California Board of Podiatric Medicine may impose a civil penalty of five hundred dollars (\$500)
25 for a violation of this section."

26 8. Section 810 of the Code states in pertinent part:

27 "(a) It shall constitute unprofessional conduct and grounds for disciplinary action,
28 including suspension or revocation of a license or certificate, for a health care professional to do

1 any of the following in connection with his or her professional activities:

2 “(1) Knowingly present or cause to be presented any false or fraudulent claim for the
3 payment of a loss under a contract of insurance.

4 “(2) Knowingly prepare, make, or subscribe any writing, with intent to present or use the
5 same, or to allow it to be presented or used in support of any false or fraudulent claim.

6 “(b) It shall constitute cause for revocation or suspension of a license or certificate for a
7 health care professional to engage in any conduct prohibited under Section 1871.4 of the
8 Insurance Code or Section 549 or 550 of the Penal Code.”

9 9. Section 2234 states in pertinent part that:

10 “The board shall take action against any licensee who is charged with unprofessional
11 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not
12 limited to, the following:

13 “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
14 violation of, or conspiring to violate any provision of this chapter.

15 “(b) Gross negligence.”

16 10. Section 2239 states in part:

17 “(a) The use or prescribing for or administering to himself or herself, of any controlled
18 substance; or the use of any of the dangerous drugs specified in Section 4022, or of alcoholic
19 beverages, to the extent, or in such a manner as to be dangerous or injurious to the licensee, or to
20 any other person or to the public, or to the extent that such use impairs the ability of the licensee
21 to practice medicine safely or more than one misdemeanor or any felony involving the use,
22 consumption, or self administration of any of the substances referred to in this section, or any
23 combination thereof, constitutes unprofessional conduct. The record of the conviction is
24 conclusive evidence of such unprofessional conduct.

25 “(b) A plea or verdict of guilty or a conviction following a plea of nolo contendere is
26 deemed to be a conviction within the meaning of this section. The Medical Board may order
27 discipline of the licensee in accordance with Section 2227 or the Medical Board may order the
28 denial of the license when the time for appeal has elapsed or the judgment of conviction has been

1 affirmed on appeal or when an order granting probation is made suspending imposition of
2 sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal
3 Code allowing such person to withdraw his or her plea of guilty and to enter a plea of not guilty,
4 or setting aside the verdict of guilty, or dismissing the accusation, complaint, information, or
5 indictment.”

6 FIRST CAUSE FOR DISCIPLINE

7 (Using Drugs in a Dangerous Manner)

8 11. Respondent is subject to disciplinary action under Code section 2239 in that she
9 drove a vehicle, while under the influence of drugs, on her way to performing a surgery. The
10 circumstances are as follows:

11 A. On April 14, 2017, Respondent was arrested for driving under the influence of drugs.
12 She was driving in Huntington Beach, at about 9:30 in the morning, on her way to do a surgery.
13 Respondent was driving erratically and hit two parked cars.

14 B. She told the officers she was a surgeon and was going to do a procedure for
15 reattaching a soldier's foot after it was blown off in Afghanistan. She claimed she was driving a
16 new Range Rover and the steering wheel locked up which caused her to collide with the parked
17 cars. She denied drinking alcohol or taking prescription drugs.

18 C. When officers were speaking with Respondent, they could smell an odor from her,
19 and she was unsteady on her feet. She stumbled on the sidewalk, her speech was slow and
20 slurred. The officers asked Respondent to take off her sunglasses and they noticed her eyes were
21 droopy, her pupils were constricted to pinpoints, all of which is indicative of being under the
22 influence of an opiate.

23 D. After doing field sobriety tests, the officers believed Respondent was driving under
24 the influence of drugs and placed her under arrest. They searched her car and backpack and
25 found several prescription bottles. There was a bottle of pills of Hydrocodone-Acetaminophen
26 (Vicodin) prescribed to a W.W. for 50 tablets, and the bottle contained 14 tablets. There was a
27 bottle of Alprazolam (Xanax) for 60 tablets, and there were 13 remaining. There were two sample
28 bottles for Soma, and a driver's license for W.W.

1 E. The Orange County District Attorney's Office filed criminal charges against
2 Respondent for a violation of Vehicle Code section 23152(f), driving under the influence of
3 drugs.

4 SECOND CAUSE FOR DISCIPLINE

5 (Making False Documents and Medical Records Related to the Practice of Podiatry)

6 12. Respondent is subject to disciplinary action under sections 2261 and 2262 in that she
7 filed false documents and medical records related to billing for several patients. The
8 circumstances are as follows:

9 A. In October 2016, Anthem Blue Cross's Special Investigation Unit received a
10 complaint from an insured that he had stopped seeing Respondent in August 2015, but was
11 continuing to see charges for services. His last date of service was July 2015. The investigator
12 sent a letter to Respondent requesting medical records for that patient along with 8 other patients.
13 In January 2017, the investigator sent a member satisfaction survey to the same patients.

14 B. In February 2017, the investigator received a completed survey from patient J.G.,
15 who had seen Respondent only 2-3 times, and was out of the country the other dates for which
16 Respondent billed.

17 C The investigator received a completed survey from another patient, C.G., who had
18 seen Respondent twice in April 2016, and once in May 2016, however, Respondent billed for
19 services rendered on eight other dates.

20 D. The investigator received a completed survey from patient B.B. who saw Respondent
21 from September through October 2015.

22 E. Based on the above, in February 2017, Respondent was placed into a pre-payment
23 review program which meant that Anthem would review all her claims and the codes prior to
24 processing the claims and each claim must include medical records to support the billing.

25 F. Patient K. P. said he was at Respondent's office twice in the same day and never went
26 back. However, his insurance was billed for multiple dates of service in 2015, 2016, and 2017.
27 The investigator determined that at least 13 of the 14 medical records were fraudulently
28 manufactured. There are 99 dates that Respondent billed for, which means 98 of those services

1 were never rendered.

2 G. In August 2017, the Orange County District Attorney's office opened an investigation
3 against Respondent with information provided by Anthem Blue Cross and the case was assigned
4 to District Attorney Investigator Blanck. He interviewed several patients who had seen
5 Respondent.

6 H. Blanck interviewed patient L.C., who had seen Respondent about six times and after
7 July 2015, stopped seeing her. Investigator Blanck looked at the Anthem billing records and
8 found that Respondent submitted bills to Anthem for more than a year and a half after patient
9 L.C. stopped seeing her. The bills were from July 16, 2015, to March 3, 2017, totaling
10 \$60,052.00.

11 I. Blanck interviewed patient K.P. The patient saw Respondent only once for an exam
12 and she sent him to another facility for x-rays. When Blanck reviewed Respondent's billings, he
13 learned that she had submitted bills from October 1, 2015, to March 30, 2017 to both Blue Cross
14 Blue Shield, and then Anthem Blue Cross. The amount of fraudulent billing to Blue Shield was
15 \$5,785.00, the amount to Anthem Blue Cross was \$39,789.00; combined the total was
16 \$45,574.00.

17 J. Blanck interviewed patient C.B. She saw Respondent on April 26, 2016. She saw
18 Respondent again on April 28, 2016, to review the x-rays she had gotten on the first day. May 5,
19 2016, was her final visit, yet Respondent billed for eleven different dates. Respondent told C.B.
20 that she would be billing her insurance and if C.B. saw unusual billings it was because
21 Respondent had to bill a certain way to get enough money. Respondent submitted bills for
22 services from April 26, 2016, through June 16, 2016, for a total of \$3,274.00.

23 K. Blanck interviewed patient J.G. Her first visit with Respondent was on March 8,
24 2016. She only had two office visits. J.G. was in Brazil from April to June 2016, yet Respondent
25 billed from March 8, 2016 to June 16, 2016, nine times while Gardner was out of the country.
26 Respondent had a total of ten fraudulent billings totaling \$4,040.00.

27 L. Blanck interviewed patient D.B. He injured himself playing soccer in the summer of
28 2016 so he went to Respondent. He saw her for injections but many of the appointments he felt

1 were a waste of his time. Respondent charged the patient \$1500 cash for co-pay for a surgery,
2 however, on the day of the surgery Respondent did not show up. (This was the day she was
3 arrested for driving under the influence. This was the patient who supposedly had lost a foot in
4 the war and she told the police officers she was re-attaching it.)

5 M. The patient had copies of his checking account statements which showed he saw
6 Respondent 18 times. However, she billed Anthem for a total of 90 visits between July 16, 2016,
7 and April 13, 2017. There were times she billed 13 visits in a single month, and for several
8 months she billed for 10 visits. The fraudulent billing totaled \$24,658.00.

9 N. Blanck interviewed patient A.K. In October 2015 he saw Respondent. He had a total
10 of 17 appointments with her that he confirmed on his calendar. His last appointment with
11 Respondent was on June 6, 2017. The billings showed that Respondent billed from October 8,
12 2015, to March 3, 2017, for a total of \$36,797.00.

13 O. On September 12, 2016, Blanck received a call from Respondent. She told him that
14 the insurance company would only pay her for one procedure per patient per day. Since it was
15 inconvenient for patients to come in two days for additional treatments, she admitted she would
16 provide two treatments in one day but bill for two separate days.

17 P. The amount of fraudulent billing for these six patients totaled approximately
18 \$174,395.00 between January 29, 2015, and April 21, 2017. Anthem paid her \$75,861.52.

19 Q. On January 16, 2018, the Orange County District Attorney's Office filed criminal
20 charges against Respondent for her fraudulent billing. She was charged with seven counts of
21 insurance fraud, a violation of Penal Code section 550(a)(1). It was further alleged that pursuant
22 to Penal Code section 186.11(a) (1)(3), the conduct involved a pattern of taking over \$100,000;
23 and pursuant to Penal Code section 12022.6(a)(1), Respondent intentionally took damaged and
24 destroyed property valued in excess of \$65,000.

25 THIRD CAUSE FOR DISCIPLINE

26 (Dishonest and Corrupt Acts)

27 13. Respondent is subject to disciplinary action under Code section 2234, subdivision (e),
28 in that she filed false documents and claims. The circumstances are as follows:

1 A. Complainant incorporates by reference paragraph 12, A - Q, as though fully set forth
2 herein.

3 FOURTH CAUSE FOR DISCIPLINE

4 (Insurance Fraud)

5 14. Respondent is subject to disciplinary action under Code section 810 in that she
6 committed insurance fraud. The circumstances are as follows:

7 A. Complainant incorporates by reference paragraph 12, A - Q, as though fully set forth
8 herein.

9 FIFTH CAUSE FOR DISCIPLINE

10 (Gross Negligence)

11 15. Respondent is subject to disciplinary action under Code section 2234, subdivision (b),
12 in that she was grossly negligent with respect to patient A.W. The circumstances are as follows:

13 A. Patient A.W. was first treated by Respondent on October 2, 2014. She believes
14 Respondent engaged in illegal billing practices. A.W. paid cash for several visits, without the
15 claims being sent to her insurance company. When A.W. asked Respondent for her medical
16 records, she got only a partial file. Respondent told her she could not give her an itemized
17 statement of charges because it's "illegal" to keep medical and billing records together.

18 Respondent told A.W. she had a folder at her home with all the credit card receipts but that it
19 would be too difficult to go through it so she asked A.W. to make a list of what she thought the
20 total should be.

21 B. Patient A.W. also complained that she was billed for services not rendered.
22 Respondent submitted claims on several days when the patient did not see her. After the surgery,
23 A.W. needed more pain medication. The patient received an alert from CVS that the prescription
24 was ready for pick up, so she asked that it be transferred to her local CVS, but they said it was
25 already picked up. Patient A.W. never got it.

26 C. There are several visits where Respondent's billing was for ultrasound. However, the
27 patient refutes this claiming that on many of these visits Respondent did not do an ultrasound, but
28 she merely looked at her ankle.

1 D. On November 1, 2014, Respondent billed for ultrasound and surgery but there are no
2 medical records supporting this date of service.

3 E. November 14, 2014, Respondent billed for ultrasound, but there are no medical
4 records supporting this date of service.

5 F. Respondent billed on November 25, 2014, but there are no notes for this date of
6 service. On March 12, March 13, March 19, April 16, April 22, May 9, May 20, May 21, and
7 July 16, 2015, Respondent billed for services but there were no notes for those dates. She billed
8 on July 15, 2015, but the patient was out of state that day.


9 G. Respondent was grossly negligent by reason of the facts and circumstances set forth
10 in paragraph 15, A – F, above.

11 PRAYER

12 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
13 and that following the hearing, the Board of Podiatric Medicine issue a decision:

- 14 1. Revoking or suspending Doctor of Podiatric Medicine License Number E 4644,
15 issued to Renae L. Witt, D.P.M.;
 - 16 2. Ordering Renae L. Witt, D.P.M. to pay the Board of Podiatric Medicine the
17 reasonable costs of the investigation and enforcement of this case, pursuant to Business and
18 Professions Code section 2497.5; and,
 - 19 3. Taking such other and further action as deemed necessary and proper.
- 20
21
22

23 DATED: April 25, 2018


24 BRIAN NASLUND
25 Executive Officer
26 Board of Podiatric Medicine
27 Department of Consumer Affairs
28 State of California
Complainant

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