

FILED

**BEFORE THE
ADMINISTRATIVE HEARING COMMISSION
STATE OF MISSOURI**

DEC 24 2009

**ADMINISTRATIVE HEARING
COMMISSION**

**STATE BOARD OF REGISTRATION)
FOR THE HEALING ARTS)**

P.O. Box 4)

Jefferson City, MO 65102,)

Petitioner,)

v.)

CAROL A. RYSER, M.D.,)

5308 E. 115th Street,)

Kansas City, MO 64134,)

Respondent.)

Case No. 09-1693 HA

COMPLAINT

COMES NOW Petitioner, the Missouri State Board of Registration for the Healing Arts (the "Board"), through counsel undersigned, states the following for its cause of action against Carol A. Ryser, M.D. ("Respondent").

1. The Board is an agency of the State of Missouri created and established pursuant to § 334.120, RSMo 2007, for the purpose of executing and enforcing provisions of Chapter 334, RSMo.

2. Respondent, Carol A. Ryser, M.D., is licensed by the Board as a physician and surgeon, License Number R3788. This license was first issued on January 17, 1970. Licensee's license is current, and was current and active at all relevant times herein.

3. Respondent specializes in the area of pediatrics, and maintains an office located 5308 Longview Road, Kansas City, Missouri 64137.

STATUTORY BASIS FOR ALL COUNTS

4. Pursuant to § 334.100.2, RSMo 2007, which reads in pertinent part below, the Board has cause to take disciplinary action against a licensee's medical license when:

2. The Board may cause a complaint to be filed with the administrative hearing commission as provided by Chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his certificate or registration or authority, permit or license for any one or any combination of the following causes:

* * *

(4) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional conduct in the performance of the functions or duties of any profession licensed or regulated by this chapter, including, but not limited to, the following:

* * *

(a) Obtaining or attempting to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation; willfully and continually overcharging or overtreating patients; or charging for visits to the physician's office which did not occur unless the services were contracted for in advance, or for services which were not rendered or documented in the patient's records;

* * *

(c) Willfully and continually performing inappropriate or unnecessary treatment, diagnostic tests or medical or surgical services;

* * *

(d) Delegating professional responsibilities to a person who is not qualified by training, skill, competency, age, experience or licensure to perform such responsibilities.

* * *

(e) Misrepresenting that any disease, ailment or infirmity can be cured by a method, procedure, treatment, medicine or osteopathic value;

* * *

(5) Any conduct or practice which is or might be harmful or dangerous to the mental or physical health of a patient of the public; or incompetency, gross negligence or repeated negligence in the performance of the functions or duties of any profession licensed or regulated by this chapter. For the purposes of this subdivision, "repeated negligence" means the failure, on more than one occasion, to use that degree of skill and learning ordinarily used under the same or similar circumstances by the member of the applicant's or licensee's profession;

COUNT I (Patient J.C.)

5. The Board realleges and incorporates by reference paragraphs 1 through 4, above, as though fully set forth herein.

6. Respondent first started seeing patient J.C. on or about September, 2008. J.C., a seventeen (17) year-old male, had been working at his grandfather's farm in Stilwell, Kansas, where he received some sort of bite on his stomach, which lead to a rash. Patient J.C. had been treated for the rash and bite by a local clinic, where he received antibiotics, and the rash cleared up. Patient J.C. was taken to see Respondent by his father as a precautionary measure after his father became concerned about the possibility of Patient J.C. having contracted Lyme disease from the bite.

7. At the first office visit, patient J.C. was initially seen by Respondent's nurse Diana Smith, who did an initial intake and examination of patient J.C. At the time of the exam, patient J.C.'s rash was gone, and he was experiencing no new symptoms from the date of the bite on his stomach. Regardless, patient J.C. and his father were told that several symptoms noted in his history were caused by Lyme disease, even though some of the symptoms were present even

before J.C. received his bite in 2008. Respondent's nurse Diana Smith told patient J.C. and his father that even some of the issues he had before the bite and rash were caused by Lyme disease.

8. After meeting with Respondent's nurse, patient J.C. met for approximately thirty (30) minutes with Respondent, who recommended antibiotics and supplements should be started as a precaution, in case J.C. had Lyme disease. Respondent also ordered blood work be taken from patient J.C. to evaluate whether he had Lyme disease, and J.C. had approximately fifty-two (52) vials of blood taken for testing.

9. Respondent held herself out to J.C. and his family as an authority in the field of treating Lyme disease.

10. Patient J.C. returned to see Respondent on or about November 2008. At this return visit, patient J.C. was informed that he had Lyme disease, as confirmed by some of the blood tests that Respondent had ordered. One (1) of the tests relied on by Respondent in making her diagnosis was the Western Blot, which was read as positive for Lyme disease, even though the IgG and IgM antibody readings did not meet the requirements for a positive diagnosis according to the Center for Disease Control. (CDC). Patient J.C. was diagnosed as having two (2) types of Lyme disease; cat scratch fever, and Bartonella.

11. Respondent also diagnosed patient J.C. as having streptococcus in the brain and hyper coagulation disorder, which was treated with Heparin Troche. Respondent claimed that the hyper coagulation disorder was caused by the Lyme disease, and was causing patient J.C. to experience "brain fog."

12. Respondent also used other laboratory tests to diagnose Lyme disease that are not generally accepted by the medical community for diagnosing Lyme disease.

13. Respondent recommended patient J.C. undergo treatment for Lyme disease that included antibiotics and supplements. During the extensive treatment by Respondent, patient J.C. was fatigued and experienced aches, muscle pain, and joint pain, which Respondent stated were Herxheimer reactions from the killing of toxins in patient J.C.'s body. Respondent claimed that the numerous supplements were needed to counteract these Herxheimer reactions.

14. During the treatment patient J.C. was excused from school by Respondent, and he initially was sleeping up to twelve (12) hours a day. He was physically and mentally exhausted, and unable to do the normal activities that he had been doing prior to the start of treatment.

15. Patient J.C. was taken to another physician for a second opinion, who reviewed patient J.C.'s case as well as Respondent's paperwork. The new physician ordered new blood work which came back negative for Lyme disease.

16. Patient J.C.'s family physician sent J.C. to a blood specialist based on the information from Respondent that patient J.C. had thick blood. The specialist reported that patient J.C.'s blood was normal, and there was no need to use anything to thin it.

17. Patient J.C. discontinued seeing Respondent, and stopped receiving treatment from her. After stopping the treatment, patient J.C. was able to put back on the weight he lost during the treatment, and saw an increase in his energy levels.

18. Respondent ordered blood tests that were excessive and unneeded, and relied on laboratories and laboratory results to diagnose patient J.C. with Lyme disease that were not accepted by the general community for use in diagnosing the disease. Respondent therefore misdiagnosed patient J.C. as having Lyme disease, which was ultimately found to be an incorrect diagnosis.

19. Respondent's treatment of the misdiagnosed Lyme disease was excessive, expensive, and unneeded, and it was also an unproven and unaccepted method for treating Lyme disease. As a result of the treatment given to patient J.C., he was unable to attend school for one (1) year due to his loss of weight, energy, and his overall pain and fatigue that were the direct result of the medical treatment.

20. Respondent charged patient J.C. and his family for treatment that was excessive and unnecessary.

21. Respondent's conduct in her treatment of patient J.C. constituted misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional conduct.

22. Respondent's misdiagnosis and treatment of patient J.C. was or might have been harmful or dangerous to the mental or physical health of patient J.C., or was incompetency, gross negligence or repeated negligence in the performance of the functions or duties of her profession.

23. Respondent medical license is subject to discipline for violations of §§ 334.100.2(4), (4)(a), (4)(c), (4)(d), (4)(e), and (5), RSMo. 2008.

COUNT II (Patient A.S.)

24. The Board realleges and incorporates by reference paragraphs 1 through 4, above, as though fully set forth herein.

25. Patient A.S., a thirty-eight (38) year-old female, first started seeing Respondent on or about January of 2005. Patient A.S. was experiencing fatigue, anxiety, weakness and sleeping issues.

26. Respondent diagnosed patient A.S. as having Lyme disease, and based her diagnosis on a "positive test" for the Q-RiBb test done at the Bowen Laboratory in Florida.

Bowen Laboratory results are not accepted by the medical community as a proper diagnosis tool for concluding that a patient has Lyme disease. The lab results also state that the results are not to be used to diagnose Lyme disease, and are only to be used as a research tool. Regardless, Respondent used the Bowen Laboratory results to diagnose patient A.S. as having Lyme disease.

27. Respondent started patient A.S. on numerous antibiotics and medication to treat the Lyme disease, including Zithromax, Minocycline, Tambaflu, Tindamax, Extradial, Nepron, as well as Ambien, Risperdal, Geodon, Haldol, Valium, and Benadryl.

28. In or around March of 2006, Respondent proposed that patient A.S. should start using IV antibiotic treatment, since her symptoms were not getting better, and were in fact increasing. Respondent recommended that patient A.S. undergo 84 days of IV antibiotic treatment, at a cost of \$890 per day, for a total of \$75,000. Patient A.S. was told that her insurance would not cover any of the expense, and that she would be responsible for \$41,000, with \$5,000 due at the start of the IV therapy.

29. Patient A.S., after not feeling any improvement, saw a separate physician who suggested that she receive a second opinion from a specialist with regards to the Lyme disease diagnosis. Blood tests were ordered to confirm the Lyme disease diagnosis, and the tests results, from a credible test and lab were negative for Lyme disease. Patient A.S. stopped the medical treatment prescribed by Respondent.

30. Patient A.S. was also seen by a psychiatrist, who diagnosed bipolar disorder, and her symptoms improved with therapy and treatment for the bipolar disorder.

31. Respondent ordered blood tests that were excessive and unneeded, and relied on laboratories and laboratory results to diagnose patient A.S. with Lyme disease that were not accepted by the general community for use in diagnosing the disease. Respondent therefore

misdiagnosed patient A.S. as having Lyme disease, which was ultimately found to be an incorrect diagnosis.

32. Respondent's treatment of the misdiagnosed Lyme disease was excessive, expensive, and unneeded, and it was also an unproven and unaccepted method for treating Lyme disease. Respondent failed to offer any alternative diagnoses for the symptoms patient A.S. was experiencing, and failed to rule out any other causes.

33. Respondent charged patient A.S. for treatment that was excessive and unnecessary. Respondent's IV antibiotic treatment was unproven and medically unnecessary, and therefore Respondent obtained or was attempting to obtain a fee through fraud, deception or misrepresentation, in that she misrepresented that this treatment would cure or treat patient A.S.'s symptoms. Furthermore, Respondent obtained or attempted to obtain a fee while she overcharged and overtreated patient A.S. by continuing with treatment that was unproven, excessive, and not a medical necessity.

34. Respondent's conduct in her treatment of patient A.S. constituted misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional conduct.

35. Respondent's misdiagnosis and treatment of patient A.S. was or might have been harmful or dangerous to the mental or physical health of patient A.S., or was incompetency, gross negligence or repeated negligence in the performance of the functions or duties of her profession.

36. Respondent medical license is subject to discipline for violations of §§ 334.100.2(4), (4)(a), (4)(c), (4)(e), and (5), RSMo. 2008.

COUNT III (Patient K.K.)

37. The Board realleges and incorporates by reference paragraphs 1 through 4, above, as though fully set forth herein.

38. Patient K.K. first started seeing Respondent on or about November of 2004. Patient K.K. had been previously diagnosed with rheumatoid arthritis.

39. Patient K.K. was initially seen by Respondent's nurse, Diana Smith, who performed the initial examination, and informed patient K.K. that she thought he had Lyme disease based on his blotchy skin and the fact that he had floaters in his eyes, which she claimed were Lyme disease spirochetes. Diana Smith made these statements without consulting Respondent, and without having received any test results or confirmed any diagnosis.

40. After the initial examination, patient K.K. briefly met with Respondent, who stated that to confirm the diagnosis of Lyme disease he needed to take the Bowen Laboratory Q-RiBb test. Respondent admitted that the test was not FDA approved, but that she would use it to confirm her suspicion that he in fact had Lyme disease. Respondent told patient K.K. that she believed he had Lyme disease based on his shaky hands, blotchy skin, and the spirochetes that were floating in his eyes.

41. Respondent informed patient K.K. that the Bowen Laboratory results were positive for Lyme disease, and she stated that his test score was the highest that she had ever seen. Respondent confirmed the diagnosis of Lyme disease using the Bowen Laboratory results, which are not generally accepted in the medical community as a method for diagnosing Lyme disease. Furthermore, Bowen Laboratory test results state that they are not to be used in diagnosing patients, and are only to be used for research purposes.

42. Prior to seeing Respondent, patient K.K. had been tested for Lyme disease using the Western Blot test which looks for antibodies that would indicate a patient had Lyme disease. The Western Blot test is a generally accepted test for diagnosing Lyme disease in the medical community. Patient K.K.'s test was negative for Lyme disease, but Respondent informed patient K.K. that the test was not accurate, due to the fact that he was taking aspirin at the time the test was taken, which will mess up the results.

43. Respondent stated that all of patient K.K.'s symptoms, including the rheumatoid arthritis, were caused by the Lyme disease.

44. Patient K.K. was started on IV antibiotics and supplements, which were to treat the Lyme disease that Respondent had diagnosed. Patient K.K. was told that if his insurance did not cover the treatment, he would be responsible for \$20,000 to \$25,000 for the IV treatment, which he was told would last three (3) months at the longest. The total for the entire treatment Respondent and her office provided to patient K.K. was \$107,000.

45. Patient K.K. was given the IV treatments, which included numerous antibiotics and medications. During the time he was given the treatment, he experienced a period where his memory was foggy, and he was fatigued and weak. He had not had any memory issues until he started receiving the IV treatment from Respondent.

46. At one point during his treatment, patient K.K.'s legs were swollen and his breathing slowed to around four (4) breaths per minute, and when he spoke to Respondent he was told that he would get a diuretic the following day when he came in for his IV treatment. Concerned, he spoke to another physician who told him to go directly to the emergency room, which he did. At the hospital, patient K.K. was told that he was negative for Lyme disease, and he never returned to see Respondent for treatment. Upon stopping the treatment prescribed by

Respondent, patient K.K. slowly recovered some of his cognitive function, energy, and he stated that he began to feel more normal.

47. Respondent ordered blood tests that were excessive and unneeded, and relied on laboratories and laboratory results to diagnose patient K.K. with Lyme disease that were not accepted by the general community for use in diagnosing the disease. Respondent therefore misdiagnosed patient K.K. as having Lyme disease, which was ultimately found to be an incorrect diagnosis.

48. Respondent's treatment of the misdiagnosed Lyme disease was excessive, expensive, and unneeded, and it was also an unproven and unaccepted method for treating Lyme disease. Respondent failed to offer any alternative diagnoses for the symptoms patient K.K. was experiencing, and failed to rule out any other causes.

49. Respondent charged patient K.K. for treatment that was excessive and unnecessary. Respondent's IV antibiotic treatment was unproven and medically unnecessary, and therefore Respondent obtained or was attempting to obtain a fee through fraud, deception or misrepresentation, in that she misrepresented that this treatment would cure or treat patient K.K.'s symptoms. Furthermore, Respondent obtained or attempted to obtain a fee while she overcharged and overtreated patient K.K. by continuing with treatment that was unproven, excessive, and not a medical necessity.

50. Respondent's conduct in her treatment of patient K.K. constituted misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional conduct.

51. Respondent's misdiagnosis and treatment of patient K.K. was or might have been harmful or dangerous to the mental or physical health of patient K.K., or was incompetency,

gross negligence or repeated negligence in the performance of the functions or duties of her profession.

52. Respondent delegated to her nurse Diana Smith the responsibility of initially examining patient K.K., and offering a medical opinion as to his diagnosis. Nurse Diana Smith is not qualified to offer a medical diagnosis based on her observations that patient K.K. in fact had Lyme disease.

53. Respondent medical license is subject to discipline for violations of §§ 334.100.2(4), (4)(a), (4)(c), (4)(d), (4)(e), and (5), RSMo. 2008.

COUNT IV (Patient S.K.)

54. The Board realleges and incorporates by reference paragraphs 1 through 4 and 38 through 53, above, as though fully set forth herein.

55. Patient S.K. is the wife of patient K.K. She attended several office visits when he was seeing Respondent, and was involved in his care.

56. Respondent told patient S.K. that Lyme disease is spread through saliva, blood, and can be transmitted through sexual contact, and that she should be tested since Respondent had already diagnosed patient K.K. with Lyme disease. Respondent told patient S.K., who was contemplating getting pregnant, that she should not attempt to get pregnant due to the fact that the disease could spread to the unborn child. Respondent's view that Lyme disease is spread through saliva, blood, or can be sexually transmitted, is not consistent with the general consensus of the medical community.

57. Respondent used the Bowen test to confirm a Lyme disease diagnosis for patient S.K., and started her on oral antibiotics and supplements. Respondent told patient S.K. that she

should buy her supplements from the office, because Respondent wanted to verify the purity of the supplements.

58. When patient K.K. was taken to the hospital for emergency treatment, tests were run on patient S.K. also that verified that she also did not have Lyme disease.

59. Respondent ordered blood tests that were excessive and unneeded, and relied on laboratories and laboratory results to diagnose patient S.K. with Lyme disease that were not accepted by the general community for use in diagnosing the disease. Respondent therefore misdiagnosed patient S.K. as having Lyme disease, which was ultimately found to be an incorrect diagnosis.

60. Respondent's treatment of the misdiagnosed Lyme disease was excessive, expensive, and unneeded, and it was also an unproven and unaccepted method for treating Lyme disease. Respondent failed to offer any alternative diagnoses for the symptoms patient S.K. was experiencing, and failed to rule out any other causes.

61. Respondent charged patient S.K. for treatment that was excessive and unnecessary. Respondent's IV antibiotic treatment was unproven and medically unnecessary, and therefore Respondent obtained or was attempting to obtain a fee through fraud, deception or misrepresentation, in that she misrepresented that this treatment would cure or treat patient S.K.'s symptoms. Furthermore, Respondent obtained or attempted to obtain a fee while she overcharged and overtreated patient S.K. by continuing with treatment that was unproven, excessive, and not a medical necessity.

62. Respondent's conduct in her treatment of patient S.K. constituted misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional conduct.

63. Respondent's misdiagnosis and treatment of patient S.K. was or might have been harmful or dangerous to the mental or physical health of patient S.K., or was incompetency, gross negligence or repeated negligence in the performance of the functions or duties of her profession. Patient S.K. was forbidden from trying to have children by Respondent, due to Respondent's false belief that Lyme disease is spread through sexual contact.

64. Respondent medical license is subject to discipline for violations of §§ 334.100.2(4), (4)(a), (4)(c), (4)(e), and (5), RSMo. 2008.

COUNT V (Patient B.L.)

65. The Board realleges and incorporates by reference paragraphs 1 through 4, above, as though fully set forth herein.

66. Patient B.L. first saw Respondent on or around November 2003. Patient B.L. had previously been diagnosed with fibromyalgia. Patient B.L. was experiencing aches, pain, fatigue, fevers, and swollen glands.

67. Respondent's nurse, Diana Smith informed patient B.L. that she could tell just by looking at her that she had Lyme disease. Nurse Smith performed an approximate ten (10) minute evaluation before Respondent saw patient B.L. Respondent ordered blood tests and told patient B.L. that the Bowen Laboratory test was the way to diagnose Lyme disease. Respondent nurse was not qualified to make a diagnosis of Lyme disease based on simply observing patient B.L.

68. Before the lab results were back to diagnose Lyme disease, Respondent wanted patient B.L. to start on a regimen of antibiotics.

69. Patient B.L. was informed by Respondent that the Bowen Laboratory test was positive for Lyme disease. Respondent started patient B.L. on IV antibiotic treatment, twice a day for three (3) weeks. The treatments left patient B.L. weak and shaky.

70. Patient B.L. was given a second and third three (3) week session of IV antibiotics and supplements to treat the Lyme disease that Respondent had diagnosed. Patient B.L.'s symptoms progressively got worse with each round of treatment.

71. After the third round of treatment, patient B.L. felt achy, was in pain, was having issues with her memory and cognitive functions, and her stomach started to swell. After being referred to a specialist, patient B.L. had to have her gallbladder removed. Respondent referred patient B.L. to a specialist for her stomach, and indicated that the IV treatment may have caused issues with her gallbladder. Respondent indicated that other patients of hers had also had their gallbladders removed due to the medical treatments, which Respondent stated caused "sludge" to develop in the gallbladder.

72. Respondent recommended human growth hormone to patient B.L., and soon afterwards patient B.L. stopped seeing Respondent for treatment. The insurance company informed patient B.L. that they would not cover human growth hormone treatment for Lyme disease, as it was not a proven treatment for the disease. Patient B.L. was later informed by other physicians that she never had Lyme disease.

73. Patient B.L. was left after the treatment with permanent memory issues, decreased stamina, and she is now unable to work on her cattle farm. Respondent also informed patient B.L. that Lyme disease could be transferred through saliva, blood, and could be sexually transmitted, which patient B.L. claims affected her sex life.

74. Respondent ordered blood tests that were excessive and unneeded, and relied on laboratories and laboratory results to diagnose B.L. with Lyme disease that were not accepted by the general community for use in diagnosing the disease. Respondent therefore misdiagnosed patient B.L. as having Lyme disease, which was ultimately found to be an incorrect diagnosis.

75. Respondent's treatment of the misdiagnosed Lyme disease was excessive, expensive, and unneeded, and it was also an unproven and unaccepted method for treating Lyme disease. Respondent failed to offer any alternative diagnoses for the symptoms patient B.L. was experiencing, and failed to rule out any other causes. Respondent also misrepresented to patient B.L. that she could give her back "97 percent" of her life.

76. Respondent charged patient B.L. for treatment that was excessive and unnecessary. Respondent's IV antibiotic treatment was unproven and medically unnecessary, and therefore Respondent obtained or was attempting to obtain a fee through fraud, deception or misrepresentation, in that she misrepresented that this treatment would cure or treat patient B.L.'s symptoms. Furthermore, Respondent obtained or attempted to obtain a fee while she overcharged and overtreated patient B.L. by continuing with treatment that was unproven, excessive, and not a medical necessity. Respondent charged patient B.L. an excessive amount for her treatment, and patient B.L. paid Respondent close to \$5,500 for treatment for herself and her husband.

77. Respondent's conduct in her treatment of patient B.L. constituted misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional conduct.

78. Respondent's misdiagnosis and treatment of B.L. was or might have been harmful or dangerous to the mental or physical health of patient B.L., or was incompetency, gross negligence or repeated negligence in the performance of the functions or duties of her profession.

79. Respondent medical license is subject to discipline for violations of §§ 334.100.2(4), (4)(a), (4)(c), (4)(d), (4)(e), and (5), RSMo. 2008.

COUNT VI (Patient M.L.)

80. The Board realleges and incorporates by reference paragraphs 1 through 4, and 65 through 79 above, as though fully set forth herein.

81. Patient M.L. is the husband of patient B.L. At some point during patient B.L.'s treatment, Respondent stated that Lyme disease is passed through saliva, blood, semen, tears, and is often times passed between spouses. Respondent indicated that patient M.L. should be tested even though he exhibited no symptoms for Lyme disease, and he wrote a \$250 check to Bowen Laboratory for a blood test. Once the results were returned, Respondent informed patient M.L. that he had tested positive for Lyme disease, and he was started on oral antibiotics.

82. Patient M.L. had previously been tested for Lyme disease by another physician who used the Western Blot test, which came back negative for Lyme disease. Respondent informed patient M.L. that the Western Blot test was inaccurate and inconclusive, and that the Bowen test was needed to diagnose Lyme disease.

83. Patient M.L. stopped seeing Respondent, and was later told that he had never had the disease.

84. Respondent ordered blood tests that were excessive and unneeded, and relied on laboratories and laboratory results to diagnose M.L. with Lyme disease that were not accepted by the general community for use in diagnosing the disease. Respondent therefore misdiagnosed patient M.L. as having Lyme disease, which was ultimately found to be an incorrect diagnosis.

85. Respondent's treatment of the misdiagnosed Lyme disease was excessive, expensive, and unneeded, and it was also an unproven and unaccepted method for treating Lyme disease.

86. Respondent charged patient M.L. for treatment that was excessive and unnecessary. Respondent's IV antibiotic treatment was unproven and medically unnecessary, and therefore Respondent obtained or was attempting to obtain a fee through fraud, deception or misrepresentation, in that she misrepresented that this treatment would cure or treat patient M.L.'s symptoms. Furthermore, Respondent obtained or attempted to obtain a fee while she overcharged and overtreated patient M.L. by continuing with treatment that was unproven, excessive, and not a medical necessity.

87. Respondent's conduct in her treatment of patient M.L. constituted misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional conduct.

88. Respondent's misdiagnosis and treatment of M.L. was or might have been harmful or dangerous to the mental or physical health of patient M.L., or was incompetency, gross negligence or repeated negligence in the performance of the functions or duties of her profession.

89. Respondent medical license is subject to discipline for violations of §§ 334.100.2(4), (4)(a), (4)(c), (4)(e), and (5), RSMo. 2008.

COUNT VII (Patient J.F.)

90. The Board realleges and incorporates by reference paragraphs 1 through 89 above, as though fully set forth herein.

91. Patient J.F. first started seeing Respondent on or about July of 2006. Patient J.F. initially complained of pain, red flush skin, shaking, and memory loss.

92. The initial intake examination was done by Respondent's nurse, Diana Smith. The examination took approximately two (2) hours, and afterwards patient J.F. was briefly seen by Respondent, who did not sign off on the examination and diagnoses written out by Diana Smith. The diagnosis code sheet was filled out by Diana Smith, and was signed by Respondent after the diagnoses had been written.

93. Patient J.F. was diagnosed with Lyme disease on that first visit, without having any test results at that point. The diagnoses also included fibromyalgia, hyper coagulation, acquired coagulation, insomnia, chronic fatigue syndrome, poly neuropathy, upper respiratory infection, mood disorder, beta strep, and Bell's palsy, among others. Respondent told patient J.F. that the multiple diagnoses were often the underlying symptoms of Lyme's disease.

94. Respondent recommended that patient J.F. be tested for Lyme disease, and blood was taken for that purpose.

95. Upon receiving the results of the lab tests, patient J.F. was told that she had tested positive for Lyme disease. Respondent told patient J.F. that the treatment required was IV antibiotics that she would receive twice a day for six (6) to nine (9) months. The treatment was approximately \$15,000 per month.

96. Patient J.F. received this treatment from approximately September 2006 until approximately September 2007. The treatment included antibiotics and supplements, which were supposed to treat the Lyme disease that Respondent had diagnosed. Patient J.F. had eating problems while receiving the treatment, and lost forty (40) pounds. During the treatment patient J.F. often times was lethargic, had memory issues, and she was sent to the emergency room

twice. Patient J.F. also had episodes during treatment where she was disoriented, saw hallucinations, and had low blood sugar. After one treatment session, patient J.F. was sent home and vomited for around ten (10) hours. The following week patient J.F. again experienced vomiting, and was taken to St. Joseph emergency room, where she was admitted for three (3) days.

97. During the treatment, patient J.F. was abusing prescription medications, and Respondent was aware of the abuse issues, but did not refer her to a specialist. Respondent continued to prescribe controlled substances knowing that patient J.F. was abusing prescription medications, and having issues while receiving treatment.

98. Respondent attempted to treat patient J.F.'s symptoms, which included seizures, with various medications. Respondent did not refer patient J.F. to a neurologist, and was not qualified to treat or diagnose the cause of patient J.F.'s seizures.

99. In order for patient J.F. to pay for the year long, \$15,000 a month fees, she cashed in her 401K. Respondent also charged an additional amount for "counseling" given by Respondent's nurse, Diana Smith.

100. Respondent ordered blood tests that were excessive and unneeded, and relied on laboratories and laboratory results to diagnose J.F. with Lyme disease that were not accepted by the general community for use in diagnosing the disease.

101. Respondent's treatment of the possibly misdiagnosed Lyme disease was excessive, expensive, and unneeded, and it was also an unproven and unaccepted method for treating Lyme disease.

102. Respondent charged patient J.F. for treatment that was excessive and unnecessary. Respondent's IV antibiotic treatment was unproven and medically unnecessary, and therefore

Respondent obtained or was attempting to obtain a fee through fraud, deception or misrepresentation, in that she misrepresented that this treatment would cure or treat patient J.F.'s symptoms. Furthermore, Respondent obtained or attempted to obtain a fee while she overcharged and overtreated patient J.F. by continuing with treatment that was unproven, excessive, and not a medical necessity.

103. Respondent's conduct in her treatment of patient J.F. constituted misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional conduct.

104. Respondent's possible misdiagnosis and treatment of J.F. was or might have been harmful or dangerous to the mental or physical health of patient J.F., or was incompetency, gross negligence or repeated negligence in the performance of the functions or duties of her profession.

105. Respondent medical license is subject to discipline for violations of §§ 334.100.2(4), (4)(a), (4)(c), (4)(d), (4)(e), and (5), RSMo. 2008

COUNT VIII (Repeated Negligence)

106. The Board realleges and incorporates by reference Counts I through VII above, as though fully set forth herein.

107. Respondent's actions and conduct, as set forth in Counts I, II, III, IV, V, VI and VII, and within each of them, constitutes "repeated negligence" within the meaning of § 334.100.2(5), RSMo.

COUNT IX (Willfully and continually doing inappropriate and unnecessary testing and incorrectly diagnosing Lyme disease)

108. The Board realleges and incorporates by reference Counts I through VIII above, as though fully set forth herein.

109. Respondent has engaged in a pattern or practice of relying on unproven and unaccepted test for diagnosing Lyme disease.

110. Respondent has engaged in a pattern or practice of overtreating and overcharging for unnecessary and excessive IV antibiotic treatments that are not accepted in the medical community as a treatment for Lyme disease.

111. Respondent has engaged in a pattern or practice of charging excessive amounts for the unproven, unaccepted IV treatments she gives to patients for Lyme disease, even when the patients have been incorrectly diagnosed as having the disease.

112. Respondent has engaged in a pattern or practice of charging patients for supplements that are unnecessary and unproven to help with the treatment for Lyme disease

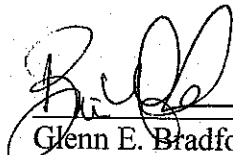
113. The purpose of Respondent's misstatements, misrepresentations, exaggerations, failures to inform, and failures to keep accurate medical records, as set out above, was to justify the expensive, unnecessary treatments, which she charged patients fees for performing.

114. Respondent has willfully and continually overtreated patients in violation of § 334.100.2(4)(a), RSMo.

115. Such conduct constitutes misconduct, fraud, misrepresentation, dishonesty, unethical conduct, and unprofessional conduct in the performance of the functions or duties of the medical and surgical profession.

116. Therefore, cause exists to discipline Respondent's license pursuant to § 334.100.2(4), (4)(a), and (4)(c), RSMo.

WHEREFORE, Petitioner prays that the Administrative Hearing Commission conduct a hearing in this case pursuant to Chapter 621, RSMo., and thereafter issue its Findings of Fact and Conclusions of Law that the Petitioner may take disciplinary action against the license of Respondent Carol A. Ryser , M.D., as a physician and surgeon, for violations of Chapter 334, RSMo.



Glenn E. Bradford, MO # 27396
Brian W. McEachen, MO # 57690
Robert G. Groves, MO # 58718
GLENN E. BRADFORD & ASSOCIATES, P.C.
The Palace Building
1150 Grand Avenue. Suite 230
Kansas City, Missouri 64106
(816) 283-0400 Fax (816) 283-0820
E-mail Address Glenn47@swbell.net

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