

**These charges are only allegations which
may be contested by the licensee in an
Administrative hearing.**

IN THE MATTER
OF
CLARISSE CLEMONS, M.D.

STATEMENT
OF
CHARGES

CLARISSE CLEMONS, M.D., the Respondent, was authorized to practice medicine in New York State on or about May 21, 1982, by the issuance of license number 150089 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. From on or about August 2, 2010 through on or about November 29, 2010, Respondent treated Patient A at her solely owned Cautious Care Medical, P.C. office for alleged injuries reportedly sustained in a July 30, 2010 motor vehicle accident. Patient A's medical care was billed to the New York No-Fault Insurance Program by Respondent. Respondent deviated from medically accepted standards of care in that she:

1. Failed to perform and document adequate histories and physical examinations,
2. Performed diagnostic testing that was inconsistent with the documented history and physical and/or was medically unnecessary.
3. Provided and billed for excessive treatment and/or supplies not warranted by the patient's condition.
4. Failed to adequately follow up on Patient A's condition and/or treatment plan and

5. Failed to maintain a record that accurately reflects the evaluation and treatment of Patient A.

B. From on or about July 12, 2010 through on or about December 9, 2010, Respondent treated Patient B at her solely owned Cautious Care Medical P.C. office for alleged injuries reportedly sustained in an July 5, 2010 motor vehicle accident. Patient B's medical care was billed to the New York No-Fault Insurance Program by Respondent. Respondent deviated from medically accepted standards of care in that she:

1. Failed to perform and document adequate histories and physical examinations,
2. Ordered and/or performed diagnostic testing that was inconsistent with the documented history and physical and/or was medically unnecessary.
3. Ordered excessive treatment and/or supplies not warranted by the patient's condition.
4. Failed to adequately follow up on Patient B's condition and/or treatment plan and
5. Failed to maintain a record that accurately reflects the evaluation and treatment of Patient B.

C. From on or about June 7, 2010 through on or about December 22, 2010, Respondent treated Patient C at her solely owned Cautious Care Medical P.C. office for alleged injuries reportedly sustained in an June 5, 2010 motor vehicle accident. Patient B's medical care was billed to the New York No-Fault Insurance Program by Respondent. Respondent deviated from medically accepted standards of care in that she:

1. Failed to perform and document adequate histories and physical examinations,

2. Ordered and/or performed diagnostic testing that was inconsistent with the documented history and physical and/or was medically unnecessary.
3. Ordered excessive treatment and/or supplies not warranted by the patient's condition.
4. Failed to adequately follow up on Patient C's condition and/or treatment plan and
5. Failed to maintain a record that accurately reflects the evaluation and treatment of Patient C.

D. From on or about October 25, 2010 through on or about January 4, 2011, Respondent treated Patient D at her solely owned Cautious Care Medical P.C. office for alleged injuries reportedly sustained in an October 22, 2010 motor vehicle accident. Patient D's medical care was billed to the New York No-Fault Insurance Program by Respondent. Respondent deviated from medically accepted standards of care in that she:

1. Failed to perform and document adequate histories and physical examinations,
2. Ordered and/or performed diagnostic testing that was inconsistent with the documented history and physical and/or was medically unnecessary.
3. Ordered excessive treatment and/or supplies not warranted by the patient's condition.
4. Failed to adequately follow up on Patient D's condition and/or treatment plan and
5. Failed to maintain a record that accurately reflects the evaluation and treatment of Patient D.

E. From on or about September 20, 2010 through on or about December 28, 2010, Respondent treated Patient E at her solely owned Cautious Care Medical

P.C. office for alleged injuries reportedly sustained in an September 15, 2010 motor vehicle accident. Patient E's medical care was billed to the New York No-Fault Insurance Program by Respondent. Respondent deviated from medically accepted standards of care in that she:

1. Failed to perform and document adequate histories and physical examinations,
2. Ordered and/or performed diagnostic testing that was inconsistent with the documented history and physical and/or was medically unnecessary.
3. Ordered excessive treatment and/or supplies not warranted by the patient's condition.
4. Failed to adequately follow up on Patient E's condition and/or treatment plan and
5. Failed to maintain a record that accurately reflects the evaluation and treatment of Patient E.

F. From on or about September 27, 2010 through on or about December 30, 2010, Respondent treated Patient F at her solely owned Cautious Care Medical P.C. office for alleged injuries reportedly sustained in an September 25, 2010 motor vehicle accident. Patient F's medical care was billed to the New York No-Fault Insurance Program by Respondent. Respondent deviated from medically accepted standards of care in that she:

1. Failed to perform and document adequate histories and physical examinations,
2. Ordered and/or performed diagnostic testing that was inconsistent with the documented history and physical and/or was medically unnecessary.
3. Ordered excessive treatment and/or supplies not warranted by the patient's condition.

4. Failed to adequately follow up on Patient F's condition and/or treatment plan and
5. Failed to maintain a record that accurately reflects the evaluation and treatment of Patient F.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(3) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of:

1. Paragraph A and each of its subparagraphs, except 3; and/or Paragraph B and each of its subparagraphs, except 3; and/or Paragraph C and each of its subparagraphs, except 3; and/or Paragraph D and each of its subparagraphs, except 3; and/or Paragraph E and each of its subparagraphs, except 3; and/or Paragraph F and each of its subparagraphs, except 3.

SECOND SPECIFICATION

INCOMPETENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(5) by practicing the profession of medicine with incompetence on more than one occasion as alleged in the facts of:

2. Paragraph A and each of its subparagraphs, except 3; and/or Paragraph B and each of its subparagraphs, except 3; and/or Paragraph C and each of its subparagraphs, except 3; and/or Paragraph D and each of its subparagraphs, except 3; and/or Paragraph E and each of its subparagraphs, except 3; and/or Paragraph F and each of its subparagraphs, except 3.

THIRD THROUGH EIGHTH SPECIFICATIONS

UNWARRANTED TESTS/TREATMENT

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(35) by ordering of excessive tests, treatment, or use of treatment facilities not warranted by the condition of the patient, as alleged in the facts of:

3. Paragraphs A and A (3).
4. Paragraphs B and B (3).
5. Paragraphs C and C (3).
6. Paragraphs D and D (3).
7. Paragraphs E and E (3).
8. Paragraphs F and F (3).

NINTH THROUGH FORTEENTH SPECIFICATIONS

FAILURE TO MAINTAIN RECORDS

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(32) by failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient, as alleged in the facts of:

- 9. Paragraphs A and A (5).
- 10. Paragraphs B and B (5).
- 11. Paragraphs C and C (5).
- 12. Paragraphs D and D (5).
- 13. Paragraphs E and E (5).
- 14. Paragraphs F and F (5).

DATE: August 9, 2018
New York, New York


HENRY WEINTRAUB
Chief Counsel
Bureau of Professional Medical Conduct