

Public Notice

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Location:

Surrey and Langley, British Columbia

Date of Action:

August 1, 2024

Background: On June 17, 2021, the College of Physical Therapists of British Columbia ("CPTBC") received a complaint regarding the Registrant's conduct pursuant to section 32(1) of the *Health Professions Act* (the "Act") (the "Complaint"). The Complainant alleged the Registrant had engaged in improper and/or fraudulent billing, including by:

- a. billing clients' extended medical benefits provider and WorkSafe BC ("WSBC") or Insurance Corporation of British Columbia ("ICBC") for the same appointments; and
- b. billing clients' extended medical benefits provider, WSBC, and/or ICBC for fictional appointments or appointments they did not attend.

The Complainant also raised concerns about the Registrant's charting, and made other allegations, which the Committee determined were unsubstantiated and others which were not in CPTBC's jurisdiction.

The CPTBC Inquiry Committee investigated the Complaint and ultimately had concerns with the Registrant's documentation and his billing practices. On June 25, 2024, the Committee disposed of the Complaint in accordance with section 33(1)(c) and 36 of the Act.

On June 28, 2024, CPTBC amalgamated with six other health profession colleges to form the College of Health and Care Professionals of BC ("CHCPBC"). The CPTBC Inquiry Committee retained jurisdiction over the Complaint in accordance with the Act and CHCPBC's Bylaws.

Nature of Action: On July 20, 2024, the Registrant voluntarily entered into an Undertaking and Consent Agreement pursuant to sections 33(6)(c) and 36 of the Act which provides the following terms, among others:

- 1. The Registrant consents and agrees to a three (3) month suspension of his practice of physical therapy as defined in the *Physical Therapists Regulation*, BC Reg 288/2008.
- 2. The Registrant undertakes and consents not to repeat the conduct of: (a) improper billing, including by billing for appointments that were not attended and by submitting invoices to multiple payment sources for the same appointment; and (b) failing to maintain complete and timely client records.
- 3. The Registrant consents and agrees to cooperate with quarterly audits of his clinical records by a College appointed inspector with the timing and frequency at the discretion of the CHCPBC at a cost to be reimbursed to the CHCPBC, to ensure his



compliance with *Practice Standard 8: Documentation and Record-Keeping*, for eighteen (18) months commencing on his return from suspension.

- 4. If the Inquiry Committee identifies any deficiencies in the Registrant's clinical records during the audits, the Registrant undertakes and consents to take any such further remedial action directed by the Inquiry Committee, on such terms as it directs.
- 5. The Registrant undertakes and consents to successfully complete and receive a passing grade in the PROBE Professional Ethics and Boundaries course, at his cost, within six (6) months of the date of this Consent Agreement.
- 6. The Registrant consents and agrees to pay a fine of five thousand (\$5,000.00) dollars to the College within twenty-one (21) days from the date the Registrant signs this Consent Agreement.
- 7. The Registrant will pay the costs of the investigation.

Further, the Registrant agreed that failure to complete the actions required by the consent agreement would constitute professional misconduct and may result in disciplinary action.

Reasons for the Action: On review of the evidence obtained during the investigation, taken as a whole, the Inquiry Committee determined there was sufficient evidence to support taking regulatory action in connection with the allegations made by the Complainant regarding the Registrant's documentation and billing practices. The Inquiry Committee considered that the public must be confident not only in the clinical skills of a practitioner, but in the honesty of a practitioner to bill correctly for services rendered. The Inquiry Committee expects registrants to bill clients, their insurer or a public health insurer for only those appointments that are directly related to the services being provided to the client. That is, it does not accord with a physical therapists professional and ethical responsibilities and obligations to bill two insurers for the same appointment, regardless of which parts of the body are the focus of that appointment. The Registrant's conduct in this matter reflects poorly on the profession of physical therapy and the Inquiry Committee did not consider the conduct satisfactory.

The Inquiry Committee was also concerned about the Registrant's documentation. Proper documentation is critical for continuity of care and to ensuring high quality treatment. A client's clinical record can be a source of information regarding their response to treatment and demonstrate whether a treatment plan needs to be adjusted. A failure to ensure complete, accurate and timely clinical records can adversely impact clients.

After reviewing the Registrant's charts, the Inquiry Committee was concerned the charting was not done in a complete and timely manner. The Inquiry Committee noted significant charting delays in the documents gathered which can impact proper client care and management. The Committee noted that if charting is done after the fact, it should be documented with the reason why the entry is late. This applies whether the charting is being done electronically or by hand. In terms of completeness, the Committee was concerned with the lack of objecting information and lack of treatment plan in the Registrant's charting.

The Inquiry Committee considered that the imposition of a three (3) month suspension and a fine represented appropriate general and specific deterrence. In the Committee's view, a three (3) month suspension is a significant penalty for a registrant as it does not allow for



the registrant to engage in their profession for an extended period of time. There are financial and reputational impacts that accompany that regulatory consequence. In addition, a fine in this case is important to signal to the profession that regulatory action for improper or fraudulent billing should not be a lucrative endeavour. The additional requirements including audits, remedial education, and training in documentation and ethics are to assist the Registrant in improving his practice and better serving the public. These aspects of the disposition are additional guardrails to provide the Inquiry Committee with some oversight over the Registrant's practice for a period of time.

In reaching its disposition in this matter, the Inquiry Committee considered the seriousness of the issue of billing impropriety and the importance of protecting the public from improper and fraudulent billing. The Inquiry Committee also took into account information provided by the Registrant regarding efforts he had made to improve his practice and other mitigation steps. The Inquiry Committee acknowledged the Registrant's cooperation in the investigation and his acknowledgement of some of the issues with his billing practices.

Balancing all these factors, the Committee determined that the Consent Agreement contained sufficiently serious terms to ensure the Registrant learns from this experience, that the profession is cautioned from engaging in similar conduct and the public is adequately protected.