SUMMARY

DR. IGOR SHAMUS WILDERMAN (CPSO# 80251)

1. Disposition

On July 11, 2018, the Inquiries, Complaints and Reports Committee (the Committee) ordered Family Medicine physician Dr. Wilderman to complete a specified continuing education and remediation program (SCERP). The SCERP requires Dr. Wilderman to:

- Attend and complete the following courses:
    - The Medical Record-Keeping Course
    - The PROBE Canada Course
- Obtain one-to-one coaching and instruction in ethics and professionalism
- Reflect on his assessment and management of pain, his previous record-keeping practices (including not altering the medical record), his commitment to patients and his profession, appropriate OHIP billing submissions, the flaws identified by the investigation, steps he has taken to improve his practice, and further steps he must take to comply with the College's policies on Professionalism, Medical Records and Prescribing, and regarding Interventional Pain Management
- Practice under the guidance of a Clinical Supervisor acceptable to the College for six months
- Undergo a reassessment of his/her practice by an assessor selected by the College approximately six months after completing his remediation,

The Inquiries, Complaints and Reports Committee (the Committee) also required Dr. Wilderman to appear before a panel of the Committee to be cautioned with respect to his lack of insight (including not accepting the relevant Guideline and believing both itand accepted pain management practices do not apply to him), obtaining proper consent to treatment from patients, misrepresenting his credentials, providing inaccurate information to the ethics board, his irregular billing practices, and clinical care deficiencies.

2. Introduction

The College received information raising concerns about Dr. Wilderman's OHIP billings, misrepresentation of his credentials, quality of care, and research practices and subsequently, the Committee approved the Registrar's appointment of investigators to conduct a broad review of Dr. Wilderman's practice.

In regards to his OHIP billings, Dr. Wilderman stated that he had stopped billing some of the codes, that he was approved by the Ministry of Health and Long-Term Care (the Ministry) for certain codes, and that there were no guidelines or recommendations regarding the frequency of ultrasound examinations. He indicated that the Ministry had accepted his billings.

Dr. Wilderman also stated that he does not inappropriately bill multiple times for a single joint injection, and only performs multiple injections when there are multiple pathologies in a single joint. He further indicated that he has reduced his reliance on ultrasound over time.

In regards to misrepresenting his credentials, Dr. Wilderman indicated that he has ceased referring to himself as an allergist.

In regards to the quality of care he provides to patients, Dr. Wilderman said he does not follow the Canadian Guideline for Non-cancer Chronic Pain Management (the Guideline) because he does not prescribe opioids. He did acknowledge that in one case, he could have provided a lower dose of Fentanyl to an opioid-naïve patient. He stated that while the Guideline does not state that he should perform urine drug screens, he would do so moving forward. He indicated that his patients generally seem happy with his care.

In regards to his knee research and obtaining patient consent, Dr. Wilderman stated that he is a pioneer in his field, that intra-articular corticosteroid injections have been used to manage knee

pain for almost 60 years and are still widely used, and that the College's *Consent to Treatment* policy does not require that he obtain written consent.

In regards to his report to the University of Toronto Ethics Board, Dr. Wilderman stated that his study was approved two years earlier than the study cited by the MI, and provided an article that concludes that corticosteroid injected into the meniscus can be considered an adjunct to core treatment in some cases.

3. Committee Process

As part of this investigation, the Registrar appointed a Medical Inspector (MI) to review a number of Dr. Wilderman's patient charts, interview Dr. Wilderman, and submit a written report.

A General Panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the investigation. The Committee always has before it applicable legislation and regulations, along with policies that the College has developed, which reflect the College's professional expectations for physicians practising in Ontario. Current versions of these documents are available on the College's website at www.cpso.on.ca, under the heading "Policies & Publications."

4. Committee's Analysis

The Committee agreed with the MI that a number of Dr. Wilderman's billing practices were irregular and improper. First, he billed for an ultrasound-guided procedure when it was not clinically indicated. Second, he performed multiple injections on one knee joint in different locations; OHIP informed the College that the specific code may be used more than once only if the joints (not the injection point) are different.

The Committee did not agree with Dr. Wilderman that OHIP's acceptance of his billing codes means they were appropriate. Specifically, OHIP provided written information to the College

that is in direct opposition with Dr. Wilderman's practice, and the College noted that OHIP's acceptance of billings cannot be conflated to mean that OHIP condones a physician's practices.

Further, a previous employee at Dr. Wilderman's clinic noted that some of his OHIP billings and details were changed without his knowledge by clinic staff. This further concerned the Committee regarding the integrity of Dr. Wilderman's billing practices.

The MI also found that Dr. Wilderman billed for allergy consultations, despite not being an allergist. Further, he also held himself out to be an allergist on his letterhead, which was a misrepresentation of his credentials. Although Dr. Wilderman has ceased this misrepresentation, the Committee still finds it appropriate to caution him in this regard.

The MI's report indicated that Dr. Wilderman fell below the standard of practice in 13 out of 30 charts, that in 22 out of 30 he displayed a lack of skill, knowledge, and judgment, and that in 8, his approach presented a risk of harm to patients. He also noted that Dr. Wilderman did not adhere to the Canadian Guideline for Non-cancer Chronic Pain Management (the Guideline), and did not employ basic pain medicine tools.

Despite Dr. Wilderman not prescribing opioids directly, the Committee found that a prudent physician would adhere to the Guideline and employ basic pain medicine tools in order to minimize the risk to patients in their practice. He should also have utilized these tools when he prescribed Fentanyl to the opioid-naïve patient, and when recommending a patient's family physician prescribe opioids. He should also have documented the use of such tools in the medical record.

Dr. Wilderman should also have included written referral requests in his charts when using the services of a radiologist.

The Committee noted that patients of interventional pain practitioners generally are satisfied with care unless their physician reduces or discontinues a prescribed analgesic medication or procedure. As a result, a lack of complaints or unhappiness in Dr. Wilderman's patients does not necessarily mean that he is providing appropriate care.

Further, the Committee agreed with the MI that injecting corticosteroids into the meniscus is not an accepted medical practice, despite Dr. Wilderman's response. If he chose to undertake such a procedure anyway, he should have obtained signed consents that advised patients that he is doing a procedure that is not standard of care and that is considered harmful by the medical community in Ontario. While this is not strictly required by College policy, physicians should be aware of the importance of obtaining written consent. The Committee was also concerned by Dr. Wilderman's unwillingness to adjust his practice in the face of research and experience that conflicts with his approach.

In the Committee's view, Dr. Wilderman also should not have advised the University of Toronto Ethics Board that corticosteroid injections into the meniscus are typical. Further, there was no information provided that indicated that Dr. Wilderman had approval of any research body to do this specific intervention. It was inappropriate for Dr. Wilderman to provide information to the Board that was not in line with current medical practice.

The Committee was concerned by Dr. Wilderman's unwillingness to acknowledge the deficiencies in his practice, including his understanding of the Guideline and its application to his practice, his belief that he is a pioneer in the field of knee pain and unwillingness to acknowledge the risk his procedures pose to patients, and his unwillingness to acknowledge his inappropriate OHIP billings.