June 30, 2014

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Michael D. Calabrese, M.D.
656 Elmwood Avenue
Buffalo, NY 14222

Re: License No. 148092

Dear Dr. Calabrese:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 14-165. This order and any penalty provided therein goes into effect July 7, 2014.

Please direct any questions to: Board for Professional Medical Conduct, 90 Church Street, 4th Floor, New York, NY 10007-2919, telephone # 212-417-4445.

Sincerely,

[REDACTED]
Katherine A. Hawkins, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Robert J. Portin, Esq.
Damon Morey
The Avant Building
200 Delaware Avenue, Suite 1200
Buffalo, NY 14202-2150
IN THE MATTER
OF
MICHAEL CALABRESE, M.D.

Upon the application of (Respondent) MICHAEL CALABRESE, M.D. in the attached Consent Agreement and Order, which is made a part of this Consent Order, it is ORDERED, that the Consent Agreement, and its terms, are adopted and it is further ORDERED, that this Consent Order shall be effective upon issuance by the Board, either by mailing of a copy of this Consent Order, either by first class mail to Respondent at the address in the attached Consent Agreement or by certified mail to Respondent's attorney, OR upon facsimile transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATE: 6/27/2014

ARTHUR S. HENGERER, M.D.
Chair
State Board for Professional Medical Conduct
MICHAEL CALABRESE, M.D., represents that all of the following statements are true:

That on or about October 30, 1981, I was licensed to practice as a physician in the State of New York, and issued License No. 148092 by the New York State Education Department.

My current address is 656 Elmwood Avenue, Buffalo, New York 14222, and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

I understand that the New York State Board for Professional Medical Conduct (Board) has charged me with two (2) Specifications of professional misconduct, as set forth in a Statement of Charges, marked as Exhibit "A", attached to and part of this Consent Agreement.

I cannot successfully defend against at least one of the acts of misconduct alleged, and agree to the following penalty:
Pursuant to New York Public Health Law § 230-a(1), I shall be subject to a Censure and Reprimand.

Pursuant to New York Public Health Law § 230-a(9), I shall be placed on Probation for thirty six (36) months, subject to the terms set forth in the attached Exhibit “B.”

Pursuant to New York Public Health Law § 230-a(3), I shall be permanently limited to treating patients only in acute care, pain management and OB/GYN care.

I further agree that the Consent Order shall impose the following conditions:

That Respondent shall remain in continuous compliance with all requirements of N.Y. Educ. Law Section 6502 including but not limited to the requirements that a licensee shall register and continue to be registered with the New York State Education Department (except during periods of actual suspension) and that a licensee shall pay all registration fees. Respondent shall not exercise the option provided in N.Y. Educ. Law § 6502(4) to avoid registration and payment of fees. This condition shall take effect 120 days after the Consent Order's effective date and will continue so long as Respondent remains a licensee in New York State; and

That Respondent shall remain in continuous compliance with all requirements of N.Y. Pub. Health Law § 2995-a(4) and 10 NYCRR 1000.5,
including but not limited to the requirements that a licensee shall: report to
the department all information required by the Department to develop a
public physician profile for the licensee; continue to notify the department of
any change in profile information within 30 days of any change (or in the
case of optional information, within 365 days of such change); and, in
addition to such periodic reports and notification of any changes, update his
or her profile information within six months prior to the expiration date of the
licensee's registration period. Licensee shall submit changes to his or her
physician profile information either electronically using the department's
secure website or on forms prescribed by the department, and licensee shall
attest to the truthfulness, completeness and correctness of any changes
licensee submits to the department. This condition shall take effect 30 days
after the Order's effective date and shall continue so long as Respondent
remains a licensee in New York State. Respondent's failure to comply with
this condition, if proven and found at a hearing pursuant to N.Y. Pub. Health
Law § 230, shall constitute professional misconduct as defined in N.Y. Educ.
Law § 6530(21) and N.Y. Educ. Law § 6530(29). Potential penalties for
failure to comply with this condition may include all penalties for professional
misconduct set forth in N.Y. Pub. Health Law §230-a, including but not
limited to: revocation or suspension of license, Censure and Reprimand,
probation, public service and/or fines of up to $10,000 per specification of
misconduct found; and
That Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204-2719, with the following information, in writing, and ensure that this information is kept current: a full description of Respondent's employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; and all investigations, arrests, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility. Respondent shall notify OPMC, in writing, within 30 days of any additions to or changes in the required information. This condition shall take effect 30 days after the Order's effective date and shall continue at all times until Respondent receives written notification from the Office of Professional Medical Conduct, Physician Monitoring Program, that OPMC has determined that Respondent has fully complied with and satisfied the requirements of the Order, regardless of tolling; and

That Respondent shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Consent Order and in its investigations of matters concerning Respondent. Respondent shall respond in a timely manner to all OPMC requests for written periodic verification of Respondent's compliance with this Consent Order. Respondent shall meet with a person designated by the Director of OPMC, as directed. Respondent shall respond promptly and provide all documents
and information within Respondent's control, as directed. This condition shall take effect upon the Board's issuance of the Consent Order and will continue so long as Respondent remains licensed in New York State.

I stipulate that my failure to comply with any conditions of this Consent Order shall constitute misconduct as defined by N.Y. Educ. Law § 6530(29).

I agree that, if I am charged with professional misconduct in future, this Consent Agreement and Order shall be admitted into evidence in that proceeding.

I ask the Board to adopt this Consent Agreement.

I understand that if the Board does not adopt this Consent Agreement, none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this Consent Agreement shall not be used against me in any way and shall be kept in strict confidence; and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to N.Y. Pub. Health Law.

I agree that, if the Board adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that this Consent Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Order by first class mail to me at the address in this Consent Agreement, or to my attorney by certified mail, OR upon facsimile transmission to me or my attorney, whichever is first. The Consent Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted. As public documents, they may be posted on
the Department's website. OPMC shall report this action to the National Practitioner Data Bank and the Federation of State Medical Boards, and any other entities that the Director of OPMC shall deem appropriate.

I stipulate that the proposed sanction and Consent Order are authorized by N.Y. Pub. Health Law §§ 230 and 230-a, and that the Board and OPMC have the requisite powers to carry out all included terms. I ask the Board to adopt this Consent Agreement of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's adoption of this Consent Agreement, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the Consent Order for which I apply, whether administratively or judicially, I agree to be bound by the Consent Order, and I ask that the Board adopt this Consent Agreement.

I understand and agree that the attorney for the Department, the Director of OPMC and the Chair of the Board each retain complete discretion either to enter into the proposed agreement and Consent Order, based upon my application, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.

DATE: [REDACTED]

MICHAEL CALABRESE, M.D.
RESPONDENT
The undersigned agree to Respondent's attached Consent Agreement and to its proposed penalty, terms and conditions.

DATE: June 18, 2014

ROBERT J. PORTIN, ESQ.
Attorney for Respondent

DATE: 6/20/14

MICHAEL G. BASS
Assistant Counsel
Bureau of Professional Medical Conduct

DATE: 6/25/14

KEITH W. SERVIS
Director
Office of Professional Medical Conduct
MICHAEL CALABRESE, M.D., Respondent, was authorized to practice medicine in New York state on or about October 30, 1981, by the issuance of license number 148092 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

A. Respondent provided medical care to Patient A (patients are identified in the attached appendix), a 35 year old female, at Medical Care of Western New York at Buffalo, 656 Elmwood Avenue, Suite 202, Buffalo, NY 14222 and 1275 Delaware Avenue, 2nd Floor, Buffalo, NY 14209 [hereinafter “MCWNY”], and Millard Fillmore Gates Circle Hospital, at various times from on or about January 28, 2003 to on or about June 2009. Patient A’s diagnosis included hypertension, hypothyroidism, anxiety/depression, substance abuse, lumbar disc disease and a right knee meniscus tear. Respondent’s care and treatment of Patient A failed to meet accepted standards of medical practice in that:

1. Respondent, on multiple occasions throughout his treatment of Patient A, routinely refilled prescriptions for controlled substances without adequate indication that the pattern of use, dose or benefit was being evaluated.

2. On or about January 29, 2009, a physician assistant in Respondent’s practice wrote Patient A a prescription for 90 tablets of Lortab and on or about February 10, 2009, another physician assistant in Respondent’s practice wrote Patient A a prescription for 120 tablets of Lortab without medical indication.

3. Respondent, throughout his treatment of Patient A, saw Patient A repeatedly and repetitively with limited documented medical necessity for such visits.

4. Respondent, from on or about October 2004 to on or about May of 2006, regularly prescribed Patient A physical therapy with no clear documentation of the physical
therapy diagnoses or goals, progress or regression.

B. Respondent provided medical care for Patient B, a 49 year old female, at MCNY, at various times from on or about December 19, 2006 to on or about November of 2009. Patient B had diagnoses of cervical disc disease, left rotator cuff tear, myospasm, anxiety, depression, carpal tunnel syndrome and osteopenia. Respondent's care and treatment of Patient B failed to meet accepted standards of medical practice in that:

1. Respondent, after Patient B's initial physical therapy visit in December of 2007, continued to regularly prescribe Patient B physical therapy with no clear documentation of the physical therapy diagnoses or goals, progress or regression.

2. Respondent, from on or about December of 2007 to on or about November 2009, failed to adequately modify Patient B's physical therapy program.

3. Respondent, from on or about June of 2007 to on or about November of 2009, prescribed patient B benzodiazepines without adequate monitoring of pattern use and effectiveness.

4. Respondent, during his treatment of Patient B, created multiple, virtually identical visit records without adequate documentation of medical necessity for the repeated and repetitive nature of those visits.

C. Respondent provided medical care for Patient C, a 42 year old female, at MCWNY, at various times from on or about October of 2003 to on or about November of 2009. Patient C's diagnoses included hypertension, asthma, possible migrains, hyperlipidemia, microcytic anemia, insomnia and chronic neck and shoulder pain. Respondent's care and treatment of Patient C failed to meet accepted standards of medical practice in that:

1. Respondent, at various times throughout his treatment of Patient C, treated Patient C in repeated and repetitive office visits that were not medically necessary, and/or failed to document such necessity.

2. Respondent, from on or about April of 2004 to on or about April of 2007, failed to adequately explore the progression, regression or evolution of Patient C's physical therapy treatment.

3. Respondent, at various times from on or about May 23, 2007 to on or about December 2, 2008, prescribed Patient C Butalbital without adequately monitoring the course of treatment, and/or failed to document such monitoring.

D. Respondent provided medical care for Patient D, a 37 year old female, at MOWNY, at various times from on or about February of 1997 to on or about September of 2010. Patient D was seen for hypertension, low back pain, fibromyalgia, carpal tunnel syndrome, osteoarthritis, osteopenia, hormone injections and was followed for neck pain and bilateral shoulder pain resulting from a motor vehicle accident. Respondent's care and treatment of Patient D failed to meet the accepted standards of medical practice in that:

1. Respondent, on repeated occurrences from on or about February of 1997 to on or about September of 2010, took inadequate histories and exams of Patient D and made inadequate treatment plans.

2. Respondent, from on or about November of 1997 to on or about September of 2010, failed to adequately counsel Patient D regarding lifestyle options in treating hypertension, and/or failed to document such counsel.

3. Respondent, at various times from on or about November of 1997 to on or about September of 2010, failed to adequately control Patient D's hypertension through medication.
SPECIFICATIONS

FIRST SPECIFICATION

NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in New York Education Law § 6530(3) by practicing the profession with negligence on more than one occasion as alleged in the facts of the following:


SECOND SPECIFICATION

FAILURE TO MAINTAIN A RECORD

Respondent is charged with committing professional misconduct as defined in New York Education 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 the following:


DATED: June 20, 2014
Albany, New York

REDACTED

MICHAEL A. HISER
Deputy Counsel
Bureau of Professional Medical Conduct
EXHIBIT "B"

Terms of Probation

1) Respondent's conduct shall conform to moral and professional standards of conduct and governing law. Any act of professional misconduct by Respondent as defined by N.Y. Educ. Law §§ 6530 or 6531 shall constitute a violation of probation and may subject Respondent to an action pursuant to N.Y. Pub. Health Law § 230(19).

2) Respondent shall maintain active registration of Respondent's license (except during periods of actual suspension) with the New York State Education Department Division of Professional Licensing Services, and shall pay all registration fees.

3) Respondent shall cooperate fully with, and respond in a timely manner to, OPMC requests to provide written periodic verification of Respondent's compliance with the terms of this Consent Order. Upon the Director of OPMC's request, Respondent shall meet in person with the Director's designee.

4) Respondent's failure to pay any monetary penalty by the prescribed date shall subject Respondent to all provisions of law relating to debt collection by New York State, including but not limited to: the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection; and non-renewal of permits or licenses [Tax Law § 171(27); State Finance Law § 18; CPLR § 5001; Executive Law § 32].

5) The probation period shall toll when Respondent is not engaged in active medical practice in New York State for a period of 30 consecutive days or more. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in, or intends to leave, active medical practice in New York State for a consecutive 30 day period. Respondent shall then notify the Director again at least 14 days before returning to active practice. Upon Respondent's return to active practice in New York State, the probation period shall resume and Respondent shall fulfill any unfulfilled probation terms and such additional requirements as the Director may impose as reasonably relate to the matters set forth in Exhibit "A" or as are necessary to protect the public health.
6) The Director of OPMC may review Respondent's professional performance. This review may include but shall not be limited to: a review of office records, patient records, hospital charts, and/or electronic records; and interviews with or periodic visits with Respondent and staff at practice locations or OPMC offices.

7) Within thirty days of the Consent Order's effective date, Respondent shall practice medicine only when monitored by a licensed physician, board certified in an appropriate specialty, ("practice monitor") proposed by Respondent and subject to the written approval of the Director of OPMC. Any medical practice in violation of this term shall constitute the unauthorized practice of medicine.

a) Respondent shall make available to the monitor any and all records or access to the practice requested by the monitor, including on-site observation. The practice monitor shall visit Respondent's medical practice at each and every location, on a random unannounced basis at least monthly and shall examine a selection (no fewer than 20) of records maintained by Respondent, including patient records, prescribing information and office records. The review will be limited to patients Respondent has treated in acute care and pain management. The review will determine whether the Respondent's medical practice is conducted in accordance with the generally accepted standards of professional medical care. Any perceived deviation of accepted standards of medical care or refusal to cooperate with the monitor shall be reported within 24 hours to OPMC.

b) Respondent shall be solely responsible for all expenses associated with monitoring, including fees, if any, to the monitoring physician.

c) Respondent shall cause the practice monitor to report quarterly, in writing, to the Director of OPMC.

d) Respondent shall maintain medical malpractice insurance coverage with limits no less than $2 million per occurrence and $6 million per policy year, in accordance with Section 230(18)(b) of the Public Health Law. Proof of coverage shall be submitted to the Director of OPMC prior to Respondent's practice after the effective date of this Order.

8) Respondent shall adhere to federal and state guidelines and professional standards of care with respect to infection control practices. Respondent shall ensure education, training and oversight of all office personnel involved in medical care, with respect to these practices.
9) Respondent shall maintain complete and legible medical records that accurately reflect the evaluation and treatment of patients and contain all information required by State rules and regulations concerning controlled substances.

10) Respondent shall enroll in and successfully complete a continuing education program in the area of appropriate pain management and in the area of record keeping. These continuing education programs are subject to the Director of OPMC's prior written approval and shall be successfully completed within the first 90 days of the probation period.

11) Respondent shall comply with this Consent Order and all its terms, and shall bear all associated compliance costs. Upon receiving evidence of noncompliance with, or a violation of, these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding, and/or any other such proceeding authorized by law, against Respondent.