

State of Rhode Island and Providence Plantations Department of Health  
Board of Medical Licensure & Discipline

**IN THE MATTER OF:**  
**STEPHEN PETTERUTI, D.O. License Number DO 00413**  
**BMLD Case Number C14-763**



**CONSENT ORDER**

Stephen Petteruti, D.O. (hereinafter "Respondent") is licensed as a physician in Rhode Island and is licensed to prescribe controlled substances under Rhode Island General Laws chapter 21-28, having both a state Controlled Substances Registration and a Federal Drug Enforcement Administration Registration to prescribe controlled substances. The Board of Medical Licensure and Discipline (hereinafter the "Board") makes the following:

**FINDINGS OF FACT**

1. Respondent is a licensed physician in Rhode Island and was issued his license on July 26<sup>th</sup>, 1991. His specialties include family practice and obesity, his office is located at Unit 10, 250 Centerville Road, BLDG E, Warwick, Rhode Island.
2. The Board received complaint C14-763 regarding care Patient A (alias) received while under the care of the Respondent.
3. Patient A filed a complaint with the Board, claiming unnecessary lab work was

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ordered that was not covered by her insurance. Patient A scheduled an appointment for an annual checkup, the office of Respondent states initial visits are problem focused "meet and greet" visits.

4. Respondent did a problem focused visit and noted Patient A had pain in her lower extremity. Respondent also noted the patient was morbidly obese. Respondent ordered laboratory tests to determine causes or co-morbidities of her obesity.
5. The Board retained an expert who reviewed the matter described above and noted the documentation was inadequate. The Board expert further opined regarding the laboratory tests *"There is no orders of laboratory testing documented in the note. Included in the packet is a copy of all the results of the tests done on the day of the encounter to include: Complete Blood Count, Basic Metabolic Panel, Liver Function Tests, Lipid Panel, Vitamin D level, Hemoglobin A1C, Vitamin B12, Ferritin, Folate, T3 Uptake, Thyroxine, TSH, Insulin level, and C-peptide. All tests were normal except very minimally low vitamin D level of 27 that is clinical irrelevant. The only tests that are considered screening tests in a 35yo female (the age of the patient at the time of the visit) is: A lipid panel for all patients. Hemoglobin A1C to screen for diabetes when the patient is overweight or obese. All other laboratory tests are not indicated by the documentation as all the other tests would be considered diagnostic tests. In addition, none of these tests are needed to treat obesity."*
6. The Board expert concluded "The documentation of the encounter is inadequate. The medical decision making is not documented. The provider over-utilized

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laboratory testing.

7. The Respondent also retained an expert who reviewed this matter and wrote to the Board to express his conclusions. The expert explained he was "supportive of Dr. Petteruti's care of and interactions with this patient. I believe his efforts were entirely appropriate and consistent with the applicable standard of care." He also concluded that "[t]he labs he ordered were consistent with and supported by recommendations for obesity assessment, particularly given this patient's significant BMI . . . . Each of those labs served an appropriate purpose as described below:

Liver profile-essential to determine if there is non-alcoholic fatty liver disease.

Lipid profile-risk assessment for heart disease

CBC and ferritin-in a menstruating women to rule out the most common nutritional deficit which is iron deficiency. Also, elevated hemoglobin can point toward sleep apnea with hypoxemia.

Hemoglobin A-1 C, c-peptide and insulin levels- when combined with blood glucose can indicate insulin resistance. This can help diagnose pre-diabetes, further risk assessing the patient who reported a history of paternal diabetes. I recognize that the insulin and studies have historically been more often ordered after threshold testing revealed diabetes. However, I do not think there was anything wrong with doing them initially.

Vitamin D and B12- common nutritional deficits. Low vitamin D is correlated with increasing cancer rates. Low B12 can interfere with fat metabolism and decrease energy.

Thyroid testing-the more extended thyroid testing performed was due to her having symptoms of under active thyroid (obesity) as well as a compelling family history. Two of her sisters have hypothyroidism."

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8. The Board finds Respondent has violated Rhode Island General Laws §5-37-5.1(19) .... the rendering of medically unnecessary services...

**The parties agree as follows:**

1. Respondent admits to the jurisdiction of the Board.
2. Respondent has agreed to this Consent Order and understands that it is subject to final approval of the Board, and this Consent Order is not binding on Respondent until final ratification by the Board.
3. If this Consent Order is ratified by the Board, Respondent hereby acknowledges and waives:
  - a. The right to appear personally or by counsel or both before the Board;
  - b. The right to produce witnesses and evidence on his behalf at a hearing;
  - c. The right to cross examine witnesses;
  - d. The right to have subpoenas issued by the Board;
  - e. The right to further procedural steps except for those specifically contained herein;
  - f. Any and all rights of appeal of this Consent Order;
  - g. Any objection to the fact that this Consent Order will be presented to the Board for consideration and review.

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- h. Any objection that this Consent Order will be reported to the National Practitioner Data Bank, Federation of State Medical Boards as well as posted on the department's public web site.
4. The Respondent hereby agrees to a Reprimand by the Board based on the findings above and shall submit to Rhode Island General Treasury an administrative fee of \$1750 within 60 days of ratification of this order.
5. Respondent agrees to take a minimum eight (8) hour Board approved course in category 1 CME on appropriate utilization of laboratory tests within 9 months of ratification of this order.
6. In the event that any term of this Consent Order is violated, after signed and accepted, the Director of the Department of Health shall have the discretion to impose further disciplinary action. If the Director imposes further disciplinary action, Respondent shall be given notice and shall have the right to request an administrative hearing within twenty (20) days of the further discipline. The Director of the Department of Health shall also have the discretion to request an administrative hearing after notice to Respondent of a violation of any term of this Consent Order. The Board may impose further discipline, for the remainder of Respondent's licensing period if the alleged violation is proven by a preponderance of evidence. Said administrative hearing, whether initiated by the Director or the Respondent, shall be conducted in accordance with Rhode Island Gen. Laws §§ 5-37-5.2(e)(3) through 5-37-6.3, R5-37-MD/OD (R.I.Admin.Code section 31-5-41:14.0), R42-35-PP (R.I.Admin.Code section 31-1-15:2.0) and

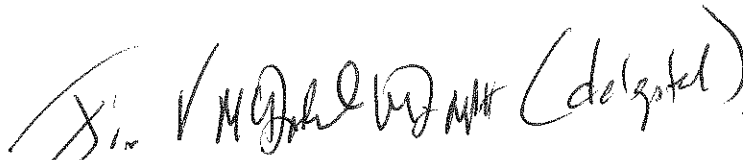
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applicable provisions of RIGL Chapter 42-35. Any discipline ultimately imposed pursuant to this paragraph is appealable pursuant to Rhode Island Gen. Laws §§ 5-37-7 and 42-35-15 .

Signed this 8 day of Nov 2016.

  
Stephen Petteruti, D.O.

Ratified by the Board of Medical Licensure and Discipline on the 9 day of November, 2016.

  
Nicole Alexander-Scott, M.D., M.P.H.  
Director of Health  
3 Capitol Hill, Room 401  
Providence, Rhode Island 02908