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FOR IMMEDIATE RELEASE
THURSDAY MARCH 11, 2010
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CHIROPRACTOR AND PHYSICIAN AMONG THREE DEFENDANTS INDICTED IN ALLEGED \$1 MILLION HEALTH CARE FRAUD SCHEME

CHICAGO — A chiropractor, a medical doctor and a billing employee at a clinic owned by the chiropractor in Maywood were indicted on federal health care fraud charges, federal law enforcement officials announced today. The defendants allegedly illegally submitted false claims totaling more than \$1 million to obtain payments from workers' compensation and other insurers for services that were not provided and for inflated claims for services that were provided. The physician signed false documents and the chiropractor forged doctors' signatures on documents supporting the false claims, according to an 18-count indictment returned yesterday by a federal grand jury. Most of the patients of the clinic, the Spine and Joint Rehabilitation Center, were U.S. Postal Service employees who were eligible for benefits from the U.S. Labor Department's Office of Workers' Compensation Program.

The chiropractor, **Darwin Minnis**, 54, of West Chicago, owned and operated the clinic from at least 1998 through 2009. He was charged with 18 counts of health care fraud. The physician, **Dr. Jacob Salomon**, 63, who worked at the clinic from approximately July 2004 to September 2007, and the clinic employee, **Gary Strauss**, 31, who worked as a biller and claims processor between

2003 and 2007, both of Chicago, were each charged with one count of healthcare fraud. All three defendants will be arraigned at a later date in U.S. District Court.

The indictment was announced by Patrick J. Fitzgerald, United States Attorney for the Northern District of Illinois; L. Scott Caspall, Special Agent-in-Charge of the Great Lakes Field Office of the U.S. Postal Service Office of Inspector General; James Vanderberg, Special Agent-in-Charge of the Chicago Region of the U.S. Department of Labor Office of Inspector General; and Robert D. Grant, Special Agent-in-Charge of the Chicago Office of Federal Bureau of Investigation.

Mr. Caspall said: “Workers’ Compensation is a valuable healthcare program that provides a safety net to hardworking people injured on the job. This investigation is an effort to dismantle a group of medical providers and billers who the indictment alleges were abusing that program. In an age when individuals, businesses and the federal government are paying more for healthcare, this case is a prime example of the excellent results that come from combining the forces of federal law enforcement agencies.”

Mr. Vanderberg said: “This indictment is the result of collaboration by several federal agencies working together to root out federal workers’ compensation program fraud allegedly being perpetrated by medical providers. We will continue to detect and quickly respond to alleged fraud schemes committed against Department of Labor programs.”

According to the indictment, the defendants and others intentionally created and submitted false claims and information to the federal Workers’ Comp office and other health care insurers to obtain payment for the clinic and for patients. The false claims and information related to patients’ work-related injuries, including medical, diagnostic, and physical therapy services that were not provided or were inflated.

As part of the scheme, Minnis allegedly forged and caused others to forge physicians' signatures on various documents falsely representing that services, treatment, physical therapy and/or testing had been provided, ordered or supervised by medical doctors. Minnis allegedly forged the doctors' signatures, and caused them to sign reports without having done patient exams, knowing that Workers' Comp would not accept a chiropractor's opinions or reports as medical evidence to support patients' claims. Under the Federal Employees' Compensation Act, chiropractors were not qualified physicians and their opinions did not constitute medical evidence except in very limited cases involving specific spine problems.

Minnis also falsely told patients that he was qualified to prepare impairment rating reports and to order and provide testing and treatment, and he failed to disclose that Workers Comp would not pay for services provided by a chiropractor except in very limited circumstances, the charges allege. Salomon and others allegedly signed false documents making it appear that Salomon or another licensed physician had examined or treated patients. Minnis and Salomon and others allegedly prepared false progress notes and fee sheets showing that patient services were rendered when, in fact, they were not.

Strauss allegedly forged physicians' signatures on claim forms certifying that they were accurate, even though he knew that many were false, including whether the services were provided and by whom. He also prepared false itemized billing statements in personal injury cases to support payments to the clinic and patients. In addition, Minnis and Straus double-billed Workers Comp for disability exams that Minnis performed because he made every patient pay so the clinic was paid twice for the same service, the indictment alleges.

Each count of health care fraud carries a maximum penalty of 10 years in prison and a \$250,000 fine. If convicted, however, the Court would determine a reasonable sentence to be imposed under the advisory United States Sentencing Guidelines.

The government is being represented by Assistant U.S. Attorney Jacqueline Stern.

The public is reminded that an indictment contains only charges and is not evidence of guilt. The defendants are presumed innocent and are entitled to a fair trial at which the government has the burden of proving guilt beyond a reasonable doubt.

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