

## Case of the Quarter: Anderson v. Librati, MD

Written by:

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### **Facts:**

This is a Los Angeles case filed by Maria Anderson, a 31-year-old single female who alleges that she was chemically restrained and misdiagnosed for two years as an outpatient at a treatment facility ("Freedom Center"), under the care of Dr. Librati.

Maria Anderson, became a resident of Freedom Care, a sober living group home November 4, 2009. Freedom Care was a unique therapeutic environment that did not impose a rigid treatment philosophy on its residents, but rather applied individualized treatment for its residents. The facility provided room, board, transportation, psychiatric treatment, therapies, life coaching, and other services for a monthly flat fee.

Immediately prior to her presentation at Freedom Care, Ms. Anderson was a psychiatric in-patient at a medical center in Santa Barbara. Upon discharge from that facility, she was transported directly to Freedom Care. Ms. Anderson had a long history of substance abuse, mental illness and behavioral disorders. She started abusing substances at age 12, namely marijuana and cocaine. Starting at age 18 she was in and out of different treatment facilities for roughly seven years.

On presentation to Freedom Care, Ms. Anderson was on Lamictal and Lexapro and had a documented diagnosis of Bipolar Disorder.

Ms. Anderson's stay at Freedom Care lasted until October 24, 2011. Throughout her 2 year stay, Dr. Librati prescribed various antipsychotic and other medications intended to address her diagnosed bipolar disease, mood disorders, and eating disorders including Lamictal, Lexapro, Abilify, Seroquel, Trileptal, Geodon, Trazodone, Risperdal, Risperdal Consta, Zonegram, and Bontril. While there were no documented reactions to these drugs, Ms. Anderson reported being lethargic while she was taking these medications. However, she was taking classes at the local community college, working, and participating in physical activities. During her stay, Ms. Anderson had multiple relapses and was admitted for in-patient treatment on two occasions, the last being on November 4, 2011.

Following her discharge from in-patient treatment on November 11, 2011, Maria was admitted to a psychiatric facility in Nevada where she was initially diagnosed with Bipolar Disorder and substance abuse. During her six week admission at that facility, Maria was taken off all medications. She did well and at discharge it was felt she no longer warranted a diagnosis of Bipolar Disorder. Ms. Anderson returned to California where she has allegedly maintained sobriety.

## **Allegations:**

The plaintiff alleged that the defendant failed to provide effective treatment while at Freedom Care, failed to properly diagnose, failed to provide a proper treatment plan, and failed to provide effective therapeutic interventions for Ms. Anderson.

## **Defenses:**

This case was found to be defensible but Dr. Librati's documentation was found to be inadequate. Expert review identified the following defense points:

- Treatment of the patient's presenting clinical symptomatology and ongoing symptoms warranted the noted medications prescribed by Dr. Librati.
- Dr. Librati's initial diagnosis as bipolar was sound, and that the bipolar disease may be in remission while she is drug free
- Ms. Anderson's improvement today can be attributed to the 2 years spent at Freedom Care. Although there were relapses, Maria spent the majority of the time in sobriety and consistent treatment provided by Dr. Librati allowed for the ability for her to finally come off all of the medications and achieve the level of function she has today.

## **Liability Analysis:**

Although the case was found to be defensible, the defense was weakened by Dr. Librati's failure to document his professional judgment regarding his choice of drugs and rationale for their use. In addition, there were gaps in his documentation that could not be explained. Accordingly, it was felt that the case would be too risky to take to trial and with the consent of Dr. Librati, the case was settled.

## **Take Away:**

A good psychiatric treatment record substantiates clinical professional judgment choices. Any subsequent treater or expert reviewer should be able to review the record and understand the thought process behind treatment decisions. Gaps in documentation may serve to create doubt and raise questions in a juror's mind about the quality of care and in this case, the diagnoses.

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