

Appeal Item Number Seventeen (17)

The timing of the adverse determination indicates a retaliatory motivation rather than a thorough examination of the situation and combination of impairments. In addition Cigna's Acenza system contains evidence that highly suspect decisions were made on and around the time Cigna terminated Mr. XXXX's benefits.

1. As noted above in appeal items numbers 5, 9 & 10 Mr. Reilly was pressing Cigna for documents when the adverse determination letter showed up *via* overnight mail. Mr. XXXX was just two weeks into a painful eight week post surgical rehabilitation program when Cigna made the adverse decision. Cigna had not requested a single post surgical update of Mr. XXXX's condition before the decision.
2. Since the IME was performed in February it is very suspect that a "**RUSH**" internal TSA had to be done on April 28, 2006 at the height of Mr. XXXX's document demands and in the beginning of an eight week post surgical rehabilitation program. Mr. XXXX had been receiving benefits and been out of work for eleven years. There was no reason for a "**rush**," other than a calculated, quick retaliatory strike was needed to stymie Mr. XXXX's legitimate document requests. On every correspondence, he cc'd top management, Ms. Karen Rohan, President and Mr. Mark Marsters. Cigna's Senior Claim Manager Latonya Puckett, Team Leader Beth Spicer and Compliance Officer Brenda Warren all had a hand in the misrepresentations, acts of bad faith and attempts to bias the IME. A retaliatory denial of benefits would allow for a post denial document dump designed to obfuscate their concerted bad faith and it would succeed in stopping Mr. XXXX from writing letters to top management detailing the claim staff's fiduciary failures.
3. On the date of the denial the Acenza system indicates that Ms. Puckett changed Mr. XXXX's Primary ICD Code and Description to 722 – Intervertebral Disc Disorder from the long standing eleven year Primary ICD 715 – Osteoarthritis et al – (fx bilateral patellae). This change of code is certainly inconsistent with the fact Mr. XXXX underwent his twelfth knee surgery just five (5) weeks prior to the denial and inconsistent with the **multiple** diagnosis of Cigna's own IME Physician, Dr. Robert XXXX.

The timing of the denial and noted suspect activity indicates a "**RUSHED**" motive of retaliation (after paying benefits for ten years) rather than thorough analysis of Mr. XXXX's combination of impairments at the time of the denial. It is incumbent on the fiduciary to act in Mr. XXXX's best interests and to avoid intentionally self-interested, myopic analysis of his complex medical history and diagnoses. Retaliation for document requests that may place a host of Cigna Managers in an unkind light is not a legitimate reason to deny benefits.