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Supreme Court identification number PA-65178

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**FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

**UNITED STATES OF AMERICA, : CRIMINAL NO. 1:CR-20--00188**

**v. : ( JUDGE RAMBO)**  
**: :**  
**: :**

**STEFEN KNOCHE**  
**Defendant :**

**SENTENCING MEMORANDUM**  
**MOTION FOR DOWNWARD DEPARTURE/VARIANCE**

Defendant Stefen Knoche, by counsel, hereby submits the following memorandum in aid of sentencing.

**I. STATEMENT OF FACTS**

Stefen Knoche was charged via a one-count Information with trafficking in counterfeit goods between May 23, 2017, and April 12, 2018, in violation of 18 U.S.C. §

2320(a). On August 24, 2020, the defendant pled guilty to the Information pursuant to a written plea agreement, whereby the Government agreed to recommend a three level adjustment for acceptance of responsibility and the parties agreed that the enhancement at USSG §2B5.3(b)(6) is not applicable.

## **II. THE PRESENTENCE REPORT**

The Presentence Report (PSR) calculates an advisory guideline range of 87-108 months based upon a total offense level of 29 and a criminal history category of I. Mr. Knoche objects to the Probation Officer's conclusion that a 2 level increase pursuant to U.S.S.G. Section 2B5.3(b)(6) is warranted in this matter. The defendant avers that this enhancement should not apply. In order for this enhancement to apply it must be shown that the defendant's role in the offense involved a conscious or reckless risk of death or serious bodily injury. Mr. Knoche has taken responsibility for his actions in this matter and has admitted that he received and then re-shipped international and domestic packages containing counterfeit pills at the direction of his contact person named "Alex." Mr. Knoche was recruited by Alex to receive and ship these packages. Mr. Knoche had no part in the original packaging and labeling of the items that he received. While he acknowledges that his actions in receiving and then shipping these pills is a crime for

which he is truly remorseful the defendant denies that his role in this offense involved the conscious or reckless risk of death or injury to others.

Accordingly, Mr. Knoche avers that a two level increase pursuant to U.S.S.G. Section 2B5.3(b)(6) is not warranted in this case. He contends that the proper Total Offense level is 27 and the appropriate starting guideline range is 70-87 months. The Government has also objected to the probation officer's application of this enhancement.

Mr. Knoche has also objected to the Probation Officer's conclusion that an upward departure may be warranted pursuant to USSG Section 4A1.3(a). Mr. Knoche is currently 55 years old and the convictions cited in the PSR occurred when he was between 20-32 years old. He admits to a prior addiction to marijuana and his two drug convictions involved small drug amounts sold to further his addiction. Mr. Knoche's first conviction involved the sale of a ¼ oz of marijuana to an undercover agent. His second involved, at the request of his incarcerated girlfriend, providing small amounts of marijuana to a work release inmate who then brought it into the county prison. With respect to the offense listed at paragraph 27 of the PSR Mr. Knoche was a food stamp recipient in 1986. During this time he obtained employment and did not report this fact as required. He made full restitution in that case. The offenses listed at paragraphs 30 and 31 were related and ran concurrent. Those offenses did not involve any violence. With respect to paragraph 31

the defendant was sent to a drug treatment facility shortly after writing the three checks listed and was not able to deposit funds to cover the checks. The offense at paragraph 32 involved a domestic dispute with a former girlfriend. She wrongly accused him of assaulting her. Mr. Knoche vehemently denied the allegation. The charge was dismissed pursuant to an agreement that he plead to harassment and cruelty to animals as his former girlfriend accused him of kicking her dog. The latter was also not true but in the interest of resolving the matter he agreed to the plea. Mr. Knoche has several pets and would never hurt an animal. In short Mr. Knoche's prior history occurred over 20 years ago and primarily while he was in his 20s. Although there are two drug offenses they involved low drug weights. The remaining offenses are non-violent. Accordingly, we aver that an upward departure pursuant to USSG Section 4A1.3(a) is not warranted.

### **III. A Below Guideline Sentence is warranted in this case.**

#### **A. Legal Standard**

In determining an appropriate sentence, district courts must first calculate the advisory guideline range, and then consider what sentence is appropriate for the defendant in light of the statutory factors set forth in 18 U.S.C. Section 3553(a), explaining any variance from the guidelines with reference to the statutory factors.

*Nelson v. United States*, 555 U.S. \_\_\_, 129 S.Ct. 890, 891-92 (2009). The Supreme Court in *Nelson*, clarified and reaffirmed its holdings in *Rita v. United States*, 551 U.S. 338, 127 S.Ct. 2455 (2007) and *Gall v. United States*, 552 U.S. 38, 128 S.Ct. 586 (2007) that although appellate courts may apply a presumption of reasonableness to a district court sentence that reflects a proper application of the guidelines, the guidelines may not be presumed reasonable by the sentencing court. 129 S.Ct. at 892. The sentencing court is entitled to reject and vary from the original Guidelines based on a policy disagreement with those Guidelines. *See Spears v. United States*, 555 U.S. 261, 129 S.Ct. 840, 843-44 (2009).

The Third Circuit in *United States v. Sevilla*, 541 F.3d 226 has described the process mandated in *Nelson* as a three-step sentencing procedure whereby the Courts:

1. must continue to calculate a defendant's Guideline sentence precisely as they would have done before *United States v. Booker*, 543 U.S. 220 (2005);
2. In doing so, the court must formally rule on the motions of both parties and state on the record whether they are granting a departure and how that departure affects the Guidelines calculation, and take into account the Third Circuit's Pre-*Booker* case law, which continues to have advisory force and

3: The courts are required to exercise their discretion by considering relevant 18 U.S.C. Section 3553(a) factors in setting the sentence they impose regardless of whether it varies from the sentence calculated under the Guidelines. *Sevilla at 229, fn 1 citing United States v. Gunter*, 462 F.3d 237, 247 (3d Cir. 2006).

The primary directive in Section 3553(a) is that the Court must impose a sentence that is “sufficient, *but not greater than necessary*, to comply with” the purposes of sentencing. See 18 U.S.C. Sec. 3553(a) (emphasis added). Those purposes include the need:

1. to reflect the seriousness of the offense, to promote respect for the law, and to provide just punishment.
2. to create adequate deterrence
3. to protect the public from future crimes of the defendant, and
4. to provide the defendant with necessary treatment and training. Sec. 3553(a)(2).

Section 3553(a) directs the court to consider a number of additional factors as well, including:

1. the nature and circumstances of the offense 3553(a)(1);
2. the history and characteristics of the defendant 3553(a)(1);
3. the kinds of sentences available 3553(a)(3);
4. the sentencing guideline range 3553(a)(4);
5. pertinent Sentencing Commission policy statements 3553(a)(5);
6. the need to avoid unwarranted sentencing disparities 3553(a)(6);
7. the need to provide restitution to any victims of the offenses 3553(a)(7).

As is emphasized in Booker, under the Sentencing Reform Act, “(n)o limitation shall be placed on the information concerning the background, character, and conduct of a person

convicted of an offense which a court of the United States may receive and consider for the purpose of imposing an appropriate sentence.” Booker, 125 S.Ct. at 760 (quoting 18 U.S.C. Sec. 3661).

**B. Application of the Section 3553(a) Principles and Factors to this Case**

The mandate of 18 U.S.C. Section 3553(a) is, of course, for the court to “impose a sentence sufficient but not greater than necessary, to comply “with the purposes of sentencing set forth in paragraph 2 of the same statute. In Mr. Knoche’s case it is the “history and characteristics of the defendant”, the “kinds of sentences available,” that justify a sentence below the advisory guidelines. Such a sentence would, as well, fulfill the remaining purposes set forth in the statute.

Mr. Knoche has taken full responsibility for his actions and understands the seriousness of the charges. He further understands that his conduct is warranted of punishment but he asks the Court to consider the various mitigating factors cited below when imposing sentence. Mr. Knoche respectfully suggests that a sentence of probation or in the alternative home confinement is more than sufficient to comply with the purposes of sentencing both under the Guidelines and under the broader authority of Section 3553(a). Such a sentence will reflect the seriousness of the Defendant’s offense

and will meet the needs of the public, while taking into consideration the Defendant's life history, characteristics, health issues and family responsibilities.

### **History and Characteristics**

Stephen Knoche was born on a American Air Force Base in Germany. He was born in 1965 and is currently 55 years old. Stefen's parent divorced when he was 5 years old. Both of his parents are now deceased. Following his parents divorce Stefen went back and forth between his parents' separate homes. Both of his parents eventually remarried. Stefen's mother and stepfather were both alcoholics. Their serious drinking problems caused much instability in the home. Stefen and his siblings were often neglected and physically abused by their mom and stepfather. A lack of supervision led to easy access to a well stocked liquor cabinet. Stefen began to drink at the age of 12, and it became a daily habit as he moved through his teenage years. Alcohol use soon led to experimentation with marijuana which also became a daily habit that continued into his adult years. Mr. Knoche was candid with the probation officer regarding his prior use of illegal drugs which included cocaine and amphetamines. His drug and alcohol use did lead to problems with the law when Mr. Knoche was in his 20s and early 30s. He served time in state prison but he also participated in both inpatient and outpatient treatment



programs and received training as an electrician. Prior to the current offense his last criminal charge was in 1997. In the years since Mr. Knoche has been employed as an electrician for several companies in Pennsylvania. He most recently worked as an Uber Driver from March 2018 until March 2020 when he was laid off due to the Covid-19 pandemic. Due to the medical conditions described below Mr. Knoche is at very high risk of complications from Covid-19. For this reason he was advised to shelter at home during the pandemic. Although Mr. Knoche will soon be vaccinated it is unclear at this point for how long the immunity will last and whether booster shots of the vaccine will be necessary. It is also unclear how effective the vaccines are against the variants of the virus. According the to the CDC “early data shows the vaccine may work against some variants but could be less effective against others.” (see [When You’ve Been Fully Vaccinated | CDC](http://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html)-<http://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html>) Mr. Knoche submits that the length of the sentence he is facing puts him at increased risk of contracting the virus if variants continue to emerge that are resistant to the vaccine and/or immunity from the vaccine wans with time.

Stefen grew up with 3 full siblings. Sadly, two of them his sister Brigette and brother William have now passed away. Brigette had a serious drug addiction and despite Stefen’s attempts to help her she died from an overdose in 2017. His brother, William

died in 2018 from complications stemming from a gunshot wound. Stefen remains close to his surviving brother, Eugene who lives in Lebanon, PA. In 2005 Stefen married Joanne M. Knoche. Joanne works as an LPN at a long term care facility. She remains supportive of her husband, describing him as generous and giving. (see letter of Joanne M. Knoche attached hereto as Exhibit 1). She states that there were many times when Stefen has helped both his family and hers. Joanne's sister, Theresa goes into detail in her letter describing times that Stefen has provided assistance to their family. (see letter of Theresa A. Hylton attached hereto as Exhibit 2)

In a letter to the Court attached hereto as Exhibit 3 Mr. Knoche expresses his deep remorse for his actions. "I sincerely regret my decision to continue shipping these items for Alex and his company. I take full responsibility for my actions. It was a stupid thing to do." "I pray to God every night for forgiveness as this is not who I am. I am ashamed and embarrassed by my wrong actions and I deeply apologize to the court." In his letter Mr. Knoche explains that some of the money he earned was used to help out family members who were having financial difficulties due to illness and drug and alcohol addiction. He does not offer the latter as an excuse for his actions, he merely wants the Court to understand why he got involved in this shipping business and why he continued to remain involved even knowing that his actions were unlawful.

Mr. Knoche suffers from several serious health issues. He suffers from ankylosing spondylitis, a serious inflammatory autoimmune disorder. (see letter of Francis J. Gallagher, MD attached hereto as Exhibit 4). He received this diagnosis in 2018 following many years of back pain and stiffness. In his letter to the Court Mr. Knoche states that his father suffered from a similar form of debilitating arthritis. Mr. Knoche first noticed signs of this illness in his late 30s. The condition has worsened over the years and became acute following a motorcycle accident in 2017. A mechanical problem on his motorcycle led to the accident which resulted in a T-spine fracture which required surgery. He has had more severe back pain since the accident in addition to memory issues and “brain fog.” due to the concussion. (see medical office notes from Hershey Medical Center attached hereto as Exhibit 5-8). His current medications include Cosentyx (via injections) Lasix, Lisinopril, Fomax, and Duloxetine. It should be noted that he cannot take any NSAID pain reliever since they caused severe swelling in his legs. His condition has led to a loss of spinal mobility. He is only able to walk for very short distances (approximately 100 feet) and cannot stand for more than 3-5 minutes. His posture is stooped and he can not turn his neck to look to the side or up and down.

Under the guidelines a departure can be justified pursuant to U.S.S.G. Section 5H1.4 (“Physical condition or appearance, including physique, is not ordinarily relevant in determining whether a departure may be warranted. However, an extraordinary physical impairment may be a reason to depart downward; e.g. in the case of a seriously infirm defendant, home detention may be as efficient as, and less costly than, imprisonment...”). Mr. Knoche contends that his infirmities are severe and it is believed that he will suffer in prison more so than the usual defendant and therefore, a sentence below the guideline range is warranted.

U.S.S.G. Section 5H1.4 suggests that while physical condition “is not ‘ordinarily relevant’ in determining a departure, extraordinary physical impairment may be a reason to depart downward.” Although the guideline does not define what is “extraordinary” and what is “ordinary”, there are several significant themes. First, although the guideline drafters speak of “extraordinary physical impairment,” the remainder of the guideline seems to embody a less severe standard, “seriously infirm.” Second, the guideline drafter suggests that with respect to the latter, a court is to balance infirmity and cost, allowing for a departure.

In most cases where the defense sought a downward departure based on poor health, the government argued that such a departure was only warranted where a

defendant's physical ailments were of such a degree or nature that they could not "adequately" be cared for by the Bureau of Prisons. *See United States v. Jimenez*, 212 F.Supp.2d 214, (S.D.N.Y. 2002) at 216-17. However, in quite a few cases, courts have found that the evidence the government offered to support its contention that the BOP could adequately care for a given defendant's medical conditions amounted to no more than a "form" letter from the Bureau of Prisons. *See United States v. Gee*, 226 F.3d 885, 902 (7<sup>th</sup> Cir. 2000)(Refusing to credit "a form letter trumpeting the Bureau of Prisons ability to handle medical conditions of all kinds").

In short, despite the Bureau of Prisons ability to treat medical problems, the reality is that the BOP does not always provide the needed medical care. Mr. Knoche contends that his life would be both threatened and shortened if he was incarcerated for the period suggested by the guidelines; a sentence of probation or home confinement would both serve all sentencing goals and be less costly and more efficient.

If the Court were unwilling to depart under the guidelines, the Court still has the option of imposing a variance below the now advisory guideline range. In the wake of *Booker*, this Court has discretion to sentence Mr. Knoche below the guideline range as long as the sentence is "reasonable" in light of the other 3553(a) factors. *See Booker*, 125 S.Ct. at 765-67. As *Booker* emphasized, under the Sentencing Reform Act, "[n]o

limitation shall be placed on the information concerning the background, character, and conduct of a person convicted of an offense which a court of the United States may receive and consider for the purpose of imposing an appropriate sentence.” *Booker*, 125 S.Ct. at 760.

Without undervaluing the seriousness of this offense, it was an entirely non-violent offense; there were no threats or coercion involved or used by Mr. Knoche. In this case, no need exists for a lengthy period of incarceration in order to protect the public in general or other people. Stefen has readily accepted responsibility for his crime and was candid with the probation officer, expressing remorse for his actions.

Stefen is 55 years old. According to U.S. Sentencing Commission (USSC) data, “{r}ecidivism rates decline relatively consistently as age increases,” from 35.5% under age 21, to 9.5% over age 50. USSC, *Measuring Recidivism: The Criminal History Computation of the Federal Sentencing Guidelines*, at p. 12 and at Exhibit 9 (May 2004).

He is married and has a residence which he and his wife share. His wife is very supportive of her husband. (see letter of Joanne Knoche attached hereto). The studies conducted by the USSC also demonstrate that recidivism rates are lower for defendants who are married. USSC, *Measuring Recidivism, supra*, at p. 11 and Exhibit 10.

Accordingly, Mr. Knoche respectfully suggests that a sentence of probation or house arrest is “sufficient but not greater than necessary” to achieve the goals of sentencing under both the guidelines and the broader authority of Section 3553(a). A probationary sentence either on its own or combined with home confinement will still amount to a “substantial restriction of freedom.” *Gall* 552 U.S. at 44 citing *United States v. Knights* 534 U.S. 112, 119 (2001). While still serving as punishment such a sentence would allow Mr. Knoche to continue to receive medical treatment, continue with his current medications and to see his primary doctors for treatment of his serious health issues.

#### **IV. Conclusion**

For the foregoing reasons, Defendant Knoche respectfully requests that this Court depart below the advisory guideline range. He suggests that a sentence of probation or home confinement is appropriate in this matter.

RESPECTFULLY SUBMITTED,

/s

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CERTIFICATE OF SERVICE

I hereby certify that on this date I served a true copy of the attached document upon  
the person(s) named below:

VIA E-FILING

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VIA E-MAIL

STEFEN KNOCHE

RESPECTFULLY SUBMITTED,

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The Honorable Sylvia H. Rambo Judge, United States District Court,

My name is Joanne M. Knoche, I am an LPN at a long-term facility. I have known Stefen since 2003. We started dating then got married 2 years later. Today I am still married to Stefen. He very generous and giving , I can remember many times he has helped my family and his family over the years. My mother and him used to talk about plants for hours, he such a green thumb. If he had it , he would share with others.

Stefen was an electrician for construction company when I met him. He would work up 60 hours a week , drives hours to get to work ,hardly get any sleep. And he still would do things for me around the house.

He knows he did wrong and does feel bad and sorry for what he did , I can see it in his face. He knew how much he broke our trust when all this came out and I learned all what he did. He wants to make things better and he is trying , but his health is declining, and I can see what it is doing to him. To watch him struggle up and down stairs due to the conditions of his joints it is almost like he is getting punished now. He still tries which tells me he is not giving up, maybe learning something too.

Thank you ,

Joanne M. Knoche

The Honorable: Sylvia H. Ramo, Judge

United States District court

My name is Theresa Hylton, have worked for Bell & Evans for 39 years, and still on the payroll. I know Stefen Knoche for roughly 14 years as a brother in law, due to my sister marrying him. He was welcomed into the family at that point in time.

I would have to say, Stefen has come to my aid a couple of times. Auto problems was the first issue, and he has also provided transportation, due to a vehicle down and in the garage, no questioned ask.

Transporting a load or 2 of Garage to a location. Also, a wiring electrical problem was corrected by him.

He has also helped my parents out a few times, , providing help with heating oil, and medication which

Medicare did not cover for my mother. He had delivered monetary assistance on a bicycle, which he rode about 10 to 12 miles on way to my parents' house. Stefen has shown gratitude and apperception to others, as well, as God's Creatures, fostering cats. Stefan is respected as an individual. .

Stefan held yard sales, to help pay for his mother's funeral cost, because of limited life insurance by his mother. That financial bill was paid using the proceeds by the yard sale items to cover the cost of funeral arrangements. He went out of his way, while his family could not help. I think that it, in itself is a test of what his character is and stands for.

I have also asked Stefen, to ask for foreignness in what he has done. I believe the good Lord will keep him on a narrow path He actuality broke down and was sorry for what he did. I believe Stefen has acknowledge to the wrong doing, and is now coming to terms with it.

Thank You

Theresa A Hylton

To: The Honorable Sylvia H. Rambo Judge, United States District Court

Dear Judge Rambo:

My name is Stefen Knoche and I am writing to you about the offenses for which I have been convicted.

In 2009, like a lot of people, I was laid off from work. This came as a total surprise to me as I had been an electrician for 13 years and when I chose that profession, I thought there would always be work. By the time work was available again my wages were cut in ½. During the time period when I was out of work my wife continued in her job as a nurse. She worked in an elder care facility and would come home drained mentally and physically so I took over doing everything that needed to be done in the home including cooking, cleaning, cutting the grass, taking care of our vehicle... and our 6 cats.

While I searched for a full time position, I worked for a few people that needed help, mostly contractors. The work was temporary, however. Since I have always loved computers, I decided to take online courses to increase my skills in the hopes that it would lead to employment. I had some difficulty with the classes due to my age and the fact that I had been out of school for such a long time.

In approximately 2015/16 I got an email from a guy who said that his name was Alex. His email stated that his company was based in India and that they sold all kinds of products through eBay, Amazon and other places on line. The products included Cell phones tablets laptops and GoPro cameras. He stated that it was expensive to send these products from India and China to the United States. He stated that he was looking for someone he could trust to send these items to in bulk. His company would then send names and address of individuals in the US that I could ship the items to. I was skeptical at first but felt that as long as I didn't have to pay anything or give out private info it would be ok for me to agree to do this. Since the products were coming to my house and I didn't want my address associated with the business, I opened a PO Box. I was told not to associate with any customers. If a customer contacted me I was to get in touch with Alex and they would take care of the matter. After a time, I started receiving pills from Alex. These pills looked like the type of pills that are sold in truck stops. One was called Black Rhino and others were some type of ED pill. Alex emailed me saying he just got a contract to sell and ship other ED pills like Viagra and Cialis and others that were shipped to me from India and China. He told me if I had any problems shipping them to let him know and he would take care of it. As time went on I realized that what I was doing wasn't legit. I sincerely regret my decision to continue shipping these items for Alex and his company. I take full responsibility for my actions. It was a stupid thing to do.

I used some of the money that Alex paid me to pay for my own bills especially after a motorcycle accident left me with serious injuries. I also tried to help out my siblings who were struggling with medical, mental health and financial issues of their own.

Growing up my father had debilitating arthritis. He was in the air force in the 60's when he met and married my mother. I was born at the Hahn Air Force Base in Germany. He was transferred back to the United States when I was 3 months old. After a time he was injured while on duty and received an honorable medical discharge. During my growing up years his arthritis worsened and he eventually needed to get a hip replacement. I grew up with the thought that I might also develop arthritis. When I was in my late 30's my movements began to slow and bending over to pick up items became harder and harder to do. I also developed severe back and hip pain. In 2017 I was involved in a serious motorcycle accident when the throttle cable on my bike broke. The accident caused me to crush my back from vertebrae 6 through 10. I also fractured ribs and suffered from a serious concussion.

After my mother died all my brothers and sister took it bad. There was fighting over her stuff. I helped to pay for her funeral expenses. Also there was a time when my sister was in bad shape both physically and financially. She had a small child and was for a time living on the streets. I took some of the money that I was making from the shipping business to help her get back on her feet. Also, I found out that my younger brother who had an alcohol problem was in jail in Kansas City, MO. When he got out, I sent him a bus ticket to come home and I tried to help him get sober. Unfortunately, he eventually died from alcohol related issues. My sister had a problem with drugs and she overdosed soon after my motorcycle accident. I also tried to help my mother and father-in-law with their bills. They were both in their 70s and had cancer. My mother-in-law died in 2018.

I worked a few more months after that at the shipping business but I knew that what I was doing was wrong. Alex also stopped communicating with me. In February 2018 I stopped all shipping, it was over a month since I heard from Alex but his helpers kept bugging me to keep shipping saying he had some problems and would be back soon. The federal agents arrived at my home 3 weeks later. I cooperated with them, explained that Alex owed me \$23,000. I allowed the agents to access all of my computer records and emails and tried to help them find Alex.

I realize that what I was doing was illegal and wrong. At some point I was just trying to save money to pay bills and invest the rest into a legal business but then my family needed help and I continued to run the shipping business.

I did not intent to hurt anyone. I found out later that the ED pills were sold on the black web, not a place where children go. The pills looked real and I had a lot of reorders.

I pray to God every night for forgiveness as this is not who I am. I am ashamed and embarrassed by my wrong actions and I deeply apologize to the court.

*Stefen J Knoche*





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April 13, 2020

RE: STEPHEN J. KNOCHE - DOB: 07/19/65

To Whom It May Concern:

Mr. Knoche is a pleasant, 54-year-old, Caucasian male who suffers from ankylosing spondylitis. This is an autoimmune disease, meaning that he is immune compromised. He requires treatment with biologic level chemotherapy, which further compromises his immune system. He is unfortunately a high risk patient if he were to come in contact with the novel coronavirus, and suffer from COVID-19. He has therefore been advised to shelter in place through the pandemic. He should not be working outside of the house, and can only work if he can do so from home.

Sincerely,

Electronically signed by Francis J Gallagher, MD on 04/15/2020

FJG:ljg

DD: 04/13/20

DT: 04/15/20



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## Office Visit Note

<b>Patient:</b>	<b>STEFEN KNOCHE</b>	<b>DOB:</b>	<b>Jul 19, 1965</b>
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### Chief Complaint

Second opinion for ankylosing spondylitis

### History of Present Illness

Mr. Knoche is a 55-year-old man with obesity and hypertension presenting to Hershey Rheumatology for a second opinion regarding management of ankylosing spondylitis. He reports that he was first diagnosed with ankylosing spondylitis in 2018 by Dr. Gallagher at Lima Rheumatology. He previously had longstanding back pain and stiffness but cannot quantify the length of time. He unfortunately had a motorcycle accident in 2017 resulting in a T-spine fracture, for which he underwent surgery. He has had brain fog and more severe back pain since then. He was initially managed with NSAIDs but developed significant swelling in his legs, worsened by multiple NSAIDs. He reports having extensive cardiac testing, including an echocardiogram, which was reportedly unrevealing. He was prescribed Enbrel and Humira and did not experience any relief with either one. The areas that bother him the most include his neck, shoulder blades, hips, and low back. He has not had pain in his thoracic spine lately. He experiences pain mostly with standing. He denies morning stiffness or nighttime awakening due to pain.

He states that Dr. Gallagher was planning on trialing him on Cosentyx but has not heard any news regarding this. He is wondering about next steps to help manage his pain and improve quality of life.

Xray reports of his c-spine and l-spine, done at an outside facility, were reviewed and notable for extensive syndesmophytes. Prior imaging of the thoracic spine, done at Penn State, done in 2017, was read as flowing osteophytes consistent with DISH.

Outside labs notable for HLA-B27 positivity per Dr. Gallagher's notes.

Patient otherwise denies history of psoriasis, uveitis, diarrhea, or blood in his stool.

### Problem List/Past Medical History

#### Ongoing

Tobacco user

#### Historical

No qualifying data

### Procedure/Surgical History

- CAT scan (10/04/2017)
- EKG (10/04/2017)

### Medications

Albuterol (Eqv-Proventil HFA) 90 mcg/inh inhalation aerosol  
Cymbalta 30 mg oral delayed release capsule, 30 mg= 1 cap, PO, Daily  
furosemide 20 mg oral tablet  
lisinopril 5 mg oral tablet  
traMADol 50 mg oral tablet

### Allergies

NSAIDs (swelling)  
milk products (diarrhea)

### Social History

Smoking Status - 01/12/2021

Current every day heavy smoker



**Review of Systems**

Pertinent positives and negatives as per HPI, all other systems otherwise negative

**Physical Exam**

Vitals & Measurements

**T:** 36.6 °C **HR:** 104(Monitored) **RR:** 16 **BP:** 143/83 **SpO2:** 97%

**WT:** 162 kg **WT:** 162 kg

A limited exam was performed to limit close contact in light of the covid pandemic:

Gen- obese, alert and interactive, in no acute distress

Eyes- no conjunctival injection, EOMI

Skin- no suspicious lesions or rashes

Ext- No lower extremity edema or cyanosis

Neuro- Strength grossly intact

MSK- Antalgic gait with stopped posture. Occiput to wall distance 26cm.

Lateral flexion left 4cm, right 5cm. Peripheral joints are without swelling, tenderness, or synovitis.

**Assessment/Plan**

Mr. Knoche is a 55-year-old man who carries a diagnosis of HLA-B27 positive ankylosing spondylitis. He has significant axial pain and stopped posture with significant limitation in range of motion. Though he does have HLA-B27 positivity, I cannot rule out the possibility of diffuse idiopathic skeletal hyperostosis (DISH) as an alternative diagnosis. His thoracic xray, done at Penn State in 2017, was read as having findings more consistent with DISH rather than AS. Will therefore order xrays of his c-spine, t-spine, l-spine, and SI joints for further workup. I will also check CBC, Cr, hepatic function, hepatitis serologies, ESR, CRP, and T-spot. Should he have elevated inflammatory markers and xrays show evidence of AS, will plan to order Cosentyx. Given significant pain, I have also prescribed Cymbalta 30mg daily.

Follow up in 3 months

## Document info

Result type:	Pharmacy Outpt Note
Result date:	Feb 08, 2021, 10:51 a.m.
Result status:	authenticated
Performed by:	Alexis McCorkle
Verified by:	Kelly Gerard
Modified by:	Kelly Gerard

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## Cosentyx Authorization

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<b>Patient:</b>	<b>STEFEN KNOCHE</b>	<b>DOB:</b>	<b>Jul 19, 1965</b>
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### Specialty Pharmacy Prior Authorization

Medication Name & Dose: Cosentyx 150mg q4w

Diagnosis Code: M45.9 Ankylosing spondylitis of unspecified sites in spine

Insurance Carrier: highmark

ID Number: 101372867001

Phone Number: 800-600-2227

Enrolled in Copay Assistance: unknown

Previous Medications Tried or Contraindicated: Humira, Enbrel

Relevant Labs: TB Negative 1/2021

Approval Dates: 12/5/2020-2/4/2022

Required Specialty Pharmacy: Alliance Walgreens

Does patient require teaching:

**Document info**

Result type:	Physical Therapy Outpt Note
Result date:	Feb 10, 2021, 10:04 a.m.
Result status:	authenticated
Performed by:	Deborah Werner
Verified by:	Deborah Werner
Modified by:	Deborah Werner

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## Physical Therapy Adult Outpt Note - Evaluation

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<b>Patient:</b>	<b>STEFEN KNOCHE</b>	<b>DOB:</b>	<b>Jul 19, 1965</b>
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**Physical Therapy Adult Outpt Note - Evaluation**

Patient: **KNOCHE, STEFEN J**      **MRN: PSH007521191**  
 Age: **55 years**   Sex: **Male**   DOB: **7/19/1965**  
 Associated Diagnoses: **None**  
 Author: **Werner, PT, Deborah N**

**General Information**

**Date of Service:** 02/10/2021.  
**Visit Type:** Evaluation.

**Referral Information**

**Insurance Type:** Non-Medicare.  
**Referring Provider:** William, MD, Punitha S.  
**Primary Physical Therapist:** Werner, PT, Deborah N.  
**Treatment Dx:** Ankylosing spondylitis (ICD10-CM M45.9, Working, Medical), Pain in back (ICD10-CM M54.9, Working, Medical), Pain in both shoulders (ICD10-CM M25.511, Working, Medical), Bilateral hip pain (ICD10-CM M25.551, Working, Medical).  
**Date of first visit:** 02/10/2021 .  
**Reason for Referral:** Ankylosing spondylitis .  
**Current Date of Prescription:** 1/12/2021 .  
**Onset Date:** October 2017 .  
**Today's Visit Number:** 1 .

**History**

**Procedure History:**

CAT scan (128621012) on 10/4/2017 at 52 Years.

Comments:

10/31/2017 09:52 EDT - Brown, LPN, Heather J  
chest, head, spine, pelvis, abd.,

EKG (49038010) on 10/4/2017 at 52 Years..

**Past Medical History:**

Medical

Tobacco user / SNOMED CT 175325014 / Confirmed

All Problems

Tobacco user / SNOMED CT 175325014 / Confirmed.

**Current Medications:** (Selected)

Prescriptions

*Prescribed*

Cosentyx Sensoready Pen 150 mg/mL SQ solution: See Instructions, INJECT 1 PEN (150 MG) UNDER THE SKIN EVERY 4 WEEKS, 1 mL, 2 Refill(s)

Cosentyx Sensoready Pen 150 mg/mL SQ solution: See Instructions, INJECT 1 PEN (150 MG) UNDER THE SKIN ONCE A WEEK ON WEEKS 0, 1, 2, 3, & 4; THEN 1 PEN (150 MG) EVERY 4 WEEKS, 5 mL, 3 Refill(s)

Cymbalta 60 mg oral delayed release capsule: 1 cap, PO, Daily, for 90 day, 90 cap, 1 Refill(s)

Documented Medications

*Documented*

Albuterol (Eqv-Proventil HFA) 90 mcg/inh inhalation aerosol:

furosemide 20 mg oral tablet:

lisinopril 5 mg oral tablet:

traMADol 50 mg oral tablet: .

**Allergies:**

Allergic Reactions (Selected)

*Severity Not Documented*

Milk products- Diarrhea.

NSAIDs- Swelling..

**Subjective**

**Patient Reports:** Patient reports a motorcycle accident October 2017 with injuries to his thoracic spine and required surgery. Patient had MRIs after accident and diagnosed with ankylosing spondylitis. Since this accident patient has had increased. Back, bilateral shoulders, bilateral hips and neck. Also increased stiffness in his joints. Patient denies numbness or tingling bilateral extremities. Patient does not require assistive device for ambulation and denies falling. Patient lives in bilevel house with wife, nonreciprocal gait on stairs with 1 handrail. Uses hot tub outside in the warm weather with decreased pain..

**Pain Assessment:** Numeric Rating Scale Pain Score: 0/10 current, 10/10 worst, Pain Location: back, hips, shoulders, neck.

Pain Quality: Burning, Sharp.

Duration of Pain: Intermittent.

Type of Pain: Chronic.

Pain Intervention: Pharmacological.

**Dominance:** Ambidextrous.

**Patient Goal:** increase ability to do activities.

**Treatment plan/goals established:** Patient.

**Patient's self assessment of health status:** Fair.

**Aggravating Factors:** bad weather.

**Alleviating Factors:** medication, gentle stretches laying down.

**Occupation:** None.

**Objective**

55-year-old male, pleasant, well groomed, A&O x 3  
Out of breath with walking and transfers on bed  
Requires head of bed elevated to stiffness in the back and being out of breath  
endomorph body habitus

**Outcome Measures**

**Date Performed:** 02/10/2021.

**Patient-Specific Functional Scale:** Activity: walk, Score: 3.

**Patient-Specific Functional Scale:** Activity: get dressed, Score: 3.

**Patient-Specific Functional Scale:** Activity: shower, Score: 3.

**Patient-Specific Functional Scale Average Score:** 3 .

**Posture**

2/10/2021: Forward trunk lean

**Range of Motion**

2/10/2021: Did not assess lumbar active range of motion secondary to ankylosing spondylitis

Bilateral shoulder active range of motion grossly limited to 50%

Bilateral hip active range of motion grossly limited 50%

**Strength Testing**

2/10/2021: Bilateral upper extremity and lower extremity within functional limits

**Special Tests**

2/10/2021: No special tests required secondary to diagnosis of ankylosing spondylitis

**Functional Mobility**

2/10/2021: Significant use of upper extremity to transfer onto and off plinth with head of bed elevated

**Gait**

2/10/2021: Forward trunk lean, decreased stride length, slow speed

**Treatment: Therapeutic Exercises**

1:1 supervised skilled physical therapy with verbal and manual cues and demonstration for proper technique

Right clams 1x10 (instructed to perform bilateral HEP)

Right side-lying shoulder abduction 1x10 (instructed to perform bilateral HEP)

Right mid thoracic rotation 1x10 (instructed to perform bilateral HEP)

Performed exercises only on right secondary to difficulty transferring on narrow plinth

**Patient Education**

**Education Provided on:** 02/10/2021.

**Topics:** Home Exercise Program, Principles of mechanical diagnosis and treatment, Plan of Care, Aquatic Therapy Policies and Procedures, Tour of changing rooms and pool .

**Person Taught:** Patient.

**Method of Teaching:** Verbal Instruction, Demonstration, Written Instruction.

**Response to Education:** Demonstrates correctly, Verbalizes understanding.

## Assessment

**At initial evaluation patient presents to PT with:** Patient presents at evaluation with diagnosis of ankylosing spondylitis. Decreased active range of motion bilateral shoulders, hips and lumbar spine.

Forward trunk lean with standing and ambulation secondary to ankylosing spondylitis. Patient was out of breath with short distance walking and transfers on plinth. Patient will benefit from skilled physical therapy intervention to reach below goals.

Patient is a good candidate for skilled aquatic physical therapy to perform exercises in environment with decreased stress on joints. Evaluation is classified as moderate complexity evaluation due to 1-2 personal factors or comorbidities, 3+ body structure/ function/ activity limitation/ participation restrictions, and an evolving clinical presentation.

**Patient will benefit from Physical Therapy to address:** Below impairments.

**Impairments:** Ambulation deficit, Decrease knowledge of condition, Decreased activity tolerance, Pain limiting function, Range of Motion deficit.

**Rehabilitation Potential:** Good.

**Patient tolerated session:** Well.

**Patient has symptoms consistent with:** Ankylosing spondylitis.

**Goals:** Set today.

## Short Term Goals

See long-term goals

## Long Term Goals

**To be completed in:** 8-10 visits.

**Goals Established:** Set On: 02/10/2021.

1. independent and consistent with comprehensive HEP for independent symptom management
2. increase patient specific functional scale average score to 7
3. participate in 45 minute aquatic session for increased LE strength and gait training in environment with decreased stress on joints
4. walk 8 minutes with functional, pain free gait for improved community mobility

## Plan of Care

**Frequency:** 1 visit(s) per week, Every 1 weeks.

**Duration:** 8-10 Visit(s).

**Treatments Planned:** Aquatic Therapy, Gait Training, Home exercises program instruction, Therapeutic exercise.

Modalities as indicated: Hot Pack, Cold Pack.

Initiate aquatic therapy for general strengthening/endurance, walking.

## Therapy Service Codes

**Charges from PowerForm:**

**Evaluation Charges PT**

97162 PT Initial Evaluation Moderate - Yes

**Treatment Charges PT**

97110 PT Therapeutic Exercises (15 Min) - 1

**Time Spent with Patient:** Total Time with Patient: 45 min, Treatment contact: 10 min.

**KNOCHE, STEFEN J**Admin Sex: **Male** DOB: **07/19/1965****Ambulatory Summary**

Created: 03/6/2021

Summarization of Episode Note | 01/12/2021 to 01/12/2021

Source: HMC MDT 3100 SCHOOLHOUSE RD

**Demographics**

Contact Information:	Marital Status: <b>Married</b>	Ethnic Group: <b>Not Hispanic or Latino</b>
402 E PINE STLEBANON, PA 170427641,	Religion: <b>Catholic</b>	Language: <b>English</b>
US	Race: <b>White, White</b>	ID: <b>URN:CERNER:IDENTITY-</b>
Tel: (717)228-9131	<b>Previous Name(s): --</b>	<b>FEDERATION:REALM:TXGOUQHHS7VZUYPCDZWX45UZA-</b>
		<b>YLRB29-CH:PRINCIPAL:5R2FZ3LJ9Z13JN3V, 7521191,</b>
		<b>13516180</b>

**Care Team**

Type	Name	Represented Organization	Address	Phone
primary care physician	Pruner, Melissa M	--	Work:PSHCMG CPD Cornerstone6 West Newport Rd, Ste 2Lititz, PA 17543- , US	Work Tel: 717627-2108

**Relationships**

No Data to Display

**Document Details****Source Contact Info**

3100 SCHOOLHOUSE RDMIDDLETOWN, PA --  
17057-3548, US

**Author Contact Info**

--

**Recipient Contact Info**

--

**Healthcare Professionals**

No Data to Display

**IDs & Code Type Data**

Document Type ID: 2.16.840.1.113883.1.3 : POCD\_HD000040

Document Template ID: 2.16.840.1.113883.10.20.22.1.1 : --, 2.16.840.1.113883.10.20.22.1.2 : --

Document ID: 2.16.840.1.113883.3.1140.1.90.999362 : 206227611

Document Type Code: 2.16.840.1.113883.6.1, 34133-9

Document Language Code: en-US

Document Set ID: --

Document Version Number: --

**Primary Encounter****Encounter Information**

Registration Date: 01/12/2021

Discharge Date: 01/12/2021

Visit ID: --

**Location Information**

HMC MDT 3100 SCHOOLHOUSE RD

Work:Penn State Medical Group - Middletown3100 Schoolhouse RoadMiddletown, PA 17057-

**Providers**

Type	Name	Address	Phone

Attending Type	Elkis, Viktoria Name	Work:3100 Schoolhouse Address: RoadMiddletown, PA 17057- , US	Work Tel: 717948-5180 Phone
Referring	Pruner, Melissa M	Work:PSHCMG CPD Cornerstone6 West Newport Rd, Ste 2Lititz, PA 17543- , US	Work Tel: 717627-2108



**Encounter****PSH FINNBR 63142643 Date(s): 1/12/21 - 1/12/21**

HMC MDT 3100 SCHOOLHOUSE RD Penn State Medical Group - Middletown 3100 Schoolhouse Road Middletown, PA 17057- 717 948-5180

**Encounter Diagnosis**

History of ankylosing spondylitis (Discharge Diagnosis) - 1/12/21

Long term use of drug (Discharge Diagnosis) - 1/12/21

Osteoarthritis (Discharge Diagnosis) - 1/12/21

Ankylosing spondylitis (Discharge Diagnosis) - 2/2/21

Discharge Disposition: Home or Self Care

Attending Physician: Elkis, MD, Viktoria

Referring Physician: Pruner, PA-C, Melissa M

**Vital Signs**

Most recent to oldest [Reference Range]:	1
Patient Weight	162 kg (1/12/21 12:57 PM)
Heart Rate	104 bpm (1/12/21 12:57 PM)
Blood Pressure	143/83 mmHg (1/12/21 12:57 PM)

**Problem List**

Condition	Effective Dates	Status	Health Status	Informant
Tobacco user(Confirmed)		Active		

**Allergies, Adverse Reactions, Alerts**

Substance	Reaction	Severity	Status
milk products	diarrhea		Active
NSAIDs	swelling		Active

**Medications**

<b>albuterol (Albuterol (Eqv-Proventil HFA) 90 mcg/inh inhalation aerosol)</b> Status: Ordered Start Date: 1/12/21	
<b>DULoxetine (Cymbalta 60 mg oral delayed release capsule)</b> Status: Ordered Start Date: 2/10/21 Stop Date: 8/9/21 1 cap by mouth once daily for 90 Days. Refills: 1. Ordering provider: Elkis, MD, Viktoria	

<b>furosemide (furosemide 20 mg oral tablet)</b> Status: Ordered Start Date: 1/12/21	
<b>lisinopril (lisinopril 5 mg oral tablet)</b> Status: Ordered Start Date: 1/12/21	
<b>secukinumab (Cosentyx Sensoready Pen 150 mg/mL SQ solution)</b> Status: Ordered Start Date: 2/8/21 INJECT 1 PEN (150 MG) UNDER THE SKIN ONCE A WEEK ON WEEKS 0, 1, 2, 3, & 4; THEN 1 PEN (150 MG) EVERY 4 WEEKS. Refills: 3. Ordering provider: Elkis, MD, Viktoria	
<b>secukinumab (Cosentyx Sensoready Pen 150 mg/mL SQ solution)</b> Status: Ordered Start Date: 2/8/21 INJECT 1 PEN (150 MG) UNDER THE SKIN EVERY 4 WEEKS. Refills: 2. Ordering provider: Elkis, MD, Viktoria	
<b>traMADol (traMADol 50 mg oral tablet)</b> Status: Ordered Start Date: 1/12/21	

## Results

No data available for this section

## Immunizations

No data available for this section

## Procedures

Procedure	Date	Related Diagnosis	Body Site	Status
CAT scan <sup>1</sup>	10/4/17			Completed
EKG	10/4/17			Completed

<sup>1</sup> chest, head, spine, pelvis, abd.,

## Social History

Social History Type	Response
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## Assessment and Plan

Extracted from:

<b>Title:</b> Cosentyx Authorization	<b>Author:</b> McCorkle, Alexis K	<b>Date:</b> 2/8/21
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## Specialty Pharmacy Prior Authorization

Medication Name &amp; Dose: Cosentyx 150mg q4w

Diagnosis Code: M45.9 Ankylosing spondylitis of unspecified sites in spine

Insurance Carrier: highmark

ID Number: 101372867001

Phone Number: 800-600-2227

Enrolled in Copay Assistance: unknown

Previous Medications Tried or Contraindicated: Humira, Enbrel

Relevant Labs: TB Negative 1/2021

Approval Dates: 12/5/2020-2/4/2022

Required Specialty Pharmacy: Alliance Walgreens

Does patient require teaching:

Extracted from:

**Title:** Office Visit Note**Author:** Elkis, MD, Viktoria**Date:** 1/12/21

Mr. Knoche is a 55-year-old man who carries a diagnosis of HLA-B27 positive ankylosing spondylitis. He has significant axial pain and stopped posture with significant limitation in range of motion. Though he does have HLA-B27 positivity, I cannot rule out the possibility of diffuse idiopathic skeletal hyperostosis (DISH) as an alternative diagnosis. His thoracic xray, done at Penn State in 2017, was read as having findings more consistent with DISH rather than AS. Will therefore order xrays of his c-spine, t-spine, l-spine, and SI joints for further workup. I will also check CBC, Cr, hepatic function, hepatitis serologies, ESR, CRP, and T-spot. Should he have elevated inflammatory markers and xrays show evidence of AS, will plan to order Cosentyx. Given significant pain, I have also prescribed Cymbalta 30mg daily.

Follow up in 3 months