**BEFORE THE**
**MEDICAL BOARD OF CALIFORNIA**
**DEPARTMENT OF CONSUMER AFFAIRS**
**STATE OF CALIFORNIA**

| | | |
|---|---|---|
| In the Matter of the Accusation Against: | ) | |
| | ) | |
| Denny Mark Schoch, M.D. | ) | Case No. 800-2014-005107 |
| Physician's and Surgeon's | ) | |
| Certificate No. A 95138 | ) | |
| | ) | |
| Respondent. | ) | |
| | ) | |
| | ) | |

**DENIAL BY OPERATION OF LAW**
**PETITION FOR RECONSIDERATION**

No action having been taken on the petition for reconsideration (Amended Application to Correct Mistake or Error In Decision/Stipulated Settlement; Request For Modification), filed by Lawrence S. Giardina, Esq., and the time for action having expired at 5 p.m. on August 31, 2018, the petition is deemed denied by operation of law.

**BEFORE THE**
**MEDICAL BOARD OF CALIFORNIA**
**DEPARTMENT OF CONSUMER AFFAIRS**
**STATE OF CALIFORNIA**

| | | |
|---|---|---|
| In the Matter of the Accusation Against: | ) | |
| | ) | MBC No. 800-2014-005107 |
| Denny Mark Schoch, M.D. | ) | |
| | ) | |
| Physician's and Surgeon's | ) | **ORDER GRANTING STAY** |
| Certificate No. A 95138 | ) | |
| | ) | (Government Code Section 11521) |
| | ) | |
| Respondent | ) | |

Lawrence S. Giardina, Esq. on behalf of respondent, Denny Mark Schoch, M.D., has filed an Application to Correct Mistake or Error in Decision/Stipulated Settlement; Request for Modification (Application) in this matter with an effective date of August 23, 2018, at 5:00 p.m. The Medical Board of California is considering this a Petition for Reconsideration.

Execution of the decision is stayed until August 31, 2018 at 5:00 p.m.

This stay is granted solely for the purpose of allowing the Board to review the Application/Petition.

DATED: August 23, 2018

Kimberly Kirchmeyer
Executive Director
Medical Board of California

**BEFORE THE**
**MEDICAL BOARD OF CALIFORNIA**
**DEPARTMENT OF CONSUMER AFFAIRS**
**STATE OF CALIFORNIA**

| | | |
|---|---|---|
| **In the Matter of the Accusation Against:** | ) | |
| **Denny Mark Schoch, M.D.** | ) | **Case No. 800-2014-005107** |
| **Physician's and Surgeon's Certificate No. A 95138** | ) | |
| **Respondent** | ) | |

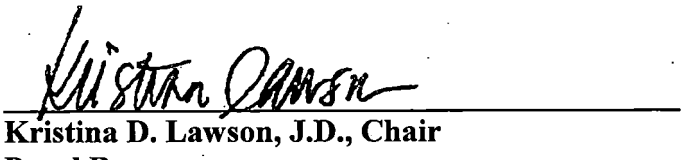
## DECISION

**The attached Stipulation is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on August 23, 2018.**

**IT IS SO ORDERED: July 24, 2018.**

**MEDICAL BOARD OF CALIFORNIA**



**Kristina D. Lawson, J.D., Chair**
**Panel B**

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
MICHAEL C. BRUMMEL
Deputy Attorney General
State Bar No. 236116
Department of Justice
2550 Mariposa Mall, Room 5090
Fresno, CA 93721
Telephone: (559) 705-2307
Facsimile: (559) 445-5106
E-mail: Michael.Brummel@doj.ca.gov

*Attorneys for Complainant*

**BEFORE THE**
**MEDICAL BOARD OF CALIFORNIA**
**DEPARTMENT OF CONSUMER AFFAIRS**
**STATE OF CALIFORNIA**

| | |
|---|---|
| In the Matter of the Accusation Against:<br><br>**DENNY MARK SCHOCH, M.D.**<br>**c/o dutcher admin services**<br>**14252 Culver Drive, Suite 732**<br>**Irvine, CA 92604**<br><br>**Physician's and Surgeon's Certificate No. A 95138**<br><br>Respondent. | Case No. 800-2014-005107<br><br>OAH No. 2017090203<br><br>**STIPULATED SETTLEMENT AND DISCIPLINARY ORDER** |

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Michael C. Brummel, Deputy Attorney General.

2. Respondent Denny Mark Schoch, M.D. (Respondent) is represented in this

proceeding by attorney Lawrence Scott Giardina, Esq., whose address is: Schuering Zimmerman & Doyle, LLP, 400 University Avenue, Sacramento, CA 95825-6502.

3. On or about April 26, 2006, the Board issued Physician's and Surgeon's Certificate No. A 95138 to Denny Mark Schoch, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2014-005107, and will expire on December 31, 2019, unless renewed.

JURISDICTION

4. Accusation No. 800-2014-005107 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on March 29, 2017. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2014-005107 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2014-005107. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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## CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2014-005107, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent does not contest that, at an administrative hearing, complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-2014-005107 and that he has thereby subjected his license to disciplinary action.

11. Respondent agrees that if he ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 800-2014-005107 shall be deemed true, correct and fully admitted by respondent for purposes of that proceeding or any other licensing proceeding involving respondent in the State of California.

## CONTINGENCY

12. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

13. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following

Disciplinary Order:

**DISCIPLINARY ORDER**

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 95138 issued to Respondent Denny Mark Schoch, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years from the effective date of the Decision and Order on the following terms and conditions.

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

3. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES. During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses.

4. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

5. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

6. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

Respondent shall maintain a current and renewed California physician's and surgeon's license.

Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

In the event Respondent should leave the State of California to reside or to practice, Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

7. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

8. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event Respondent's period of non-practice while on probation exceeds 18 calendar months, Respondent shall successfully complete the Federation of State Medical Boards' Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

Respondent's period of non-practice while on probation shall not exceed two (2) years.

Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice for a Respondent residing outside of California will relieve

Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

9. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

10. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

11. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

12. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of

California and delivered to the Board or its designee no later than January 31 of each calendar year.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Lawrence Scott Giardina, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 5/23/18

DENNY MARK SCHOCH, M.D.
*Respondent*

I have read and fully discussed with Respondent Denny Mark Schoch, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 5/23/18

LAWRENCE SCOTT GIARDINA, ESQ.
*Attorney for Respondent*

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated:

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

MICHAEL C. BRUMMEL
Deputy Attorney General
*Attorneys for Complainant*

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California and delivered to the Board or its designee no later than January 31 of each calendar year.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Lawrence Scott Giardina, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: _____ _____
DENNY MARK SCHOCH, M.D.
*Respondent*

I have read and fully discussed with Respondent Denny Mark Schoch, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: _____ _____
LAWRENCE SCOTT GIARDINA, ESQ.
*Attorney for Respondent*

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: 5/24/2018

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

MICHAEL C. BRUMMEL
Deputy Attorney General
*Attorneys for Complainant*

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# Exhibit A

**Accusation No. 800-2014-005107**

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
MICHAEL C. BRUMMEL
Deputy Attorney General
State Bar No. 236116
California Department of Justice
2550 Mariposa Mall, Room 5090
Fresno, CA 93721
Telephone: (559) 477-1679
Facsimile: (559) 445-5106
E-mail: Michael.Brummel@doj.ca.gov

*Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO April 28 2017
BY Robyn Fitzwater ANALYST

**BEFORE THE**
**MEDICAL BOARD OF CALIFORNIA**
**DEPARTMENT OF CONSUMER AFFAIRS**
**STATE OF CALIFORNIA**

| | |
|---|---|
| In the Matter of the Accusation Against:<br><br>**Denny Mark Schoch, M.D.**<br>**c/o Dutcher Admin Services**<br>**14252 Culver Drive, Suite 732**<br>**Irvine, CA 92604**<br><br>**Physician's and Surgeon's Certificate No. A 95138,**<br><br>Respondent. | Case No. 800-2014-005107<br><br>**ACCUSATION** |

Complainant alleges:

**PARTIES**

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about April 26, 2006, the Medical Board issued Physician's and Surgeon's Certificate Number A 95138 to Denny Mark Schoch, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on December 31, 2017, unless renewed.

## JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 22 of the Code states:

"'Board' as used in any provisions of this Code, refers to the board in which the administration of the provision is vested, and unless otherwise expressly provided, shall include 'bureau,' 'commission,' 'committee,' 'department,' 'division,' 'examining committee,' 'program,' and 'agency.'"

5. Section 2227 of the Code states:

"(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

"(1) Have his or her license revoked upon order of the board.

"(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

"(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

"(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

"(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

"(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1."

6. Section 2234 of the Code, states:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"...

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"..."

## FIRST CAUSE FOR DISCIPLINE

**(Repeated Negligent Acts)**

7. Respondent Denny Mark Schoch, M.D. is subject to disciplinary action under section 2234, subdivision (c), in that he committed repeated acts and/or omissions constituting negligence in the care and treatment of patients G.B.[1], G.P., S.R., C.S. and M.S. The circumstances are as follows:

Patient G.B.

8. On or about November 11, 2013, patient G.B. sought treatment from Respondent for a vascularization surgery to remove occluded portions of a blood vessel. Patient G.B. presented

[1] Initials are used herein when any reference is made to a specific patient for privacy purposes. The full name of the "patient" will be provided in response to a written request for discovery.

with a history that included gangrene, severe peripheral vascular disease and multiple prior surgical procedures by other physicians. Respondent performed a left lower extremity angiogram of the left superficial femoral artery (SFA), a failed left SFA remote endarterectomy followed by a successful left common femoral artery to below the knee popliteal bypass using a 6 mm Gore Propaten Vascular Graft. Patient G.B. had poor vein conduits in her lower extremities and her arm veins were too short, requiring Respondent to utilize a prosthetic Gore Propaten Vascular Graft. Respondent utilized patch angioplasties on the left common femoral and distal popliteal arteries resulting in extensive intraoperative blood loss. During surgery, patient G.B. required 6 units of packed red blood cell transfusions and her hematocrit[2] (HCT) level fell to 17% post operatively. The anesthesiologist estimated her blood loss at 3 liters. Respondent did not record the blood loss in the medical records independent of the entry made by the anesthesiologist.

9. Respondent negligently performed a femoral popliteal bypass surgery on patient G.B. resulting in excessive blood loss, which constitutes a departure from the standard of care.

Patient G.P.

10. On or about February 21, 2014, Patient G.P. sought treatment from Respondent for an vascularization surgery to remove occluded portions of a blood vessel. Patient G.P. presented to Respondent as an 88 year old female with a history including hypertension, coronary artery disease, lung cancer, uterine cancer. On or about February 21, 2014, Respondent performed a stent replacement of the left superficial femoral artery on patient G.P. Patient G.P. experienced increased leg pain following the surgery requiring additional surgical intervention.

11. On or about March 28, 2014, patient G.P. underwent the intravenous cannulation of the right common femoral artery with percutaneous mechanical thrombectomy of the SFA and TPA[3] infusion. Respondent was listed as the assisting surgeon for the procedure, although he dictated the case notes and signed the operative report. Respondent documented in the notes that he would "bring the patient back in 2 days for thrombolysis TPA recheck 3.30.14. Staff is not

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[2] A hematocrit test measures the portion of red blood cells in your blood.

[3] Tissue plasminogen activator (TPA) is a protein involved in the breakdown of blood clots. It is a serine protease found on endothelial cells, the cells that line blood vessels.

available tomorrow 3.29.14. Ordinarily I would bring her back no later than 24 hours as studies show duration of therapy is most significant risk factor for bleeding complication. We will run a lower rate of TPA." Patient G.P.'s hematocrit decreased following the procedure from 32% to 22% and she experienced back pain and tachycardia.

12. On or about March 30, 2014, patient G.P. presented with rethrombosis of the left SFA. Respondent was listed as the assisting surgeon for the surgical procedure that included placing two stents in her left SFA and continuation of the TPA. Respondent lowered the concentration / drip rate of the TPA from the amounts that patient G.P. had received for the two days prior. Patient G.P. returned to the ICU and developed an abdominal distention and a retroperitoneal hematoma of 10 cm as measured on the CT scan. Respondent continued the TPA and patient G.P.'s bleeding appeared to stop.

13. On or about March 31, 2014, Respondent performed an angiogram and balloon angioplasty of the left SFA on patient G.P. Respondent noted that he chose to make the catheter entry in the right groin higher than normal, into the upper CFA/iliac artery due to the presence of a saphenous vein graft coming off of the right CFA. The anesthesiologist documented in the medical record that patient G.P.'s abdomen was distended, she was hypotensive, diaphoretic with abdominal pain, the hemoglobin had dropped from 9.4 preoperatively to 6.8 and severe hemorrhage was suspected. The anesthesiologist informed Respondent of patient G.P.'s condition. Upon return from surgery to the ICU a nurse wrote that patient G.P. was diaphoretic, clammy, confused, hypotensive and tachycardic with a firm distended tender abdomen with wide open normal saline infusion. In Respondent's note, he stated that "the patient returned to the ICU in stable condition intubated, with normotension." After a failed thrombin injection by another physician, patient G.P. required additional surgical intervention. Patient G.P. returned to surgery with Respondent the same day for an angiogram and placement of a covered stent onto the right CFA/iliac artery. Respondent noted that patient G.P. had rethrombosis of the left femoral artery. Respondent performed an open left groin exploration and repair due to patient G.P.'s critical limb ischemia. Respondent performed an open surgical left femoral endarterectomy and open thrombectomy of the left SFA, however, patient G.P. experienced persistent bleeding after the

patch angioplasty and became severely coagulopathic. Patient G.P.'s hemoglobin dropped to a level of 4. Due to the continued bleeding and clinical deterioration, Respondent ligated the left SFA to try and stabilize the patient and control the bleeding. Patient G.P.'s condition became critical. Patient G.P. became coagulopathic with increasing acidosis and a pH of 6.9 and went into shock. The anesthesiologist had not drawn labs or properly utilized blood resuscitation products until told to do so by Respondent. Blood resuscitation efforts continued for approximately one hour before patient G.P. returned to surgery. Patient G.P. remained in shock and suffered from multisystem organ failure including renal and pulmonary failure. On or about April 1, 2014, patient G.P. died.

14. Respondent did not detect the retroperitoneal hematoma after the March 28, 2014 procedure on patient G.P. Rather than perform a search for the source of patient G.P.'s bleeding, Respondent returned her to surgery for further TPA infusion on March 30, 2014. Respondent did not aggressively manage patient G.P. with immediate resuscitation with blood, bicarbonate, fresh frozen plasma, platelets and cryoprecipitate after complications from her surgery on March 31, 2014. Respondent did not order and/or did not document that he requested the necessary labs and resuscitation products be available during patient G.P.'s surgical procedure on March 31, 2014. Respondent continued to try and repair the left SFA when he should have ceased interventions on the left side.

15. Respondent failed to recognize the hematocrit drop after the March 28, 2014 surgery as a retroperitoneal bleed and stop the TPA, which constitutes a departure from the standard of care.

16. Respondent failed to aggressively resuscitate patient G.P. immediately after the March 31, 2014 procedure in the operating room or in the ICU and failed to promptly recognize the major right iliofemoral bleeding pseudoaneurysm and retroperitoneal bleed, which constitutes a departure from the standard of care.

17. Respondent negligently performed a left leg femoral endarterectomy and thrombectomy on patient G.P., which constitutes a departure from the standard of care.

Patient S.R.

18. On or about December 13, 2013, patient S.R. presented to Respondent as a 70 year old female with peripheral vascular disease (PVD), right lower extremity ischemia and right femoral popliteal graft thrombosis. Respondent performed a left femoral cannulation with arteriogram of the right lower extremity, open thrombectomy of the right femoral popliteal graft and TPA and stent placement of the popliteal artery. Respondent was unable to navigate the catheter into patient S.R.'s right femoral popliteal graft requiring open thrombectomy. Patient S.R. experienced extensive intraoperative blood loss. The anesthesiologist estimated patient S.R.'s blood loss at 2 units and she required 4 units of blood during the procedure.

19. Respondent performed a surgical thrombectomy procedure on patient S.R. resulting in excessive blood loss, which constitutes a departure from the standard of care.

Patient C.S.

20. On or about November 8, 2013, patient C.S. presented to Respondent as a 77 year old male with chronic leg edema, deep vein thrombosis (DVT), venous stasis disease and left lower extremity varicose veins. Respondent performed a stab phlebectomy of the varicose veins. Patient C.S. had chronic edema and engorged varicose veins resulting in extensive intraoperative blood loss. The anesthesiologist estimated his blood loss at one liter.

21. Respondent performed an open surgical varicose vein procedure on patient C.S. resulting in excessive blood loss, which constitutes a departure from the standard of care.

Patient M.S.

22. On or about December 2, 2013, patient M.S. presented to Respondent as a 62 year old female with a history that included diabetes and severe peripheral vascular disease. Respondent performed a thrombectomy of patient M.S.'s left femoral popliteal graft and common iliac stent and external iliac angioplasty. Respondent performed a pharmacomechanical thrombectomy of patient M.S.'s right femoral popliteal bypass by way of a left femoral cannulation approach. Respondent instituted TPA thrombolysis and continued transcatheter infusion thrombolysis overnight. Respondent believes that he gave orders to manage the TPA by checking labs every few hours and terminating the TPA if patient M.S.'s fibrinogen levels dropped. Respondent's

orders are not a part of the medical record. Patient M.S.'s labs were not performed and the TPA was not shut off.

23. On or about December 3, 2013, patient M.S. returned to the operating room under the care of Respondent. Respondent performed a right femoral popliteal graft and the distal vessels underwent further thrombectomy and angioplasty stenting. Respondent removed the sheath and wires in the operating room and repaired the left common femoral arteriotomy with a percutaneous Angio-Seal Vascular Closure Device (Angio-Seal). The repair failed resulting in profuse bleeding. Respondent applied manual pressure for approximately twenty minutes in an attempt to stop the bleeding but was ultimately unsuccessful. Respondent then surgically reopened patient M.S.'s left groin and dissected to the left common femoral artery. Respondent identified the hole in patient M.S.'s femoral artery, removed the Angio-Seal device and opened the artery further to perform surgical endarterectomy and patch angioplasty. Prior to restoring blood flow, patient M.S. lost what the anesthesiologist estimated as 3 liters of blood. Respondent estimated patient M.S.'s blood loss during the procedure as 2 liters. Patient M.S. required multiple transfusion of fresh frozen plasma and packed red blood cells.

24. On or about December 11, 2013, patient M.S. required an amputation below her right knee.

25. On or about January 31, 2014, patient M.S. required further stump revision to her right leg.

26. Respondent performed a surgical procedure on patient M.S. resulting in excessive blood loss, which constitutes a departure from the standard of care.

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## PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 95138, issued to Respondent Denny Mark Schoch, M.D.;

2. Revoking, suspending or denying approval of Respondent Denny Mark Schoch, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Denny Mark Schoch, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: April 28, 2017

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
*Complainant*

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