

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

In the Matter of the Accusation)	
Against:)	
)	
)	
HRACH KHUDATYAN, M.D.)	Case No. 17-2010-211671
)	
Physician's and Surgeon's)	
Certificate No. A 60871)	
)	
Respondent)	
_____)	

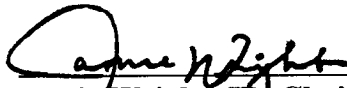
DECISION

The attached Stipulated Settlement and Disciplinary Order 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 March 11, 2015.

IT IS SO ORDERED: February 9, 2015.

MEDICAL BOARD OF CALIFORNIA



Jamie Wright, JD, Chair
Panel A

1 KAMALA D. HARRIS
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 CINDY M. LOPEZ
Deputy Attorney General
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7

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

10 In the Matter of the Accusation Against:

Case No. 17-2010-211671

11 HRACH KHUDATYAN, M.D.
12 134 N. Glendale Avenue
Glendale, CA 91206
13 Physician's and Surgeon's Certificate No. A
60871

OAH No. 2014010084

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

14 Respondent.
15

16
17 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
18 entitled proceedings that the following matters are true:

19 PARTIES

20 1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical
21 Board of California. She brought this action solely in her official capacity and is represented in
22 this matter by Kamala D. Harris, Attorney General of the State of California, by Cindy M. Lopez,
23 Deputy Attorney General.

24 2. Respondent Hrach Khudatyan M.D. ("Respondent") is represented in this proceeding
25 by attorney Richard A. Moss, Esq., whose address is: 255 South Marengo Avenue
26 Pasadena, CA 91101-2719

27 3. On or about September 12, 1996, the Medical Board of California issued Physician's
28 and Surgeon's Certificate No. A 60871 to Respondent. The Physician's and Surgeon's Certificate

1 was in full force and effect at all times relevant to the charges brought in Accusation No. 17-
2 2010-211671 and will expire on May 31, 2016, unless renewed.

3 JURISDICTION

4 4. Accusation No. 17-2010-211671 was filed before the Medical Board of California
5 (Board) , Department of Consumer Affairs, and is currently pending against Respondent. The
6 Accusation and all other statutorily required documents were properly served on Respondent on
7 May 16, 2013. Respondent timely filed his Notice of Defense contesting the Accusation.

8 5. A copy of Accusation No. 17-2010-211671 is attached as exhibit A and incorporated
9 herein by reference.

10 ADVISEMENT AND WAIVERS

11 6. Respondent has carefully read, fully discussed with counsel, and understands the
12 charges and allegations in Accusation No. 17-2010-211671. Respondent has also carefully read,
13 fully discussed with counsel, and understands the effects of this Stipulated Settlement and
14 Disciplinary Order.

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

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

24 CULPABILITY

25 9. Respondent understands and agrees that the charges and allegations in Accusation
26 No. 17-2010-211671, if proven at a hearing, constitute cause for imposing discipline upon his
27 Physician's and Surgeon's Certificate.
28

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

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 Portable Document Format (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 60871 issued to Respondent Hrach Khudatyan, M.D. (Respondent) is revoked. However, the revocation is

1 stayed and Respondent is placed on probation for five (5) years on the following terms and
2 conditions.

3 1. EDUCATION COURSE. Within 60 calendar days of the effective date of this
4 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
5 for its prior approval educational program(s) or course(s) which shall not be less than 20 hours
6 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
7 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
8 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
9 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
10 completion of each course, the Board or its designee may administer an examination to test
11 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 45
12 hours of CME of which 20 hours were in satisfaction of this condition.

13 2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
14 date of this Decision, Respondent shall enroll in a course in medical record keeping equivalent to
15 the Medical Record Keeping Course offered by the Physician Assessment and Clinical Education
16 Program, University of California, San Diego School of Medicine (Program), approved in
17 advance by the Board or its designee. Respondent shall provide the program with any information
18 and documents that the Program may deem pertinent. Respondent shall participate in and
19 successfully complete the classroom component of the course not later than six (6) months after
20 Respondent's initial enrollment. Respondent shall successfully complete any other component of
21 the course within one (1) year of enrollment. The medical record keeping course shall be at
22 Respondent's expense and shall be in addition to the Continuing Medical Education (CME)
23 requirements for renewal of licensure.

24 A medical record keeping course taken after the acts that gave rise to the charges in the
25 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
26 or its designee, be accepted towards the fulfillment of this condition if the course would have
27 been approved by the Board or its designee had the course been taken after the effective date of
28 this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

3. MONITORING - PRACTICE/BILLING. Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor, the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

The Board or its designee shall provide the approved monitor with copies of the Decision and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision and Accusation, fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

Within 60 calendar days of the effective date of this Decision, and continuing throughout probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective date of this Decision, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

1 The monitor(s) shall submit a quarterly written report to the Board or its designee which
2 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
3 are within the standards of practice of medicine, and whether Respondent is practicing medicine
4 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure
5 that the monitor submits the quarterly written reports to the Board or its designee within 10
6 calendar days after the end of the preceding quarter.

7 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
8 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
9 name and qualifications of a replacement monitor who will be assuming that responsibility within
10 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
11 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
12 notification from the Board or its designee to cease the practice of medicine within three (3)
13 calendar days after being so notified Respondent shall cease the practice of medicine until a
14 replacement monitor is approved and assumes monitoring responsibility.

15 In lieu of a monitor, Respondent may participate in a professional enhancement program
16 equivalent to the one offered by the Physician Assessment and Clinical Education Program at the
17 University of California, San Diego School of Medicine, that includes, at minimum, quarterly
18 chart review, semi-annual practice assessment, and semi-annual review of professional growth
19 and education. Respondent shall participate in the professional enhancement program at
20 Respondent's expense during the term of probation.

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

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

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

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

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

10 7. GENERAL PROBATION REQUIREMENTS.

11 Compliance with Probation Unit

12 Respondent shall comply with the Board's probation unit and all terms and conditions of
13 this Decision.

14 Address Changes

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

20 Place of Practice

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

24 License Renewal

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

27 Travel or Residence Outside California

28 Respondent shall immediately inform the Board or its designee, in writing, of travel to any

1 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
2 (30) calendar days.

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

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

9 9. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
10 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
11 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
12 defined as any period of time Respondent is not practicing medicine in California as defined in
13 Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month
14 in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All
15 time spent in an intensive training program which has been approved by the Board or its designee
16 shall not be considered non-practice. Practicing medicine in another state of the United States or
17 Federal jurisdiction while on probation with the medical licensing authority of that state or
18 jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall
19 not be considered as a period of non-practice.

20 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
21 months, Respondent shall successfully complete a clinical training program that meets the criteria
22 of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and
23 Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

26 Periods of non-practice will relieve Respondent of the responsibility to comply with the
27 probationary terms and conditions with the exception of this condition and the following terms
28 and conditions of probation: Obey All Laws; and General Probation Requirements.

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

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

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

22 13. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
23 with probation monitoring each and every year of probation, as designated by the Board, which
24 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
25 California and delivered to the Board or its designee no later than January 31 of each calendar
26 year.

1 ACCEPTANCE

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

7
8 DATED:

09/4/2014

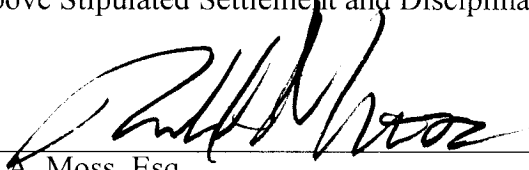


Hrach Khudatyan, M.D.
Respondent

10
11 I have read and fully discussed with Respondent Hrach Khudatyan, M.D. the terms and
12 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
13 I approve its form and content.

14 DATED:

9/15/14



Richard A. Moss, Esq.
Attorney for Respondent

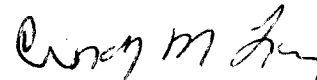
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17 ENDORSEMENT

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

20 Dated: 12.30.2014

Respectfully submitted,

21 KAMALA D. HARRIS
Attorney General of California
22 ROBERT MCKIM BELL
Supervising Deputy Attorney General



23
24 CINDY M. LOPEZ
25 Deputy Attorney General
26 Attorneys for Complainant
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Attorneys for Complainant

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

In the Matter of the Accusation Against:

Case No. 17-2010-211671

HRACH KHUDATYAN, M.D.

134 North Glendale Avenue
Glendale, California 91206

Physician's and Surgeon's Certificate A 60871,

Respondent.

ACCUSATION

Complainant alleges:

PARTIES

1. Linda K. Whitney (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California (Board).

2. On or about September 12, 1996, the Board issued Physician's and Surgeon's Certificate number A 60871 to Hrach Khudatyan, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2014, unless renewed.

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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 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Division deems proper.

5. Section 2234 of the Code, states: ¹

"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:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"(b) Gross negligence.

"(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.

¹ California Business and Professions Code section 2002, as amended and effective January 1, 2008, provides that, unless otherwise expressly provided, the term "board" as used in the State Medical Practice Act (Bus. & Prof. Code § 2000, et seq.) means the "Medical Board of California," and references to the "Division of Medical Quality" and "Division of Licensing" in the Act or any other provision of law shall be deemed to refer to the Board.

1 "(d) Incompetence.

2 "(e) The commission of any act involving dishonesty or corruption which is substantially
3 related to the qualifications, functions, or duties of a physician and surgeon.

4 "(f) Any action or conduct which would have warranted the denial of a certificate.

5 "(g) The practice of medicine from this state into another state or country without meeting
6 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not
7 apply to this subdivision. This subdivision shall become operative upon the implementation of the
8 proposed registration program described in Section 2052.5.

9 "(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and
10 participate in an interview scheduled by the mutual agreement of the certificate holder and the
11 board. This subdivision shall only apply to a certificate holder who is the subject of an
12 investigation by the board."

13 FIRST CAUSE FOR DISCIPLINE

14 (Gross Negligence - Patients M.S., S.K., V.C., H.N., & S.S.)

15 6. Respondent is subject to disciplinary action under section 2234, subdivision (b) in
16 that he was grossly negligent in his care and treatment of five patients. The circumstances are as
17 follows:

18 7. The Department of Health Care Services (DHCS) performed an audit of
19 Respondent's practice and reviewed patient charts from May 1, 2007 through November 30,
20 2009. Based on this audit, the DHCS determined Respondent was overpaid approximately
21 \$92,000. Prior to November 2006, none of the patients mentioned below had been referred out
22 for ultrasounds. During this audit, DHCS noticed an alarming trend where patients started getting
23 a lot of ultrasounds after November 14, 2006, which is the date Respondent purchased an
24 ultrasound machine for his office.

25 8. Factual Allegations Regarding Patient M.S.:

26 A. Respondent saw this patient from April 15, 2002 through April 27, 2006 and he never
27 referred her for any ultrasounds. Once he got his machine in November 2006, he did the
28 following: four carotid ultrasounds (August 2006, December 2007, January 2009, and January

1 2010); three echocardiograms (November 2006, October 2008, and November 2009); three
2 abdominal ultrasounds (August 2007, August 2008, and September 2009); three renal ultrasounds
3 (August 2007, June 2008, and August 2009); three pelvic ultrasounds (August 2007, June 2008,
4 and September 2009); three aortic ultrasounds (August 07, August 2008, and September 2009)
5 and three LE Venous Dopplers (March 2007, May 2008, and May 2009).²

6 B. On April 19, 2007, Respondent documented abdominal discomfort in his records.
7 There was no differential diagnosis and no labs were ordered. He ordered an ultrasound of the
8 abdomen, pelvis, aorta and a renal ultrasound. Less than four months later on August 6, 2007,
9 there was similar documentation. On August 4, 2008, abdominal pain is briefly documented, but
10 again no differential diagnosis is indicated nor were labs ordered. Respondent ordered an
11 ultrasound of the abdominal aorta. On August 13, 2009, he documented abdominal pain. There
12 was no differential diagnosis and no labs were ordered. Respondent only ordered an ultrasound
13 of the abdomen and aorta.

14 C. On November 17, 2006, the patient presented with a complaint of chest pain and
15 palpitations. Respondent ordered an echocardiogram but no EKG. He did not order a chest x-
16 ray, lab tests or cardiac stress tests. On January 8, 2007, the chest pains and palpitations are
17 documented again. There is a radiologist report on this patient for July 16, 2008 and June 30,
18 2010 which suggests a cardiac stress test should be done, but none of this is addressed by
19 Respondent.

20 Allegations of Gross Negligence:

21 D. Respondent misused ultrasounds to evaluate patient complaints. Respondent would
22 document the same patient complaint each year and immediately proceed to an ultrasound.

23 E. Respondent committed an extreme departure from the standard of care for failing to
24 take an adequate history, working up a differential diagnosis, and failing to order labs. Patients
25 with persistent or ongoing abdominal pain should have a CT scan or endoscopy.

26
27 ² An echocardiogram is an ultrasound of the heart; LE Venous Doppler looks at the lower
28 extremities, and veins in the legs.

1 F. Respondent committed an extreme departure from the standard of care for not
2 appropriately evaluating chest pain.

3 9. Factual Allegations Regarding Patient S.K.:

4 A. Respondent saw the patient from March 27, 2001 through June 19, 2006, and he
5 never referred her for any ultrasounds. Once he got his machine in November 2006, he did the
6 following: four carotid ultrasounds (March 2007, February 2008, February 2009, and March
7 2010); three abdominal ultrasounds (December 2006, November 2007, and June 2009); three
8 renal ultrasounds (December 2006, November and June 2009); three pelvic ultrasounds
9 (December 2006, November 2007, and June 2009); three aortic ultrasounds (December 2006,
10 November 2007, and June 2009); and, three LE venous Dopplers (August 2006, July 2007, and
11 July 2008).

12 B. On December 1, 2006, December 7, 2006, October 31, 2007, and June 29, 2009,
13 Respondent documented abdominal pain. There was no differential diagnosis and no labs were
14 ordered. On each date he ordered a group of four ultrasounds.

15 Allegations of Gross Negligence:

16 C. Respondent misused ultrasounds to evaluate patient complaints. Respondent would
17 document the same patient complaint and immediately proceed to an ultrasound.

18 D. The Respondent committed an extreme departure from the standard of care by failing
19 to take an adequate history, working up a differential diagnosis, and failing to order labs with
20 regards to complaints of abdominal pain. Patients with persistent or ongoing abdominal pain
21 should have a CT scan or endoscopy.

22 10. Factual Allegations re: Patient V.C.:

23 A. Respondent saw this patient from June 21, 2004 through Aug. 8, 2006, and he never
24 referred her for any ultrasounds. Once he got his machine in November 2006, he did the
25 following: three carotid ultrasounds (April 2007, July 2008, and May 2009) three
26 echocardiograms (December 2007, and December 2008); three abdominal ultrasounds
27 (September 2007, September 2008, and October 2009); three renal ultrasounds (September 2007,
28 October 2008, and October 2009); three pelvic ultrasounds (September 2007, October 2008, and

1 October 2009); two aortic ultrasounds (September 2007 and September 2008); and two LE
2 venous Dopplers (January 2007 and May 2008).

3 Allegations of Gross Negligence:

4 B. Respondent misused ultrasounds to evaluate patient complaints. Respondent would
5 document the same patient complaint and immediately proceed to an ultrasound.

6 11. Factual Allegations re: Patient H.N.:

7 A. On May 28, 2008 and June 18, 2008, a renal cyst was identified. The cyst was
8 identified as a simple cyst by ultrasound. Respondent did not comment on the cyst, he did not
9 order a CT scan or any other imaging study to further evaluate it.

10 B. On March 15, 2007, April 28, 2008, September 30, 2010, and November 16, 2010,
11 Respondent documented abdominal pain, but did not list a differential diagnosis, did not order lab
12 tests, and there was minimal additional history.

13 Allegations of Gross Negligence:

14 C. The Respondent committed an extreme departure from the standard of care by failing
15 to appropriately evaluate the renal cyst.

16 D. The Respondent committed an extreme departure from the standard of care by failing
17 to take an adequate history, working up a differential diagnosis, and failing to order labs with
18 regards to complaints of abdominal pain. Patients with persistent or ongoing abdominal pain
19 should have a CT scan or endoscopy.

20 12. Factual Allegations re: Patient S.S.:

21 A. On April 21, 2009, a renal cyst was identified. Respondent did not comment on the
22 cyst, he did not order a CT scan or any other imaging study to further evaluate it.

23 B. On May 26, 2009, Respondent documented abdominal discomfort. There was no
24 differential diagnosis listed nor did Respondent order labs. He ordered an ultrasound only of the
25 abdomen and aorta.

26 Allegations of Gross Negligence:

27 C. The Respondent committed an extreme departure from the standard of care by failing
28 to appropriately evaluate the renal cyst.

1 D. The Respondent committed an extreme departure from the standard of care by failing
2 to take an adequate history, working up a differential diagnosis, and failing to order labs to
3 resolve the complaints of abdominal pain. Patients with persistent or ongoing abdominal pain
4 should have a CT scan or endoscopy.

5 SECOND CAUSE FOR DISCIPLINE

6 (Repeated Negligent Acts- Patients M.S., S.K., V.C., H.N., and S.S.)

7 13. By reason of the facts set forth above in the First Cause for Discipline, Respondent is
8 subject to disciplinary action for repeated negligent acts in his care and treatment of five patients,
9 under section 2234, subdivision (c).

10 A. Patient M.S. On July 25, 2006, Respondent documented a complaint of dizziness. A
11 carotid duplex was ordered. On January 14, 2009, he documented the same complaint but no
12 further history. A carotid duplex was ordered even though the patient had one ordered on
13 December 12, 2007. This was a simple departure for not appropriately evaluating dizziness.

14 B. Patient H.N. On August 30, 2006, the patient presented with episodes of dizziness.
15 No neurologic exam is documented. A carotid duplex is ordered. On April 2, 2007, the patient
16 presented for a follow up visit complaining of dizziness which had persisted since the visit on
17 March 15, 2007. No neurologic exam is documented. This was a simple departure for not
18 appropriately evaluating dizziness.

19 PRAYER

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

22 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 60871,
23 issued to Respondent.

24 2. Revoking, suspending or denying approval of Respondent's authority to supervise
25 physician assistants, pursuant to section 3527 of the Code;

26 3. If placed on probation, ordering him to pay the of probation monitoring;

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

DATED: May 16, 2013



LINDA K. WHITNEY
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California

Complainant

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