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BEFORE THE
BOARD OF PODIATRIC MEDICINE
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: ERIC TODD TRAVIS, D.P.M. 37 Arbor Walk Lane Rancho Santa Margarita, CA 92688 Doctor of Podiatric Medicine License No. E 4459, Respondent.	Case No. 500-2014-000137 **A C C U S A T I O N**

Complainant alleges:

PARTIES

1. Brian Naslund (Complainant) brings this Accusation solely in his official capacity as the Executive Officer of the Board of Podiatric Medicine, Department of Consumer Affairs.

2. On or about January 17, 2003, the Board of Podiatric Medicine issued Doctor of Podiatric Medicine License Number E 4459 to Eric Todd Travis, D.P.M. (Respondent). The Doctor of Podiatric Medicine License was in full force and effect at all times relevant to the charges brought herein and will expire on June 30, 2018, unless renewed.

JURISDICTION

3. This Accusation is brought before the Board of Podiatric Medicine (Board), Department of Consumer Affairs, under the authority of the following laws. All section

references are to the Business and Professions Code unless otherwise indicated.

4. Section 2222 of the Code states the California Board of Podiatric Medicine shall enforce and administer Code Section 2220 et seq. of the Medical Practice Act as to doctors of podiatric medicine. Any acts of unprofessional conduct or other violations proscribed by the Medical Practice Act are applicable to licensed doctors of podiatric medicine and wherever the Medical Quality Hearing Panel established under Section 11371 of the Government Code is vested with the authority to enforce and carry out this chapter as to licensed physicians and surgeons, the Medical Quality Hearing Panel also possesses that same authority as to licensed doctors of podiatric medicine.

The California Board of Podiatric Medicine may order the denial of an application or issue a certificate subject to conditions as set forth in Code Section 2221, or order the revocation, suspension, or other restriction of, or the modification of that penalty, and the reinstatement of any certificate of a doctor of podiatric medicine within its authority as granted by this chapter and in conjunction with the administrative hearing procedures established pursuant to Sections 11371, 11372, 11373, and 11529 of the Government Code. For these purposes, the California Board of Podiatric Medicine shall exercise the powers granted and be governed by the procedures set forth in the Medical Practice Act.

5. Section 2228 of the Code states:

"The authority of the board or the California Board of Podiatric Medicine to discipline a licensee by placing him or her on probation includes, but is not limited to, the following:

"(a) Requiring the licensee to obtain additional professional training and to pass an examination upon the completion of the training. The examination may be written or oral, or both, and may be a practical or clinical examination, or both, at the option of the board or the administrative law judge.

"(b) Requiring the licensee to submit to a complete diagnostic examination by one or more physicians and surgeons appointed by the board. If an examination is ordered, the board shall receive and consider any other report of a complete diagnostic examination given by one or more physicians and surgeons of the licensee's choice.

"(c) Restricting or limiting the extent, scope, or type of practice of the licensee, including requiring notice to applicable patients that the licensee is unable to perform the indicated treatment, where appropriate.

"(d) Providing the option of alternative community service in cases other than violations relating to quality of care."

6. Section 2229 of the Code states:

"(a) Protection of the public shall be the highest priority for the Division of Medical Quality, the California Board of Podiatric Medicine, and administrative law judges of the Medical Quality Hearing Panel in exercising their disciplinary authority.

"(b) In exercising his or her disciplinary authority an administrative law judge of the Medical Quality Hearing Panel, the division, or the California Board of Podiatric Medicine, shall, wherever possible, take action that is calculated to aid in the rehabilitation of the licensee, or where, due to a lack of continuing education or other reasons, restriction on scope of practice is indicated, to order restrictions as are indicated by the evidence.

"(c) It is the intent of the Legislature that the division, the California Board of Podiatric Medicine, and the enforcement program shall seek out those licensees who have demonstrated deficiencies in competency and then take those actions as are indicated, with priority given to those measures, including further education, restrictions from practice, or other means, that will remove those deficiencies. Where rehabilitation and protection are inconsistent, protection shall be paramount."

7. 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:

"(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.

"(d) Incompetence.

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

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

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

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

8. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

FACTS

9. J.H., a 93-year-old male, first presented to Respondent on October 14, 2013, with complaints of pain and ambulation of the right foot. Respondent's objective findings were that J.H. had: diminished pulses; normal ranges of motion (including the digits and the metatarsal);

phalangeal joint[1] issues; painful verruca plantar[2] to the 5th metatarsal right foot;[3] normal neurological lower extremity functions; and no evidence of neuroma.[4]

10. At the initial visit J.H was diagnosed with: a localized painful verruca plantar (a small wart) to the 5th metatarsal right foot; keratoderma[5] acquired; pain in his limb; dystrophic onychomycotic[6] toenails; dermatophytosis toenails,[7] and; PVD.[8] Respondent's suggested treatments for J.H., which he performed on this date, were: sharp debridement[9] of verrucae to pinpoint bleeding; cauterization and chemical treatment of the wart; debridement of toenails and paring of the keratodermas.

11. J.H. next presented to Respondent on November 4, 2013, with complaints of painful calluses with ambulation of both feet and painful dystrophic toenails of both feet. The significant objective findings were similar to the initial visit but also included: atrophic[10] skin changes; and painful lesions plantar to the 5th metatarsal bilateral.

12. Similar to the initial visit J.H was diagnosed with: a localized painful verruca plantar (a small wart) to the 5th metatarsal right foot; keratoderma; pain in his limb; dystrophic

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[1] Any of the hinge joints between the phalanges of the fingers or toes. Also called interphalangeal joint or digital joint.

[2] Plantar issues relate to the sole of the foot or a corresponding part.

[3] A small wart on the 5th long cylindrical bone extending from the heel to the toes.

[4] A tumor or new growth largely made up of nerve cells and nerve fibers.

[5] Keratoderma is a cutaneous manifestation most often involving the palms, soles, toes, and glans penis, and characterized by development of thick keratotic (excessive horny tissue on the skin) coverings; the lesions resemble those of pustular psoriasis.

[6] A fungal infection.

[7] Any superficial fungal infection caused by a dermatophyte and involving the stratum corneum (the outermost layer of the epidermis consisting of dead cells) of the skin, hair, and nails, including onychomycosis

[8] Peripheral vascular disease (PVD) is any abnormal condition that affects the blood vessels and lymphatic vessels, except those that supply the heart. Different kinds and degrees of PVD are characterized by a variety of signs and symptoms, such as numbness, pain, pallor, elevated blood pressure, and impaired arterial pulsations. Causative factors include obesity, cigarette smoking, stress, sedentary occupations, and numerous metabolic disorders. PVD in association with bacterial endocarditis may involve emboli in terminal arterioles and produce gangrenous infarctions of distal parts of the body, such as the tip of the nose, the pinna of the ear, the fingers, and the toes. Large emboli may occlude peripheral vessels and cause atherosclerotic occlusive disease. Treatment of severe cases may require amputation of gangrenous body parts. Less severe peripheral vascular problems may be treated by eliminating causative factors, especially cigarette smoking, and by administering various drugs, such as salicylates and anticoagulants. Some kinds of peripheral vascular disease are atherosclerosis and arteriosclerosis.

[9] Debridement is the removal of unhealthy tissue from a wound to promote healing.

[10] Denoting atrophy.

onychomycotic toenails; dermatophytosis toenails; and ingrown toenail, and; PVD. Respondent's suggested treatments for J.H., which he performed on this date, were: sharp debridement of the toenails; cauterization and chemical treatment of the wart; debridement of toenails and paring of the keratodermas.

13. J.H. next presented to Respondent on January 6, 2014, with complaints of painful calluses with ambulation of both feet and painful dystrophic toenails on both feet. The significant objective findings were similar to the initial visit but also included atrophic skin changes. J.H. was again diagnosed with a localized painful verruca plantar to the 5th metatarsal right foot; keratoderma; pain in his limb; dystrophic onychomycotic toenails; dermatophytosis toenails; and ingrown toenail; and PVD. Respondent's suggested treatments for J.H. were to: perform digital vascular studies; a sharp debridement of the toenails; cauterization and chemical treatment of the wart; debridement of toenails; and paring of the keratodermas.

14. J.H. next presented to Respondent on February 10, 2014, with the same complaints of painful calluses with ambulation of both feet and painful dystrophic toenails of both feet. The significant objective findings were the same as the prior visit. The diagnosis was the same as well, with the addition of a diagnosis of Morton's Neuroma.[11]

15. Respondent's suggested treatments for J.H., which he performed on this date, were: sharp debridement of the toenails; cauterization and chemical treatment of the wart; a 4% Benzyl Alcohol (sclerosing) injection mixed with local anesthetic (treatment of Morton's Neuroma).

16. J.H. next presented to Respondent on March 10, 2014, with complaints of painful calluses with ambulation of both feet, painful dystrophic toenails of both feet and intractable plantar keratoma (IPK).[12] The significant objective findings were the same as prior visits, with the addition of a localized verruca plantar to the 5th metatarsal right foot. The diagnosis was the same as the prior visit including: a viral wart; Keratoderma; pain in limbs; PVD; ingrown toenail,

[11] Morton's Neuroma is a type of perineural fibrosis described by Morton in 1876; it is not a true neuroma. It is evidenced by a sharp, burning pain, commonly between the 3rd and 4th metatarsal heads, which is worse with direct pressure.

[12] IPK is a focused, painful lesion that commonly takes the form of a discrete, focused callus, usually about 1 cm, on the plantar aspect of the fore foot.

and; dermatophytosis of toenails. No diagnosis of Morton's Neuroma was included on this date. Oddly, the suggested treatments included treatment for Morton's Neuroma.

17. Respondent's suggested treatments for J.H. on March 10, 2014, which he performed on this date, were: another sclerosing injection mixed with local anesthetic (in treatment of Morton's Neuroma); sharp debridement of verrucae to pinpoint bleeding, cauterization and chemical treatment of wart.

18. J.H. next presented to Respondent on April 4, 2014, with complaints of painful calluses with ambulation of both feet with neuroma abscess, painful dystrophic toenails of both feet and IPK. The significant objective findings were similar to prior visits, including a localized verruca plantar to the 5th metatarsal right foot with abscess and no signs of infection with the addition of a localized verruca plantar to the 5th metatarsal right foot. The diagnosis was the same as the prior visit including: a viral wart; Keratoderma; pain in limbs; PVD; ingrown toenail, and; dermatophytosis of toenails. A diagnosis of Morton's Neuroma was included on this date. Also included on this date was a diagnosis of cellulitis and abscess of foot.

19. Respondent's suggested treatments for J.H. on April 4, 2014, which he performed on this date, were: another sclerosing injection mixed with local anesthetic (in treatment of Morton's Neuroma); incision and drainage of the abscess after a more proximal anesthetic nerve block with wound curettage, and; sharp debridement of verrucae to pinpoint bleeding, cauterization and chemical treatment of wart.

20. J.H. next presented to Respondent on April 25, 2014, with complaints of painful calluses with ambulation of both feet with neuroma abscess, painful dystrophic toenails of both feet and IPK and ulceration of posterior-plantar in the left heel. The significant objective findings were: verrucous lesion posterior on the left heel; a left heel ulcer with eschar,[13] and; a localized verruca plantar to the 5th metatarsal right foot with erythema[14] and serous drainage, including a localized verruca plantar to the 5th metatarsal right foot with abscess. The diagnosis was similar

[13] Eschar is a thick, coagulated crust or slough which develops following a thermal burn or chemical or physical cauterization of the skin. It can also be the result of gangrene.

[14] Erythema is a redness of the skin caused by congestion of the capillaries in the lower layers of the skin. It occurs with any skin injury, infection, or inflammation.

to prior visits including: a viral wart; keratodema; pain in limbs; PVD; ingrown toenail; dermatophytosis of toenails; Morton's Neuroma; cellulitis and abscess of the foot; and an ulcer in the midfoot section of the heel.

21. Respondent's significant objective findings on April 25, 2014, were again dystrophic onychomycotic toenails and painful lesions plantar to the 5th metatarsal bilateral.

22. Respondent's treatments on April 25, 2014, which he performed on this date, were: paring of the keratormas; treatment of the foot infection; treatment of a bone lesion; drainage of the abscess; and strapping of toes, ankle and foot.

23. J.H. next presented to Respondent on May 2, 2014, with complaints of painful calluses with ambulation of both feet with neuroma abscess, painful dystrophic toenails of both feet and verrucous IPK and ulceration of posterior-plantar in the left heel. The significant objective findings were: diminished pulses; verrucous lesion posterior on the left heel; a left heel ulcer with eschar; and a localized verruca plantar to the 5th metatarsal right foot with erythema and serous drainage, including a localized verruca plantar to the 5th metatarsal right foot with serious drainage from an abscess; dystrophic onychomycotic toenails; and painful lesions plantar to the 5th metatarsal bilateral.

24. Respondent's diagnosis on May 2, 2014, was similar to prior visits including: a viral wart; keratoderma; pain in limbs; PVD; ingrown toenail; dermatophytosis of toenails; Morton's Neuroma; cellulitis and abscess of the foot; and an ulcer in the midfoot section of the heel.

25. Respondent's treatments on May 2, 2014, which he performed on this date, were significantly more involved than on prior visits, including: destruction of a benign lesion; debridement of toenails; trimming of skin lesions; vascular testing; a nerve block; injection treatment of nerve; treatment of two foot infections; treatment of a bone lesion; drainage of two skin abscess; strapping of the toes; strapping of the Ankle and foot; debridement of subcutaneous tissue; a skin substitute graft; application of an Oasis Wound Matrix;[15] and paring of the keratomas.

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[15] An Oasis Wound Matrix is wound dressing with SIS (Small Intestinal Submucosa) technology, similar to a skin graft.

26. Following Respondent's treatment of J.H. on May 2, 2014, the patient presented in the emergency room on May 12, 2014. A culture taken from J.H. grew Staph Aureus and x-rays taken suggested osteomyelitis.

27. On May 13, 2014, an infectious disease consultation was performed by Dr. A.W.

28. An amputation of the 5th toe and a partial 5th metatarsal excision was performed on J.H. on July 27, 2014.

29. Prior to seeing Respondent, J.H. was already diagnosed with: dystrophic toenails; Type II Diabetes and neuropathy; plantar IPKs to the first and fifth metatarsals; and PVD.

FIRST CAUSE FOR DISCIPLINE
(Unprofessional Conduct-Gross Negligence)

30. By reason of the matters set forth above in paragraphs 9 through 29, incorporated herein by this reference, Respondent is subject to disciplinary action under Code section 2234, subdivision (b), in that he engaged in unprofessional conduct constituting gross negligence. The circumstances are as follows:

31. Although J.H. was known to be diabetic with peripheral neuropathy and vascular disease, the charting is replete with objective findings indicating chronic atrophic skin changes, prolonged capillary filling times and diminished peripheral pulses. The only studies on record are Flochek studies, which do not sufficiently evaluate or comprehensibly evaluate the distal vasculature.

32. A vascular consultation for J.H. was indicated, but never obtained. Respondent's failure to perform sufficient vascular studies and his failure to obtain a vascular consultation in a diabetic patient with chronic vascular changes constitutes gross negligence.

33. Respondent's failure to perform sufficient vascular studies and his failure to obtain a vascular consultation in a diabetic patient with chronic vascular changes resulted in J.H. developing a non-healing ulceration that lead to a partial amputation of his foot and constitutes gross negligence.

34. J.H. was previously diagnosed with peripheral neuropathy and that diagnosis had been validated with objective findings in records available to Respondent. However, Respondent

still debrided the verrucae to pinpoint bleeding and failed to provide more consistent care for the ulceration, which contributed to J.H. developing a non-healing ulceration leading to a partial amputation of his foot constituting gross negligence.

35. J.H.'s verrucae was debrided to pinpoint bleeding and/or treated with chemicals under occlusion on numerous occasions. This service was not provided in a timely manner and there were no biopsies performed to validate the diagnosis. The treatment resulted in ulceration of the skin in a dysvascular and neuropathic foot, which, in a 93-year-old man with inadequate circulation, created an ulceration from pinpoint bleeding that was difficult to heal. Without having protective sensation J.H. could not guard and protect this area, thus potentiating the ulceration and contributing to J.H. developing a non-healing ulceration, constituting gross negligence.

36. Respondent's repetitive sclerosing injections therapeutically scarred and shrank distal nerves as well as other tissues. Without vascular or neurologic validation these injections can complicate healing and cause ulceration, abscess and infection. Respondent's repeated injections resulted in an abscess in J.H., which eventually led to a partial foot amputation, constituting gross negligence.

37. Despite serous drainage in the verrucae and/or the IPK on numerous visits, a culture was never done, blood glucose levels were not monitored and an infectious disease consult was not obtained. Neither were X-rays ordered. Respondent's failure to obtain a culture or take other actions in response to the objective findings constitutes gross negligence.

38. Despite knowledge that J.H had multiple medical issues regarding his lower extremities, including diabetes, with neuropathy and peripheral vascular disease Respondent continued giving J.H. sclerosing injections. These injections were not the appropriate therapy and because they were delivered in an area adjacent to an ulceration, a markedly enhanced risk of abscess and infection development was present and occurred, which eventually led to a partial foot amputation, constituting gross negligence.

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SECOND CAUSE FOR DISCIPLINE
(Unprofessional Conduct-Repeated Negligent Acts)

39. By reason of the matters set forth above in paragraphs 9 through 38, incorporated herein by this reference, Respondent is subject to disciplinary action under Code section 2234, subdivision (c), in that he engaged in unprofessional conduct constituting repeated negligent acts. The circumstances are as follows:

40. There were no findings in the charting for J.H. to indicate a Morton's Neuroma, but, despite the absence of any objective evidence, benzyl alcohol sclerosing injections were performed on five occasions. The inappropriate charting relative to the services that were provided on five occasions constitutes repeated negligent acts.

41. Respondent coupled multiple diagnoses that need to be separated. Respondent's coupled diagnosis must be either a verrucae or an IPK, not both. An abscess is also a separate diagnosis, but was not separated by Respondent. Taken together these constitute repeated negligent acts.

THIRD CAUSE FOR DISCIPLINE
(Failure to Maintain Accurate and Adequate Medical Records)

42. By reason of the matters set forth above in paragraphs 9 through 41, incorporated herein by this reference, Respondent is subject to disciplinary action under Code section 2266 in that he failed to maintain adequate and accurate medical records for patient J.H.

FOURTH CAUSE FOR DISCIPLINE
(Dishonest Acts)

43. By reason of the matters set forth above in paragraphs 9 through 42, incorporated herein by this reference, Respondent is subject to disciplinary action under Code section 2234, subdivision (e), in that he engaged in unprofessional conduct constituting dishonesty. The circumstances are as follows:

44. J.H. received a paring of the hyperkeratosis and treatment of verrucae on multiple visits. The repetitive billing of paring of the hyperkeratosis and treatment of the verrucae on the same locations on the same visits represents fraudulent billing, constituting dishonesty.

PRAYER

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

1. Revoking or suspending Doctor of Podiatric Medicine License No. E 4459, issued to Eric Todd Travis, D.P.M.;

2. Ordering Eric Todd Travis, D.P.M., if placed on probation, to pay the Board the costs of probation monitoring, and;

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

DATED: September 12, 2017

BRIAN NASLUND
Executive Officer
Board of Podiatric Medicine
State of California Department of Consumer Affairs
Complainant

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