

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

**In the Matter of the Accusation** )  
**Against:** )  
 )  
**Asghar Oliai, M.D.** )  
 )  
**Physician's and Surgeon's** )  
**Certificate No. C50271** )  
 )  
**Respondent** )  
\_\_\_\_\_ )

**Case No. 800-2017-038201**

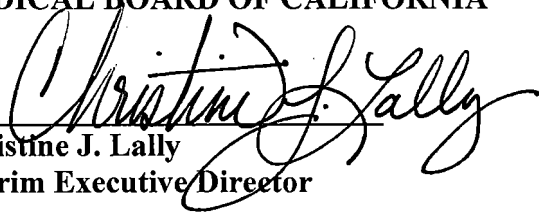
**DECISION**

**The attached Stipulated Surrender of License 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 July 1, 2020.**

**IT IS SO ORDERED April 7, 2020.**

**MEDICAL BOARD OF CALIFORNIA**

By:   
**Christine J. Lally**  
**Interim Executive Director**

1 XAVIER BECERRA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 KAROLYN M. WESTFALL  
Deputy Attorney General  
4 State Bar No. 234540  
600 West Broadway, Suite 1800  
5 San Diego, CA 92101  
P.O. Box 85266  
6 San Diego, CA 92186-5266  
Telephone: (619) 738-9465  
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

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

In the Matter of the Accusation Against:  
  
**ASGHAR OLIAI, M.D.**  
**278000 Medical Center Dr., #318**  
**Mission Viejo, CA 92691**  
  
**Physician's and Surgeon's Certificate**  
**No. C 50271**  
  
Respondent.

Case No. 800-2017-038201  
OAH No. 2019120068  
**STIPULATED SURRENDER OF  
LICENSE 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. This action was brought by Complainant Kimberly Kirchmeyer in her official capacity as the then Executive Director of the Medical Board of California (Board). Kimberly Kirchmeyer became the Director of the Department of Consumer Affairs on October 28, 2019. On that date, Christine J. Lally became the Interim Executive Director of the Board, and the Complainant in this action. She is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Karolyn M. Westfall, Deputy Attorney General.

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1 CULPABILITY

2 8. Respondent does not contest that, at an administrative hearing, Complainant could  
3 establish a *prima facie* case with respect to the charges and allegations contained in Accusation  
4 No. 800-2017-038201, a true and correct copy of which is attached hereto as Exhibit A, and that  
5 he has thereby subjected his Physician's and Surgeon's Certificate No. C 50271 to disciplinary  
6 action. Respondent hereby surrenders his Physician's and Surgeon's Certificate No. C 50271 for  
7 the Board's formal acceptance with an agreed upon effective date of July 1, 2020.

8 9. Respondent agrees that his Physician's and Surgeon's Certificate No. C 50271 is  
9 subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth  
10 in the Disciplinary Order below.

11 10. Respondent further agrees that if he ever petitions for reinstatement of his Physician's  
12 and Surgeon's Certificate No. C 50271, all of the charges and allegations contained in Accusation  
13 No. 800-2017-038201 shall be deemed true, correct, and fully admitted by Respondent for  
14 purposes of any such proceeding or any other licensing proceeding involving Respondent in the  
15 State of California or elsewhere.

16 11. Respondent understands that by signing this stipulation he enables the Interim  
17 Executive Director of the Board to issue an order, on behalf of the Board, accepting the surrender  
18 of his Physician's and Surgeon's Certificate No. C 50271 without further process.

19 CONTINGENCY

20 12. Business and Professions Code section 2224, subdivision (b), provides, in pertinent  
21 part, that the Medical Board "shall delegate to its executive director the authority to adopt a ...  
22 stipulation for surrender of a license."

23 13. This Stipulated Surrender of License and Disciplinary Order shall be subject to the  
24 approval of the Interim Executive Director on behalf of the Board. The parties agree that this  
25 Stipulated Surrender of License and Disciplinary Order shall be submitted to the Interim  
26 Executive Director for her consideration in the above-entitled matter and, further, that the Interim  
27 Executive Director shall have a reasonable period of time in which to consider and act on this  
28 Stipulated Surrender of License and Disciplinary Order after receiving it. By signing this

1 stipulation, Respondent fully understands and agrees that he may not withdraw his agreement or  
2 seek to rescind this stipulation prior to the time the Interim Executive Director, on behalf of the  
3 Board, considers and acts upon it.

4 14. The parties agree that this Stipulated Surrender of License and Disciplinary Order  
5 shall be null and void and not binding upon the parties unless approved and adopted by the  
6 Interim Executive Director on behalf of the Board, except for this paragraph, which shall remain  
7 in full force and effect. Respondent fully understands and agrees that in deciding whether or not  
8 to approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Interim  
9 Executive Director and/or the Board may receive oral and written communications from its staff  
10 and/or the Attorney General's Office. Communications pursuant to this paragraph shall not  
11 disqualify the Interim Executive Director, the Board, any member thereof, and/or any other  
12 person from future participation in this or any other matter affecting or involving Respondent. In  
13 the event that the Interim Executive Director on behalf of the Board does not, in her discretion,  
14 approve and adopt this Stipulated Surrender of License and Disciplinary Order, with the  
15 exception of this paragraph, it shall not become effective, shall be of no evidentiary value  
16 whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party  
17 hereto. Respondent further agrees that should this Stipulated Surrender of License and  
18 Disciplinary Order be rejected for any reason by the Interim Executive Director on behalf of the  
19 Board, Respondent will assert no claim that the Interim Executive Director, the Board, or any  
20 member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this  
21 Stipulated Surrender of License and Disciplinary Order or of any matter or matters related hereto.

22 **ADDITIONAL PROVISIONS**

23 15. This Stipulated Surrender of License and Disciplinary Order is intended by the parties  
24 herein to be an integrated writing representing the complete, final, and exclusive embodiment of  
25 the agreements of the parties in the above-entitled matter.

26 16. The parties agree that copies of this Stipulated Surrender of License and Disciplinary  
27 Order, including copies of the signatures of the parties, may be used in lieu of original documents  
28 and signatures and, further, that such copies shall have the same force and effect as originals.




1 ACCEPTANCE

2 I have carefully read the above Stipulated Surrender of License and Disciplinary Order and  
3 have fully discussed it with my attorney, Raymond J. McMahon, Esq. I understand the  
4 stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. C 50271. I  
5 enter into this Stipulated Surrender of License and Disciplinary Order voluntarily, knowingly, and  
6 intelligently, and agree to be bound by the Decision and Order of the Medical Board of  
7 California.

8  
9 DATED: 3/21/20   
10 ASGHAR OLIAI, M.D.  
11 Respondent

12 I have read and fully discussed with Respondent, Asghar Oliai, M.D., the terms and  
13 conditions and other matters contained in this Stipulated Surrender of License and Disciplinary  
14 Order. I approve its form and content.

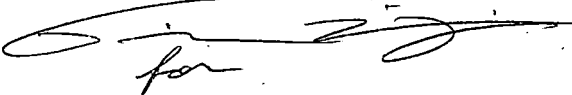
15 DATED: March 25, 2020   
16 RAYMOND J. MCMAHON, ESQ.  
17 Attorney for Respondent

18 ENDORSEMENT

19 The foregoing Stipulated Surrender of License and Disciplinary Order is hereby  
20 respectfully submitted for consideration by the Medical Board of California of the Department of  
21 Consumer Affairs.

22 DATED: 3/27/2020

23 Respectfully submitted,  
24 XAVIER BECERRA  
25 Attorney General of California  
26 ALEXANDRA M. ALVAREZ  
27 Supervising Deputy Attorney General

28   
KAROLYN M. WESTFALL  
Deputy Attorney General  
Attorneys for Complainant

**Exhibit A**

**Accusation No. 800-2017-038201**



FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO Oct 1 2019  
BY D. Richards ANALYST

1 XAVIER BECERRA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 KAROLYN M. WESTFALL  
Deputy Attorney General  
4 State Bar No. 234540  
600 West Broadway, Suite 1800  
5 San Diego, CA 92101  
P.O. Box 85266  
6 San Diego, CA 92186-5266  
Telephone: (619) 738-9465  
7 Facsimile: (619) 645-2061  
8 *Attorneys for Complainant*

9  
10 **BEFORE THE**  
11 **MEDICAL BOARD OF CALIFORNIA**  
12 **DEPARTMENT OF CONSUMER AFFAIRS**  
13 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:  
14 **ASGHAR OLIAI, M.D.**  
27800 Medical Center Rd., #318  
15 Mission Viejo, CA 92691  
16 **Physician's and Surgeon's Certificate**  
No. C 50271,  
17 Respondent.

Case No. 800-2017-038201

**ACCUSATION**

18  
19 **PARTIES**

- 20 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
21 capacity as the Executive Director of the Medical Board of California, Department of Consumer  
22 Affairs (Board).  
23 2. On or about June 18, 1999, the Medical Board issued Physician's and Surgeon's  
24 Certificate No. C 50271 to Asghar Oliai, M.D. (Respondent). The Physician's and Surgeon's  
25 Certificate was in full force and effect at all times relevant to the charges brought herein and will  
26 expire on December 31, 2020, unless renewed.

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

3 8. Respondent has subjected his Physician's and Surgeon's Certificate No. C 50271 to  
4 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of  
5 the Code, in that he was grossly negligent in his care and treatment of Patient A,<sup>1</sup> as more  
6 particularly alleged hereinafter:

7 9. On or about October 14, 2012, Patient A, a forty-eight year old female, presented to  
8 the emergency room with complaints of recurring non-radiating abdominal pain in the mid-  
9 epigastric area. The patient reported having a cholecystectomy<sup>2</sup> two years prior. Blood tests  
10 revealed significantly elevated liver enzymes, and the patient was admitted to the hospital for a  
11 biliary ultrasound and treatment of pancreatitis.

12 10. On or about October 14, 2012, an ultrasound revealed Patient A's common bile duct  
13 measured 1 cm in size, which was abnormal postcholecystectomy, and a magnetic resonance  
14 cholangiopancreatography (MRCP)<sup>3</sup> was recommended.

15 11. Sometime between on or about October 14, 2012, and on or about October 16, 2012,  
16 Patient A refused an MRCP due to anxiety and claustrophobia.

17 12. On or about October 16, 2012, Respondent met with Patient A for a gastroenterology  
18 consultation. In order to rule out the possibility of common duct stone and ampullary stenosis,  
19 Respondent recommended an endoscopic retrograde cholangiopancreatography (ERCP).<sup>4</sup>

20 13. On or about October 18, 2012, at approximately 2:09 p.m., Respondent began an  
21 ERCP on Patient A under monitored anesthesia care sedation. Respondent was initially unable to  
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23 <sup>1</sup> To protect the privacy of the patient involved, the patient's name has not been included in this  
pleading. Respondent is aware of the identity of the patient referred to herein.

24 <sup>2</sup> Cholecystectomy is the surgical removal of the gall bladder.

25 <sup>3</sup> MRCP is a noninvasive MRI exam used to diagnose medical conditions. It produces detailed  
26 images of the hepatobiliary and pancreatic systems, including the liver, gallbladder, bile ducts, pancreas  
and pancreatic duct.

27 <sup>4</sup> ERCP is an endoscopic procedure used to inject dye into the bile and pancreas ducts. X-ray  
28 pictures are then taken to see if there is a blockage or narrowing in the biliary or pancreatic ducts caused  
by stones, tumors, or scarring.

1 introduce the duodenoscope into the upper esophagus, so he dilated the esophagus with a 15 mm  
2 diameter balloon. Respondent was again unable to introduce the duodenoscope into the upper  
3 esophagus, so he then dilated the esophagus with a 17 mm diameter balloon.

4 14. After finding no evidence of a tear in the esophagus, Respondent then passed the  
5 duodenoscope into the duodenum. He was unable to cannulate the ampulla with standard  
6 techniques, so Respondent used a needle knife to cut the orifice of the ampulla, placed a  
7 guidewire into what he believed to be the common duct, and obtained a cholangiogram. Over the  
8 guidewire, he placed a stent, but did not see any evidence of bile coming through the opening of  
9 the stent. Respondent then removed the duodenoscope. An intraoperative fluoroscopy revealed a  
10 plastic stent and contrast material in an uncertain location.

11 15. After he removed the duodenoscope, Respondent noticed crepitation in Patient A's  
12 neck and clavicular regions on both sides. A chest x-ray was obtained that revealed a  
13 pneumothorax and air under the subcutaneous area in the neck and upper chest. At approximately  
14 4:30 p.m., the patient was then transferred to the intensive care unit (ICU).

15 16. After being transferred to the ICU, CT scans of Patient A's neck and chest revealed a  
16 large right pneumothorax and very extensive subcutaneous emphysema essentially throughout all  
17 compartments within the neck and prevertebral space, and a possible esophageal tear. A CT scan  
18 of Patient A's abdomen and pelvis revealed a severe pneumoperitoneum<sup>5</sup> and  
19 pneumoretroperitoneum,<sup>6</sup> consistent with bowel perforation. The scans further revealed a stent  
20 located in the upper abdomen, appearing to lie within the peritoneum and retroperitoneum, with a  
21 small portion engaging the bowel and not engaging any biliary structures. Respondent was  
22 informed of these findings at approximately 10:00 p.m.

23 17. At approximately 10:45 p.m., an emergent chest tube was inserted by Dr. K.C. to  
24 reduce the pneumothorax. A subsequent chest x-ray revealed a smaller pneumothorax, continued

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26 <sup>5</sup> Pneumoperitoneum is the abnormal presence of air or other gas in the peritoneal cavity.

27 <sup>6</sup> Pneumoretroperitoneum is the presence of air in the retroperitoneum. It is always a pathological  
28 condition and can be caused by a perforation of a retroperitoneal hollow organ such as the duodenum,  
colon, or rectum.

1 severe subcutaneous emphysema throughout the chest and neck, and large volume  
2 pneumoretroperitoneum.

3 18. On or about October 19, 2012, Patient A was seen by multiple specialists to  
4 determine the exact site of perforation and to determine the next course of action.

5 19. At approximately 10:00 a.m., an esophagram and upper GI showed contrast material  
6 along the upper tip of the stent.

7 20. At approximately 10:55 a.m., Respondent performed an upper GI endoscopy on  
8 Patient A and removed the biliary stent.

9 21. At approximately 10:15 p.m., Patient A was noted to be draining bile from her right-  
10 sided chest tube as well as passing copious amounts of liquid black stool with some bright red  
11 blood.

12 22. On or about October 20, 2012, at approximately 2:30 a.m., Dr. S.C. performed an  
13 exploratory laparotomy on Patient A, during which a duodenal perforation was identified and  
14 repaired, and a large retroperitoneal abscess was drained.

15 23. At approximately 6:50 a.m., Patient A was noted to have critical lab results and  
16 continued bleeding.

17 24. At approximately 9:20 a.m., Dr. S.C. performed an emergent exploratory laparotomy  
18 with duodenostomy and control of duodenal bleeding.

19 25. At approximately 4:55 p.m., Patient A was noted to be critically ill with disseminated  
20 intravascular coagulation and multi-system organ failure.

21 26. On or about October 21, 2012, at approximately 12:52 a.m., Patient A was  
22 pronounced dead, and was subsequently transported to Pacific View Mortuary.

23 27. On or about October 21, 2012, Dr. V.E. reported to Pacific View Mortuary that  
24 Patient A's death was due to multi-system organ failure and duodenal perforation.

25 28. On or about October 25, 2012, Respondent reported to Pacific View Mortuary that  
26 Patient A's death was due to acute respiratory distress syndrome, disseminated intravascular  
27 coagulation, hemorrhagic gastritis, and pancreatitis. Respondent did not identify duodenal  
28 perforation as a cause or contributing condition to her death.



1 treatment of Patient A, as more particularly alleged in paragraphs 8 through 32, above, which are  
2 hereby incorporated by reference and realleged as if fully set forth herein.

3 **THIRD CAUSE FOR DISCIPLINE**

4 **(Dishonesty or Corruption)**

5 34. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
6 C 50271 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
7 subdivision (e), of the Code, in that he has committed an act or acts of dishonesty or corruption,  
8 as more particularly alleged in paragraphs 8 through 32, above, which are hereby incorporated by  
9 reference and realleged as if fully set forth herein.

10 **FOURTH CAUSE FOR DISCIPLINE**

11 **(False Representations)**

12 35. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
13 C 50271 to disciplinary action under sections 2227 and 2234, as defined by section 2261, of the  
14 Code, in that he has knowingly made or signed a certificate or document directly or indirectly  
15 related to the practice of medicine which falsely represented the existence or nonexistence of a  
16 state of facts, as more particularly alleged in paragraphs 8 through 32, above, which are hereby  
17 incorporated by reference and realleged as if fully set forth herein.

18 **FIFTH CAUSE FOR DISCIPLINE**

19 **(Failure to Maintain Adequate and Accurate Records)**

20 36. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
21 C 50271 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the  
22 Code, in that Respondent failed to maintain adequate and accurate records regarding his care and  
23 treatment of Patient A, as more particularly alleged in paragraphs 8 through 32, above, which are  
24 hereby incorporated by reference and realleged as if fully set forth herein.

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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 No. C 50271, issued to Respondent, Asghar Oliai, M.D.;
2. Revoking, suspending or denying approval of Respondent, Asghar Oliai, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent, Asghar Oliai, 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: October 1, 2019

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

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