

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

In the Matter of the Accusation  
Against:

Melissa Kelly Egge, M.D.

Physician's & Surgeon's  
Certificate No A92826

Case No. 800-2016-021952

Respondent.

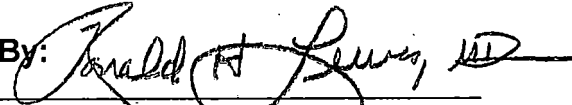
DECISION

The attached Stipulated Settlement for Public Reprimand 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 September 18,  
2020.

IT IS SO ORDERED August 21, 2020.

MEDICAL BOARD OF CALIFORNIA

By: 

Ronald H. Lewis, M.D., Chair  
Panel A

1 XAVIER BECERRA  
Attorney General of California  
2 JANE ZACK SIMON  
Supervising Deputy Attorney General  
3 LYNNE K. DOMBROWSKI  
Deputy Attorney General  
4 State Bar No. 128080  
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7 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

Case No. 800-2016-021952

13 **MELISSA KELLY EGGE, M.D.**

14 11175 Campus Street  
15 Dept of Pediatrics  
Coleman Pavilion  
Loma Linda, CA 92350-1700

16 Physician's and Surgeon's Certificate  
17 No. A 92826

**STIPULATED SETTLEMENT FOR  
PUBLIC REPRIMAND AND  
DISCIPLINARY ORDER**

18 Respondent.

19  
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
21 entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of  
24 California (Board). He brings this action solely in his official capacity and is represented in this  
25 matter by Xavier Becerra, Attorney General of the State of California, by Lynne K. Dombrowski,  
26 Deputy Attorney General.

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1 CULPABILITY

2 8. Respondent understands and agrees that the charges and allegations in Accusation  
3 No. 800-2016-021952, if proven at a hearing, constitute cause for imposing discipline upon her  
4 Physician's and Surgeon's Certificate.

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

9 10. Respondent agrees that her Physician's and Surgeon's Certificate is subject to  
10 discipline and she agrees to be bound by the Board's imposition of discipline as set forth in the  
11 Disciplinary Order below.

12 CONTINGENCY

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

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

26 13. In consideration of the foregoing admissions and stipulations, the parties agree that  
27 the Board may, without further notice or formal proceeding, issue and enter the following  
28 Disciplinary Order:

1 **DISCIPLINARY ORDER**

2 A. PUBLIC REPRIMAND

3 IT IS HEREBY ORDERED that Respondent Melissa Kelly Egge, M.D., Physician's and  
4 Surgeon's Certificate No. A 92826, shall be and hereby is publicly reprimanded pursuant to  
5 California Business and Professions Code section 2227, subdivision (a)(4). This public  
6 reprimand, which is issued in connection with Respondent's conduct as set forth in Accusation  
7 No. 800-2016-021952, is as follows:

8 You demonstrated unprofessional conduct by failing to file a mandatory report with  
9 Child Protective Services when you had a reasonable suspicion to expect child abuse or  
10 neglect and learned another physician had not submitted the report and by failing to  
11 maintain adequate records of your communications regarding Patient A, pursuant to  
12 Business and Professions Code section 2234, subdivision (c).

13 B. EDUCATION COURSE.

14 IT IS FURTHER ORDERED that within 60 calendar days of the effective date of this  
15 Decision, Respondent shall submit to the Board or its designee for its prior approval educational  
16 program(s) or course(s), which shall not be less than 8 hours total, that shall be aimed at the  
17 identification and reporting by physicians of child abuse and that shall be Category I certified.  
18 The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition  
19 to the Continuing Medical Education (CME) requirements for renewal of licensure. Respondent  
20 shall successfully complete the 8 hours of educational courses within one year from the effective  
21 date of the Decision.

22 Course(s) taken after the acts that gave rise to the charges in the Accusation but prior to the  
23 effective date of the Decision may, in the sole discretion of the Board or its designee be accepted  
24 towards the fulfillment of this condition if the course(s) would have been approved by the Board  
25 or its designee had the course been taken after the effective date of the Decision.

26 Respondent shall submit a certification of successful completion of the 8 hours of  
27 educational course(s) to the Board or its designee not later than 15 calendar days after

28 ///

1 successfully completing the course(s), or not later than 15 calendar days after the effective date of  
2 the Decision, whichever is later.

3  
4 ACCEPTANCE

5 I have carefully read the above Stipulated Settlement for Public Reprimand and  
6 Disciplinary Order and have fully discussed it with my attorney, Mr. Cyrus Tabari. I understand  
7 the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into  
8 this Stipulated Settlement for Public Reprimand and Disciplinary Order voluntarily, knowingly,  
9 and intelligently, and agree to be bound by the Decision and Order of the Medical Board of  
10 California. I fully understand that any failure to comply with the terms and conditions of the  
11 Disciplinary Order set forth above shall constitute unprofessional conduct and that my  
12 Physician's and Surgeon's Certificate will be subject to further disciplinary action.

13  
14 DATED: 7-23-20

  
15 MELISSA KELLY EGGE, M.D.  
16 Respondent

17  
18 I have read and fully discussed with Respondent Melissa Kelly Egge, M.D. the terms and  
19 conditions and other matters contained in the above Stipulated Settlement for Public Reprimand  
20 and Disciplinary Order. I approve its form and content.

21  
22 DATED: 7/23/20

  
23 CYRUS A. TABARI  
24 Attorney for Respondent

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**ENDORSEMENT**

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

DATED: 07/31/2020

Respectfully submitted,

XAVIER BECERRA  
Attorney General of California  
JANE ZACK SIMON  
Supervising Deputy Attorney General

*Lynne K. Dombrowski*  
LYNNE K. DOMBROWSKI  
Deputy Attorney General  
*Attorneys for Complainant*

SF2018201557

**Exhibit A**

**Accusation No. 800-2016-021952**



1 XAVIER BECERRA  
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2 JANE ZACK SIMON  
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3 LYNNE K. DOMBROWSKI  
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7 Attorneys for Complainant

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO Jan 11 20 19  
BY [Signature] ANALYST

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

13 In the Matter of the Accusation Against:

Case No. 800-2016-021952

14 **MELISSA KELLY EGGE, M.D.**  
Department of Pediatrics  
15 Coleman Pavilion  
11175 Campus Street  
16 Loma Linda CA 92350-1700

ACCUSATION

17 Physician's and Surgeon's Certificate  
No. A 92826,

18 Respondent.

19  
20 Complainant alleges:

21 **PARTIES**

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

25 2. On or about September 16, 2005, the Medical Board issued Physician's and Surgeon's  
26 Certificate Number A 92826 to Melissa Kelly Egge, M.D. (Respondent). The Physician's and  
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
28 herein and will expire on June 30, 2019, unless renewed.



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

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

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

9           6.     Section 2228 of the Code states:

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

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

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

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

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

25           7.     Section 2266 of the Code states: “The failure of a physician and surgeon to maintain  
26 adequate and accurate records relating to the provision of services to their patients constitutes  
27 unprofessional conduct.”

28

1           8. California Penal Code sections 11164 *et seq.* are known as the Child Abuse and  
2 Neglect Reporting Act (“CANRA”).

3           9. California Penal Code section 11165.7, subdivision (a) (21) provides that a licensed  
4 physician and surgeon is a “mandated reporter” under CANRA.

5           10. California Penal Code section 11166 states, in pertinent part:

6           “(a) Except as provided in subdivision (d), and in Section 11166.05, a mandated reporter  
7 shall make a report to an agency specified in Section 11165.9 whenever the mandated reporter, in  
8 his or her professional capacity or within the scope of his or her employment, has knowledge of  
9 or observes a child whom the mandated reporter knows or reasonably suspects has been the  
10 victim of child abuse or neglect. The mandated reporter shall make an initial report by telephone  
11 to the agency immediately or as soon as is practically possible, and shall prepare and send, fax, or  
12 electronically transmit a written followup report within 36 hours of receiving the information  
13 concerning the incident. The mandated reporter may include with the report any nonprivileged  
14 documentary evidence the mandated reporter possesses relating to the incident.

15           “(1) For purposes of this article, “reasonable suspicion” means that it is objectively  
16 reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable  
17 person in a like position, drawing, when appropriate, on his or her training and experience, to  
18 suspect child abuse or neglect. “Reasonable suspicion” does not require certainty that child abuse  
19 or neglect has occurred nor does it require a specific medical indication of child abuse or neglect;  
20 any “reasonable suspicion” is sufficient. . . .”

21           “ . . . ”

22           “(3) A report made by a mandated reporter pursuant to this section shall be known as a  
23 mandated report.

24           “ . . . ”

25           “(h) When two or more persons, who are required to report, jointly have knowledge of a  
26 known or suspected instance of child abuse or neglect, and when there is agreement among them,  
27 the telephone report may be made by a member of the team selected by mutual agreement and a  
28 single report may be made and signed by the selected member of the reporting team. Any

1 member who has knowledge that the member designated to report has failed to do so shall  
2 thereafter make the report.

3 “(i)(1) The reporting duties under this section are individual, and no supervisor or  
4 administrator may impede or inhibit the reporting duties, and no person making a report shall be  
5 subject to any sanction for making the report. . . .”

6 **FIRST CAUSE FOR DISCIPLINE**

7 **(Unprofessional Conduct: Gross Negligence and/or Repeated Negligent Acts; Failure to**  
8 **Comply with CANRA Mandatory Reporting)**

9 11. Respondent Melissa Kelly Egge, M.D. is subject to disciplinary action for  
10 unprofessional conduct through gross negligence and/or repeated negligent acts under Business  
11 and Professions Code section 2234, subdivisions (b) and/or (c), and/or through failure to file a  
12 mandatory report under California Penal Code section 11166, as described herein.

13 12. On or about July 2, 2015, Patient A, a boy of about two-years-of age, was seen at the  
14 Emergency Department (“ED”) of O’Connor Hospital (“O’Connor”) in San Jose. The patient  
15 complained of right elbow pain and was diagnosed with a right supracondylar fracture and buckle  
16 fracture of the right distal radius. The examination of the left upper extremity was normal. The  
17 parents reported that Patient A fell backward while running on a tile floor. The patient’s right  
18 arm was splinted and follow-up was arranged with orthopedics.

19 13. The next day, on July 3, 2015, Patient A returned to the ED at O’Connor with a  
20 complaint of left arm pain and swelling of the left upper extremity. The parents said that they  
21 were not aware of any new falls and that the left arm swelling had developed about 20 minutes  
22 before they arrived at the hospital. The diagnosis was a left supracondylar fracture. A skeletal  
23 survey x-ray (a 10-view battered child series of x-rays of the chest, legs, skull) was obtained.

24 14. Patient A was transported by ambulance from O’Connor to Santa Clara Valley  
25 Medical Center (“SVCMC”) for pediatric orthopedic care. It was reported that physicians at  
26 O’Connor were also concerned about the possibility of non-accidental trauma (“NAT”).

27 15. On or about July 3, 2015 at about midnight, Respondent received a call from a  
28 pediatric physician at SCVMC who examined Patient A and reviewed the case for orthopedic

1 care and for further assessment of the possibility of a non-accidental trauma. Respondent was the  
2 on-call child abuse expert for the hospital. After reviewing the patient's known history by  
3 telephone, Respondent opined that Patient A's injuries were not likely to be non-accidental  
4 trauma, that the described mechanism of fall was consistent with the injuries, and that no report  
5 needed to be filed with Child Protective Services ("CPS").

6 16. Respondent did not adequately document the details of this telephone consultation.

7 17. Patient A was admitted overnight to the hospital for surgical repair. Repeated x-rays  
8 of the bilateral upper extremities were ordered at SCVMC.

9 18. Prior to Patient A's discharge on July 4, 2015, a SCVMC pediatric hospitalist  
10 reviewed the patient's history and contacted Respondent's SCAN team partner, who was the on-  
11 call child abuse expert at that time, for another telephone consultation about possible NAT. The  
12 other SCAN team physician concluded that Patient A's injuries were most likely accidental  
13 trauma and that a CPS report was not recommended. The patient was discharged home with  
14 orthopedic followup scheduled. No report was filed with Child Protective Services.

15 19. On or about July 7, 2015, a SCVMC physician was notified by a radiologist that  
16 Patient A's skeletal survey x-rays from O'Connor showed a "late subacute fracture deformity in  
17 the distal metaphysis of the left femur." The radiologist noted that: "Combination of acute and  
18 late sub-acute or chronic fractures in the pediatric skeleton suspicious for non-accidental trauma.  
19 Recommend clinical correlation."

20 20. On or about July 7, 2015, the SCVMC physician sent an e-mail to the other SCAN  
21 team physician regarding concerns about the multiple fractures and about the newly reported  
22 femur fracture.

23 21. On or about July 7, 2015, the SCVMC ED physician called and spoke with the other  
24 SCAN team physician, who was the on-call child abuse expert. The advice given by the other  
25 SCAN team partner was that, although the femur fracture was not as characteristic an injury for  
26 the fall described, he still had an overall low index of suspicion for non-accidental trauma and did  
27 not feel that a CPS report was warranted. He recommended that lab studies and screenings be  
28

1 done to test the patient's bone fragility. The labs were ordered and drawn and the results did not  
2 raise any concerns.

3 22. Sometime in or about July 2015, Respondent learned, during a discussion with the  
4 other SCAN team physician, about Patient A's additional femur fracture discovered by the  
5 radiologist.

6 23. On or about November 16, 2015, the Chairman of the SCVMC Pediatrics Department  
7 informed Respondent of concerns raised by orthopedic physicians about Patient A's case, the  
8 combination of known treated injuries, and the possibility of NAT, and asked that Respondent  
9 perform a chart review.

10 24. On or about November 17, 2015, Respondent reported, after her chart review, that it  
11 was her opinion that a report to Child Protective Services ("CPS") was warranted. Respondent  
12 discussed the case by email with her SCAN team partner and it was agreed that Respondent's  
13 SCAN team partner would file the CPS report. Respondent was told by her SCAN team partner  
14 that he would "follow up tomorrow" with the report to CPS about Patient A.

15 25. On or about November 17, 2015, Respondent notified the Chairman of the Pediatrics  
16 Department that her SCAN team partner would report Patient A's case to CPS.

17 26. On or about December 22, 2015, Respondent discovered that her SCAN team partner  
18 had not filed a CPS report on Patient A. Respondent asked the physician to enter a note in the  
19 patient's chart.

20 27. On or about December 24, 2015, Respondent's SCAN team partner posted a note in  
21 Patient A's chart in which he stated that "there was a low expectation of non-accidental trauma in  
22 this case." He did not mention the occult femur fracture, which had raised concerns and had  
23 prompted subsequent review of the case.

24 28. Neither Respondent or her SCAN team partner filed a report with Child Protective  
25 Services about suspected child abuse of Patient A.

26 29. On or about January 16, 2016, Patient A was found dead at home as the result of a  
27 suspected homicide with evidence of physical and sexual abuse.  
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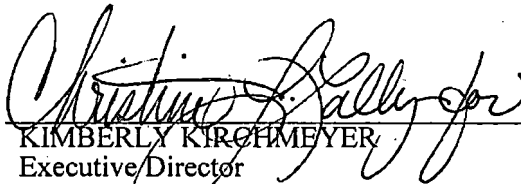


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3. Ordering Melissa Kelly Egge, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: January 11, 2019



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

SF2018201557