

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.

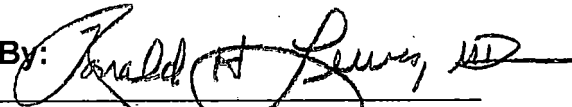
DECISION

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
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
Telephone: (415) 510-3439
6 Facsimile: (415) 703-5480
E-mail: Lynne.Dombrowski@doj.ca.gov
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:

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

18 Respondent.

Case No. 800-2016-021952

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

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

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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
Attorney General of California
2 JANE ZACK SIMON
Supervising Deputy Attorney General
3 LYNNE K. DOMBROWSKI
Deputy Attorney General
4 State Bar No. 128080
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
Telephone: (415) 510-3439
6 Facsimile: (415) 703-5480
E-mail: Lynne.Dombrowski@doj.ca.gov
7 Attorneys for Complainant

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

8
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.**

ACCUSATION

15 Department of Pediatrics
16 Coleman Pavilion
11175 Campus Street
Loma Linda CA 92350-1700

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.

28

1 30. Respondent is guilty of unprofessional conduct through gross negligence and/or
2 repeated negligent acts, under Business and Professions Code sections 2234, subdivisions (b)
3 and/or (c), as follows:

- 4 a. Respondent failed to make a mandatory report to the appropriate agency under
5 California Penal Code section 11166 when she had a reasonable suspicion to suspect
6 child abuse or neglect.
7 b. Respondent failed to follow-up to make sure that a CPS report was filed with regard
8 to Patient A and/or failed to file a CPS report after she became aware that a report had
9 not been filed by the other SCAN team physician.
10 c. Respondent failed to adequately document her communications and/or consultations
11 regarding Patient A.

12
13 **SECOND CAUSE FOR DISCIPLINE**

14 **(Unprofessional Conduct: Failure to Maintain Adequate and Accurate Records)**

15 31. Respondent Melissa Kelly Egge, M.D. is subject to disciplinary action for
16 unprofessional conduct under section 2266 for failing to maintain adequate and accurate records
17 with regard to Patient A. Paragraphs 11 through 30 are incorporated herein by reference as if
18 fully set forth.

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 92826,
23 issued to Melissa Kelly Egge, M.D.;
- 24 2. Revoking, suspending or denying approval of Melissa Kelly Egge, M.D. 's authority
25 to supervise physician assistants and advanced practice nurses;

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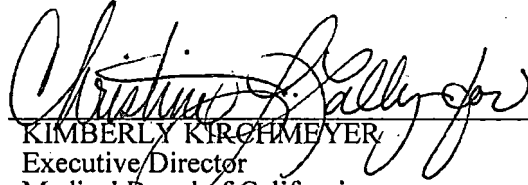
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3. Ordering Melissa Kelly Egge, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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