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

In the Matter of the Accusation Against:

Shankar Ningappa Hittalmani, M.D.

Case No. 800-2018-042671

Physician's and Surgeon's Certificate No. A 35513

Respondent.

DECISION

The attached Stipulated Settlement 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 20, 2022.

IT IS SO ORDERED February 18, 2022.

MEDICAL BOARD OF CALIFORNIA

Laurie Rose Lubiano, J.D.

Panel A

· 1	ROB BONTA		
2	Attorney General of California E. A. JONES III Supervising Deputy Attorney General TRINA L. SAUNDERS		
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4	Deputy Attorney General State Bar No. 207764 California Department of Justice		
5	California Department of Justice 300 So. Spring Street, Suite 1702		
6	Los Angeles, CA 90013 Telephone: (213) 269-6516 Facsimile: (916) 731-2117	·	
7	Attorneys for Complainant	v	
8	BEFORE THE		
9	MEDICAL BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS		
10	STATE OF CALIFORNIA		
11			
12	In the Matter of the Accusation Against:	Case No. 800-2018-042671	
13	SHANKAR NINGAPPA HITTALMANI, M.D.	OAH No. 2020120082	
14	21055 Nashville Street Chatsworth, CA 91311	STIPULATED SETTLEMENT AND	
15	Physician's and Surgeon's Certificate No. A	DISCIPLINARY ORDER	
16	35513,		
17	Respondent.		
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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	<u>PARTIES</u>		
23	1. William Prasifka (Complainant) is the Executive Director of the Medical Board of		
24	California (Board). He brought this action solely in his official capacity and is represented in this		
25	matter by Rob Bonta, Attorney General of the State of California, by Trina L. Saunders, Deputy		
26	Attorney General.		
27	2. Respondent Shankar Ningappa Hittalmani, M.D. (Respondent) is represented in this		
28	proceeding by attorney Peter R. Osinoff, Esq., whose address is 355 South Grand Avenue, Suite		
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1750, Los Angeles, CA 90071-1562

3. On or about July 8, 1980, the Board issued Physician's and Surgeon's Certificate No. A 35513 to Shankar Ningappa Hittalmani, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2018-042671, and will expire on February 28, 2022, unless renewed.

JURISDICTION

- 4. Accusation No. 800-2018-042671 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on September 14, 2020. Respondent timely filed his Notice of Defense contesting the Accusation.
- 5. A copy of Accusation No. 800-2018-042671, is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

- 6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2018-042671. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.
- 7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.
- 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2018-042671, if proven at a hearing, constitute cause for imposing discipline upon his

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Physician's and Surgeon's Certificate.

- 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 prima facie case for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.
- Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

- 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.
- This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final, and exclusive embodiment of the agreements of the parties in the above-entitled matter.
- The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.
- In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or opportunity to be heard by the Respondent, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

PUBLIC REPRIMAND

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 35513 issued to Respondent Shankar Ningappa Hittalmani, M.D. is publicly reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a)(4). This Public Reprimand, which is issued in connection with Respondent's care and treatment of one patient, as set forth in Accusation No. 800-2018-042671, states as follows:

In 2015, you were negligent, in that you failed to take steps to appropriately test for and exclude pulmonary embolism from the differential diagnosis of a patient who presented to urgent care with tachycardia and hypoxia. You also negligent in that you failed to admit this patient to a hospital to rule out a cardiac cause of the patient's abnormal vital signs and concerning history.

ACCEPTANCE

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

DATED: 6-11-2021 Shonker N-Hittalmani mp SHANKAR NINGAPPA HITTALMANI, M.D. Respondent

I have read and fully discussed with Respondent Shankar Ningappa Hittalmani, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 6/11/2021

PETER R. OSINOFF, ESQ. Attorney for Respondent

ENDORSEMENT

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

Respectfully submitted,

ROB BONTA Attorney General of California
E. A. JONES III
Supervising Deputy Attorney General

TRINA L. SAUNDERS Deputy Attorney General Attorneys for Complainant

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Exhibit A

Accusation No. 800-2018-042671

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1	Intification		
2	Supervising Deputy Attorney General TRINA L. SAUNDERS Deputy Attorney General State Bar No. 207764 California Department of Justice 300 So. Spring Street, Suite 1702 Los Angeles, CA 90013		
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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. 800-2018-042671		
13			
14	Shankar Ningappa Hittalmani, M.D. 21055 Nashville Street Chatsworth, CA 91311-1447		
15	Physician's and Surgeon's Certificate		
16	No. A 35513,		
17	Respondent.		
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20	PARTIES		
21	1. William Prasifka (Complainant) brings this Accusation solely in his official capacity		
22	as the Executive Director of the Medical Board of California, Department of Consumer Affairs		
23	(Board).		
24	2. On or about July 8, 1980, the Medical Board issued Physician's and Surgeon's		
25	Certificate Number A 35513 to Shankar Ningappa Hittalmani, M.D. (Respondent). The		
26	Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the		
27	charges brought herein and will expire on February 28, 2022, unless renewed.		
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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 (Code) unless otherwise indicated.

4. Section 2227 of the Code states:

- (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
 - (1) Have his or her license revoked upon order of the board.
- (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
- (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
- (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
- (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
- (b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.
- 5. 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 that is substantially related to the qualifications, functions, or duties of a physician and surgeon.
 - (f) Any action or conduct that would have warranted the denial of a certificate.
- (g) The 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.

CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

- 6. Respondent is subject to disciplinary action under section 2234, subdivision (c), repeated negligent acts, in that he failed to include pulmonary embolism in his differential diagnosis, despite the patient exhibiting signs of same. He also failed to transfer the patient to the emergency room for the performance of necessary testing that was unable to be performed at the urgent care center where he saw the patient. The circumstances are as follows:
- 7. On November 28, 2015, at approximately 5:44 p.m., a 61-year-old patient presented to Lancaster Medical Offices Urgent Care of Kaiser Foundation Hospital for evaluation. He had a history of four days of shortness of breath made worse with exertion, a near fainting episode, and exertional chest pain of four hours duration. At approximately 5:59 p.m., a nurse noted that the patient had a low oxygen saturation of 89%. The nurse placed the patient on 2 liters of nasal cannula oxygen and his saturations improved. He reported feeling better at 6:49 p.m.
- 8. Respondent evaluated the patient. Respondent documented that the patient complained of a dry non-productive cough for one week, but denied any chest pain, in contradiction to the nursing documentation. Respondent confirmed that the patient complained of shortness of breath and dizziness. His past medical history was significant for diabetes,

hypertension, coronary artery disease, and a prior myocardial infarction. The patient did not have a history of asthma or chronic obstructive pulmonary disease and he quit smoking in 2004. The patient had an elevated heart rate of 109 and an oxygen saturation of 95%. Despite their recording in the record, Respondent was not aware of the patient's initial abnormal vital signs.

- 9. Respondent conducted a physical examination and ordered an appropriate workup, including EKG, chest x-ray, and laboratory values. The patient's physical exam was unremarkable. The EKG demonstrated left axis deviation, a right bundle branch block, and nonspecific ST changes. His chest x-ray was unremarkable. His laboratory values were unremarkable, and negative for troponin.
- 10. The patient was not treated with aspirin or nitroglycerin. These medications were not available at the urgent care.
- 11. Respondent assessed that the patient likely had bronchitis, and his plan was for the patient to follow up with his primary care physician. The patient was discharged at approximately 8:23 p.m., on November 28, 2015.
- 12. On the evening of November 29, 2015, the patient had a cardiopulmonary arrest at home. Paramedics were called. Resuscitative efforts were unsuccessful. The patient was pronounced dead.
- 13. At the insistence of the patient's wife, an autopsy was performed on December 8,2015. The cause of death was determined to be a large pulmonary embolism.
- 14. When the patient presented to the urgent care, the presence of tachycardia and hypoxia suggested the possibility of other serious disease, such as pneumonia or pulmonary embolism. Respondent did not consider the diagnosis of pulmonary embolism. Respondent departed from the standard of care in his failure to consider the diagnosis of pulmonary embolism and his subsequent failure to take steps to appropriately test for and exclude pulmonary embolism from his differential diagnosis.
- 15. In the face of the patient's concerning history and abnormal vital sign findings, and his meeting the criteria for hospital admission to rule out a cardiac cause of his symptoms,

 Respondent did not admit the patient. Instead, he determined that the patient likely had