

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

In the Matter of the Accusation Against:

Ross Andrew McArthur, M.D.

Physician's and Surgeon's
Certificate No. C 53690

Case No: 800-2021-075622

Respondent.

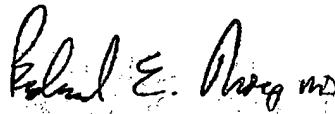
DECISION

The attached Stipulated Settlement 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 7, 2022.

IT IS SO ORDERED: June 7, 2022.

MEDICAL BOARD OF CALIFORNIA



Richard E. Thorp, M.D., Chair
Panel B

1 ROB BONTA
Attorney General of California
2 MARY CAIN-SIMON
Supervising Deputy Attorney General
3 State Bar No. 113083
4 455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
Telephone: (415) 510-3884
5 Facsimile: (415) 703-5480
6 *Attorneys for Complainant*

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

11 In the Matter of the Accusation Against:

12 **ROSS ANDREW MCARTHUR, M.D.**
13 **8607 N. Caballo Circle**
Paradise Valley AZ 85253

14 **Physician's and Surgeon's Certificate No. C**
15 **53690**

16 Respondent.

Case No. 800-2021-075622

OAH No. 2021090392

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

17
18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
19 entitled proceedings that the following matters are true:

20 **PARTIES**

21 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
22 California (Board). He brought this action solely in his official capacity and is represented in this
23 matter by Rob Bonta, Attorney General of the State of California, by Mary Cain-Simon,
24 Supervising Deputy Attorney General.

25 2. Respondent Ross Andrew McArthur, M.D. (Respondent) is represented by his
26 Arizona attorney Jeffrey Matura, whose address is: 8925 East Pima Center Parkway, Suite 215,
27 Scottsdale, Arizona, 85258.

28 ///

1 3. On May 28, 2009, the Board issued Physician's and Surgeon's Certificate No. C
2 53690 to Ross Andrew McArthur, M.D. (Respondent). The Physician's and Surgeon's Certificate
3 was in full force and effect at all times relevant to the charges brought in Accusation No. 800-
4 2021-075622, and will expire on September 30, 2022, unless renewed.

5 **JURISDICTION**

6 4. Accusation No. 800-2021-075622 was filed before the Board, and is currently
7 pending against Respondent. The Accusation and all other statutorily required documents were
8 properly served on Respondent on August 6, 2021. Respondent timely filed his Notice of
9 Defense contesting the Accusation.

10 5. A copy of Accusation No. 800-2021-075622 is attached as exhibit A and incorporated
11 herein by reference.

12 **ADVISEMENT AND WAIVERS**

13 6. Respondent has carefully read, fully discussed with his Arizona counsel, and
14 understands the charges and allegations in Accusation No. 800-2021-075622. Respondent has
15 also carefully read, fully discussed with his Arizona counsel, and understands the effects of this
16 Stipulated Settlement and Disciplinary Order.

17 7. Respondent is fully aware of his legal rights in this matter, including the right to a
18 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine
19 the witnesses against him; the right to present evidence and to testify on his own behalf; the right
20 to the issuance of subpoenas to compel the attendance of witnesses and the production of
21 documents; the right to reconsideration and court review of an adverse decision; and all other
22 rights accorded by the California Administrative Procedure Act and other applicable laws.

23 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
24 every right set forth above.

25 **CULPABILITY**

26 9. Respondent admits the truth of each and every charge and allegation in Accusation
27 No. 800-2021-075622.

1 stayed and Respondent is placed on probation for five (5) years on the following terms and
2 conditions.

3 1. EDUCATION COURSE. Within 60 calendar days of the effective date of this
4 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
5 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
6 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
7 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
8 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
9 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
10 completion of each course, the Board or its designee may administer an examination to test
11 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
12 hours of CME of which 40 hours were in satisfaction of this condition.

13 2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
14 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
15 advance by the Board or its designee. Respondent shall provide the approved course provider
16 with any information and documents that the approved course provider may deem pertinent.
17 Respondent shall participate in and successfully complete the classroom component of the course
18 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
19 complete any other component of the course within one (1) year of enrollment. The medical
20 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
21 Medical Education (CME) requirements for renewal of licensure.

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

27 Respondent shall submit a certification of successful completion to the Board or its
28 designee not later than 15 calendar days after successfully completing the course, or not later than

1 15 calendar days after the effective date of the Decision, whichever is later.

2 3. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
3 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
4 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
5 Respondent shall participate in and successfully complete that program. Respondent shall
6 provide any information and documents that the program may deem pertinent. Respondent shall
7 successfully complete the classroom component of the program not later than six (6) months after
8 Respondent's initial enrollment, and the longitudinal component of the program not later than the
9 time specified by the program, but no later than one (1) year after attending the classroom
10 component. The professionalism program shall be at Respondent's expense and shall be in
11 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

12 A professionalism program taken after the acts that gave rise to the charges in the
13 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
14 or its designee, be accepted towards the fulfillment of this condition if the program would have
15 been approved by the Board or its designee had the program been taken after the effective date of
16 this Decision.

17 Respondent shall submit a certification of successful completion to the Board or its
18 designee not later than 15 calendar days after successfully completing the program or not later
19 than 15 calendar days after the effective date of the Decision, whichever is later.

20 4. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days
21 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment
22 program approved in advance by the Board or its designee. Respondent shall successfully
23 complete the program not later than six (6) months after Respondent's initial enrollment unless
24 the Board or its designee agrees in writing to an extension of that time.

25 The program shall consist of a comprehensive assessment of Respondent's physical and
26 mental health and the six general domains of clinical competence as defined by the Accreditation
27 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
28 Respondent's current or intended area of practice. The program shall take into account data

1 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
2 Accusation(s), and any other information that the Board or its designee deems relevant. The
3 program shall require Respondent's on-site participation for a minimum of three (3) and no more
4 than five (5) days as determined by the program for the assessment and clinical education
5 evaluation. Respondent shall pay all expenses associated with the clinical competence
6 assessment program.

7 At the end of the evaluation, the program will submit a report to the Board or its designee
8 which unequivocally states whether the Respondent has demonstrated the ability to practice
9 safely and independently. Based on Respondent's performance on the clinical competence
10 assessment, the program will advise the Board or its designee of its recommendation(s) for the
11 scope and length of any additional educational or clinical training, evaluation or treatment for any
12 medical condition or psychological condition, or anything else affecting Respondent's practice of
13 medicine. Respondent shall comply with the program's recommendations.

14 Determination as to whether Respondent successfully completed the clinical competence
15 assessment program is solely within the program's jurisdiction.

16 If Respondent fails to enroll, participate in, or successfully complete the clinical
17 competence assessment program within the designated time period, Respondent shall receive a
18 notification from the Board or its designee to cease the practice of medicine within three (3)
19 calendar days after being so notified. The Respondent shall not resume the practice of medicine
20 until enrollment or participation in the outstanding portions of the clinical competence assessment
21 program have been completed. If the Respondent did not successfully complete the clinical
22 competence assessment program, the Respondent shall not resume the practice of medicine until a
23 final decision has been rendered on the accusation and/or a petition to revoke probation. The
24 cessation of practice shall not apply to the reduction of the probationary time period.]

25 5. MONITORING – PRACTICE. Within 30 calendar days of the effective date of this
26 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
27 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose
28 licenses are valid and in good standing, and who are preferably American Board of Medical

1 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
2 relationship with Respondent, or other relationship that could reasonably be expected to
3 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
4 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
5 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

6 The Board or its designee shall provide the approved monitor with copies of the Decision
7 and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the
8 Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement
9 that the monitor has read the Decision and Accusation, fully understands the role of a monitor,
10 and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the
11 proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed
12 statement for approval by the Board or its designee.

13 Within 60 calendar days of the effective date of this Decision, and continuing throughout
14 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
15 make all records available for immediate inspection and copying on the premises by the monitor
16 at all times during business hours and shall retain the records for the entire term of probation.

17 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
18 date of this Decision, Respondent shall receive a notification from the Board or its designee to
19 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
20 shall cease the practice of medicine until a monitor is approved to provide monitoring
21 responsibility.

22 The monitor(s) shall submit a quarterly written report to the Board or its designee which
23 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
24 are within the standards of practice of medicine, and whether Respondent is practicing medicine
25 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
26 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
27 preceding quarter.

28 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of

1 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
2 name and qualifications of a replacement monitor who will be assuming that responsibility within
3 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
4 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
5 notification from the Board or its designee to cease the practice of medicine within three (3)
6 calendar days after being so notified. Respondent shall cease the practice of medicine until a
7 replacement monitor is approved and assumes monitoring responsibility.

8 In lieu of a monitor, Respondent may participate in a professional enhancement program
9 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
10 review, semi-annual practice assessment, and semi-annual review of professional growth and
11 education. Respondent shall participate in the professional enhancement program at
12 Respondent's expense during the term of probation.

13 6. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the
14 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice
15 where: 1) Respondent merely shares office space with another physician but is not affiliated for
16 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that
17 location.

18 If Respondent fails to establish a practice with another physician or secure employment in
19 an appropriate practice setting within 60 calendar days of the effective date of this Decision,
20 Respondent shall receive a notification from the Board or its designee to cease the practice of
21 medicine within three (3) calendar days after being so notified. The Respondent shall not resume
22 practice until an appropriate practice setting is established.

23 If, during the course of the probation, the Respondent's practice setting changes and the
24 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent
25 shall notify the Board or its designee within five (5) calendar days of the practice setting change.
26 If Respondent fails to establish a practice with another physician or secure employment in an
27 appropriate practice setting within 60 calendar days of the practice setting change, Respondent
28 shall receive a notification from the Board or its designee to cease the practice of medicine within

1 three (3) calendar days after being so notified. The Respondent shall not resume practice until an
2 appropriate practice setting is established.

3 7. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
4 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
5 Chief Executive Officer at every hospital where privileges or membership are extended to
6 Respondent, at any other facility where Respondent engages in the practice of medicine,
7 including all physician and locum tenens registries or other similar agencies, and to the Chief
8 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
9 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
10 calendar days.

11 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

12 8. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
13 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
14 advanced practice nurses.

15 9. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
16 governing the practice of medicine in California and remain in full compliance with any court
17 ordered criminal probation, payments, and other orders.

18 10. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
19 under penalty of perjury on forms provided by the Board, stating whether there has been
20 compliance with all the conditions of probation.

21 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
22 of the preceding quarter.

23 11. GENERAL PROBATION REQUIREMENTS.

24 Compliance with Probation Unit

25 Respondent shall comply with the Board's probation unit.

26 Address Changes

27 Respondent shall, at all times, keep the Board informed of Respondent's business and
28 residence addresses, email address (if available), and telephone number. Changes of such

1 addresses shall be immediately communicated in writing to the Board or its designee. Under no
2 circumstances shall a post office box serve as an address of record, except as allowed by Business
3 and Professions Code section 2021, subdivision (b).

4 Place of Practice

5 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
6 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
7 facility.

8 License Renewal

9 Respondent shall maintain a current and renewed California physician's and surgeon's
10 license.

11 Travel or Residence Outside California

12 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
13 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
14 (30) calendar days.

15 In the event Respondent should leave the State of California to reside or to practice,
16 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
17 departure and return.

18 12. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
19 available in person upon request for interviews either at Respondent's place of business or at the
20 probation unit office, with or without prior notice throughout the term of probation.

21 13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
22 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
23 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
24 defined as any period of time Respondent is not practicing medicine as defined in Business and
25 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
26 patient care, clinical activity or teaching, or other activity as approved by the Board. If
27 Respondent resides in California and is considered to be in non-practice, Respondent shall
28 comply with all terms and conditions of probation. All time spent in an intensive training

1 program which has been approved by the Board or its designee shall not be considered non-
2 practice and does not relieve Respondent from complying with all the terms and conditions of
3 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
4 on probation with the medical licensing authority of that state or jurisdiction shall not be
5 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
6 period of non-practice.

7 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
8 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
9 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
10 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
11 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

12 Respondent's period of non-practice while on probation shall not exceed two (2) years.

13 Periods of non-practice will not apply to the reduction of the probationary term.

14 Periods of non-practice for a Respondent residing outside of California will relieve
15 Respondent of the responsibility to comply with the probationary terms and conditions with the
16 exception of this condition and the following terms and conditions of probation: Obey All Laws;
17 General Probation Requirements; Quarterly Declarations.

18 14. COMPLETION OF PROBATION. Respondent shall comply with all financial
19 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
20 completion of probation. Upon successful completion of probation, Respondent's certificate shall
21 be fully restored.

22 15. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
23 of probation is a violation of probation. If Respondent violates probation in any respect, the
24 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
25 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
26 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
27 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
28 the matter is final.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

//

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: 12/1/2021 Ross Andrew McArthur M.D.
ROSS ANDREW MCARTHUR, M.D.
Respondent

I have read and fully discussed with Respondent Ross Andrew McArthur, 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: _____ Jeffrey Matura
JEFFREY MATURA
Attorney for Respondent

ENDORSEMENT

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

DATED: February 22, 2022

Respectfully submitted,
ROB BONTA
Attorney General of California
MARY CAIN-SIMON
Supervising Deputy Attorney General
Mary Cain-Simon
MARY CAIN-SIMON
Supervising Deputy Attorney General
Attorneys for Complainant

Exhibit A

Accusation No. 800-2021-075622

1 ROB BONTA
Attorney General of California
2 MARY CAIN-SIMON
Supervising Deputy Attorney General
3 State Bar No. 113083
4 455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
Telephone: (415) 510-3884
5 Facsimile: (415) 703-5480
Attorneys for Complainant
6

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

11 In the Matter of the Accusation Against:

Case No. 800-2021-075622

12 **Ross Andrew McArthur, M.D.**
13 **8607 N. Caballo Circle**
Paradise Valley, AZ 85253

A C C U S A T I O N

14 **Physician's and Surgeon's Certificate**
15 **No. C 53690,**

16 Respondent.
17

18
19 **PARTIES**

20 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity
21 as the Executive Director of the Medical Board of California, Department of Consumer Affairs
22 (Board).

23 2. On or about May 28, 2009, the Medical Board issued Physician's and Surgeon's
24 Certificate Number C 53690 to Ross Andrew McArthur, M.D. (Respondent). The Physician's
25 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
26 herein and will expire on September 30, 2022, unless renewed.

27 ///

28 ///

1 JURISDICTION

2 3. This Accusation is brought before the Board, under the authority of the following
3 laws. All section references are to the Business and Professions Code (Code) unless otherwise
4 indicated.

5 4. Section 2227 of the Code provides that a licensee who is found guilty under the
6 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
7 one year, placed on probation and required to pay costs of probation monitoring, or such other
8 action taken in relation to discipline as the Board deems proper.

9 5. Section 2234 of the Code provides that the Board shall take action against any
10 licensee who is charged with "unprofessional conduct," which includes but is not limited to,
11 "[v]iolating ... any provision of this chapter."

12 6. Section 2305 of the Code states:

13 "The revocation, suspension, or other discipline, restriction or limitation imposed by
14 another state upon a license or certificate to practice medicine issued by that state, or the
15 revocation, suspension, or restriction of the authority to practice medicine by any agency of the
16 federal government, that would have been grounds for discipline in California of a licensee under
17 this chapter [Chapter 5, the Medical Practice Act] shall constitute grounds for disciplinary action
18 for unprofessional conduct against the licensee in this state.

19 7. Section 141 of the Code states:

20 "(a) For any licensee holding a license issued by a board under the jurisdiction of the
21 department, a disciplinary action taken by another state, by any agency of the federal government,
22 or by another country for any act substantially related to the practice regulated by the California
23 license, may be a ground for disciplinary action by the respective state licensing board. A
24 certified copy of the record of the disciplinary action taken against the licensee by another state,
25 an agency of the federal government, or another country shall be conclusive evidence of the
26 events related therein.

27 "(b) Nothing in this section shall preclude a board from applying a specific statutory
28 provision in the licensing act administered by that board that provides for discipline based upon a

1 disciplinary action taken against the licensee by another state, an agency of the federal
2 government, or another country.”

3 **CAUSE FOR DISCIPLINE**

4 **(Discipline, Restriction, or Limitation Imposed by Another State)**

5 8. On February 11, 2021, the State of Arizona Medical Board issued a Findings of Fact,
6 Conclusions of Law and Order for Letter of Reprimand and Probation, attached herewith as
7 Exhibit 1, which placed restrictions and conditions on Respondent’s medical license. The
8 Arizona Medical Board disciplinary order states that in regard to a single patient, referred to as
9 patient MG, Respondent committed unprofessional acts as described below.

10 9. On March 19, 2017, patient MG presented to the hospital with complaints of chest
11 pain, malaise, headaches, dizziness, and chills. MG had a past medical history of diabetes type 2
12 and anemia. MG was dehydrated and hypotensive with a blood pressure of 83/51. The lab results
13 showed platelets of 110, sodium of 133, potassium of 2.9, albumin of 2.9, calcium of 8.5, D-
14 dimer of 754, ALT of 72, AST of 69, and bilirubin total of 1.6. Blood cultures were drawn.

15 10. On March 20, 2017, a chest CTA for possible pulmonary embolism ("PE") was
16 performed and was read by Respondent. Respondent reported no PE or pneumonia and the
17 abdominal viscera did not demonstrate any acute findings. An abdominal ultrasound was also
18 performed that showed the liver was enlarged measuring 11.3 cm. MG was discharged to home.

19 11. On March 21, 2017, MG's blood cultures showed gram positive cocci, Streptococcus
20 intermedius.

21 12. On March 22, 2017, the CTA was read by a different radiologist who added an
22 addendum to the report identifying a low density mass beneath the diaphragm in the area of the
23 right lobe of the liver that measured 8.8 x 6.2 cm and included septations. MG returned to the
24 hospital in extremis, and expired from cardiac arrest due to septic shock.

25 13. MG's autopsy report showed a 15x12x8cm subdiaphragmatic liver abscess and
26 congested spleen (sepsis). The standard of care requires a physician to identify and report all
27 imaging findings. Respondent deviated from this standard of care by failing to identify and report
28 a liver abscess on a chest CT angiography.

1 14. There was the potential for harm in that the delayed diagnoses of a liver lesion which
2 turned out to be a liver abscess may have inadvertently contributed to the delayed diagnosis of
3 septicemia with liver abscess.

4 15. In Respondent's initial response to the Board and in his testimony during the Formal
5 Interview, Respondent stated that although he identified the liver abnormality on the CT scan, he
6 failed to include the finding on his report because he had been interrupted during the dictation of
7 the report.

8 16. During the Formal Interview, Respondent testified that he switched his employment
9 to a different hospital where he is in an environment with fewer distractions in an effort to
10 minimize future errors. Respondent also testified that as part of a re-credentialing process he
11 participated in a monitoring program through the hospital where he is employed. The monitoring
12 program included a review of 10 to 15 percent of Respondent's cases.

13 17. During the Formal Interview, the Arizona Board Review Committee members found
14 it mitigating that Respondent has changed his practice to an environment that is better for him and
15 his patients.

16 18. The Arizona Board Review Committee members found as an aggravating factor
17 Respondent's prior history of missed diagnoses. In case MD-15-1417A, Respondent was issued
18 an Advisory Letter for failing to identify a spinal epidural hematoma on an MRI. In case MD-19-
19 0597A, Respondent was issued an Advisory Letter for failing to identify the presence of
20 intraperitoneal fluid and pockets of intraperitoneal gas in the sigmoid colon area on an abdominal
21 CT scan. Based on Respondent's prior history, the Review Committee found that disciplinary
22 action was warranted in case no. MD-20-0255A.

23 19. As a result of Respondent's unprofessional conduct, the Arizona Board placed
24 Respondent on probation for one year and issued a Reprimand for failing to identify and report
25 the liver abscess on the chest CT angiography, as described above.

26 20. Respondent's foregoing conduct and the actions of the Arizona Board, as set forth in
27 paragraphs 8-19 above, and Exhibit 1, attached, constitute cause for discipline, pursuant to section
28 2234 and/or section 2305 and/or section 141 of the Code.

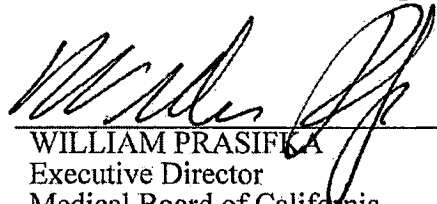
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

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 Number C 53690, issued to Ross Andrew McArthur, M.D.;
2. Revoking, suspending or denying approval of Ross Andrew McArthur, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Ross Andrew McArthur, 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: AUG 06 2021



WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

SF2021400932
42806984.docx

EXHIBIT 1

1 **BEFORE THE REVIEW COMMITTEE OF THE ARIZONA MEDICAL BOARD**

2 In the Matter of

Case No. MD-20-0255A

3 **ROSS A. MCARTHUR, M.D.**

**FINDINGS OF FACT, CONCLUSIONS
OF LAW AND ORDER FOR LETTER
OF REPRIMAND AND PROBATION**

4 Holder of License No. 31910
5 For the Practice of Allopathic Medicine
6 In the State of Arizona.

7 The Review Committee of the Arizona Medical Board ("Board") considered this
8 matter at its public meeting on December 3, 2020. Ross A. McArthur, M.D.
9 ("Respondent"), appeared with legal counsel, Jay Fradkin, Esq., before the Review
10 Committee for a Formal Interview pursuant to the authority vested in the Board by A.R.S. §
11 32-1451(P). The Review Committee voted to issue Findings of Fact, Conclusions of Law
12 and Order after due consideration of the facts and law applicable to this matter.

12 **FINDINGS OF FACT**

13 1. The Board is the duly constituted authority for the regulation and control of
14 the practice of allopathic medicine in the State of Arizona.

15 2. Respondent is the holder of license number 31910 for the practice of
16 allopathic medicine in the State of Arizona.

17 3. The Board initiated case number MD-20-0255A after receiving a complaint
18 regarding Respondent's care and treatment of a 49 year-old female patient ("MG") alleging
19 failure to identify a liver abscess on a chest CT angiography (CTA) with subsequent sepsis
20 and death.

21 4. On March 19, 2017, MG presented to the hospital with complaints of chest
22 pain, malaise, headaches, dizziness, and chills. MG had a past medical history of diabetes
23 type 2 and anemia. MG was dehydrated and hypotensive with a blood pressure of 83/51.
24 The lab results showed platelets of 110, sodium of 133, potassium of 2.9, albumin of 2.9,
25

1 calcium of 8.5, D-dimer of 754, ALT of 72, AST of 69, and bilirubin total of 1.6. Blood
2 cultures were drawn.

3 5. On March 20, 2017, a chest CTA for possible pulmonary embolism ("PE")
4 was performed and was read by Respondent. Respondent reported no PE or pneumonia
5 and the abdominal viscera did not demonstrate any acute findings. An abdominal
6 ultrasound was also performed that showed the liver was enlarged measuring 11.3 cm.
7 MG was discharged to home.

8 6. On March 21, 2017, MG's blood cultures showed gram positive cocci,
9 *Streptococcus intermedius*.

10 7. On March 22, 2017, the CTA was read by a different radiologist who added
11 an addendum to the report identifying a low density mass beneath the diaphragm in the
12 area of the right lobe of the liver that measured 8.8 x 6.2 cm and included septations. MG
13 returned to the hospital in extremis, and expired from cardiac arrest due to septic shock.
14 MG's autopsy report showed a 15x12x8cm subdiaphragmatic liver abscess and congested
15 spleen (sepsis).

16 8. The standard of care requires a physician to identify and report all imaging
17 findings. Respondent deviated from this standard of care by failing to identify and report a
18 liver abscess on a chest CT angiography.

19 9. There was the potential for harm in that the delayed diagnoses of a liver
20 lesion which turned out to be a liver abscess may have inadvertently contributed to the
21 delayed diagnosis of septicemia with liver abscess.

22 10. In Respondent's initial response to the Board and in his testimony during the
23 Formal Interview, Respondent stated that although he identified the liver abnormality on
24 the CT scan, he failed to include the finding on his report because he had been interrupted
25 during the dictation of the report.

1 11. During the Formal Interview, Respondent testified that he switched his
2 employment to a different hospital where he is in a work environment with fewer
3 distractions in an effort to minimize future errors. Respondent also testified that as part of
4 a re-credentialing process he participated in a six monitoring program through the hospital
5 where he is employed. The monitoring program included a review of 10 to 15 percent of
6 Respondent's cases.

7 12. During the Formal Interview, Review Committee members found it mitigating
8 that Respondent has changed his practice to an environment that is better for him and his
9 patients.

10 13. The Review Committee members found as an aggravating factor
11 Respondent's prior history of missed diagnoses. In case MD-15-1417A, Respondent was
12 issued an Advisory Letter for failing to identify a spinal epidural hematoma on an MRI. In
13 case MD-19-0597A, Respondent was issued an Advisory Letter for failing to identify the
14 presence of intraperitoneal fluid and pockets of intraperitoneal gas in the sigmoid colon
15 area on an abdominal CT scan. Based on Respondent's prior history, the Review
16 Committee found that disciplinary action is warranted in case no. MD-20-0255A.

17 **CONCLUSIONS OF LAW**

18 1. The Board possesses jurisdiction over the subject matter hereof and over
19 Respondent.

20 2. The conduct and circumstances described above constitute unprofessional
21 conduct pursuant to A.R.S. § 32-1401(27)(r) ("Committing any conduct or practice that is
22 or might be harmful or dangerous to the health of the patient or the public.").

23 **ORDER**

24 IT IS HEREBY ORDERED THAT:

25 1. Respondent is issued a Letter of Reprimand.

1 2. Respondent is placed on Probation for a period of 1 year with the following terms
2 and conditions:

3 a. **Image Reviews**

4 Within 30 days of the effective date of this Order and for the duration of the
5 Probation, Respondent shall obtain a Board staff pre-approved proctor to overread a
6 minimum of thirty images, including both MRI and CT scan imaging, per month. In the
7 event that Respondent does not interpret more than thirty images in a given month then all
8 images shall be reviewed by the proctor. Respondent shall cause the proctor to submit
9 quarterly reports to the Board. Respondent shall bear all costs associated with the
10 proctor's review. Based upon the proctor's review, the Board retains jurisdiction to take
11 additional disciplinary or remedial action.

12 b. **Obey All Laws**

13 Respondent shall obey all state, federal and local laws, all rules governing the
14 practice of medicine in Arizona, and remain in full compliance with any court ordered
15 criminal probation, payments and other orders.

16 c. **Tolling**

17 In the event Respondent should leave Arizona to reside or practice outside the
18 State or for any reason should Respondent stop practicing medicine in Arizona,
19 Respondent shall notify the Executive Director in writing within ten days of departure and
20 return or the dates of non-practice within Arizona. Non-practice is defined as any period of
21 time exceeding thirty days during which Respondent is not engaging in the practice of
22 medicine. Periods of temporary or permanent residence or practice outside Arizona or of
23 non-practice within Arizona, will not apply to the reduction of the probationary period.
24
25

1 **d. Probation Termination**

2 Respondent shall not request termination of the Probation period until one year
3 from the effective date of this Order. Respondent's request for termination of the
4 Probation shall be in writing and accompanied by documentation from the proctor
5 supporting the termination of Probation. The Board has the sole discretion to determine
6 whether all of the terms and conditions of this Order have been met or whether to take any
7 other action that is consistent with its statutory and regulatory authority.

8 2. The Board retains jurisdiction and may initiate new action against
9 Respondent based upon any violation of this Order, A.R.S. § 32-1401(27)(s)

10 **RIGHT TO PETITION FOR REHEARING OR REVIEW**

11 Respondent is hereby notified that he has the right to petition for a rehearing or
12 review. The petition for rehearing or review must be filed with the Board's Executive
13 Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The
14 petition for rehearing or review must set forth legally sufficient reasons for granting a
15 rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after
16 date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed,
17 the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

18 Respondent is further notified that the filing of a motion for rehearing or review is
19 required to preserve any rights of appeal to the Superior Court.

20 DATED AND EFFECTIVE this 11th day of February, 2021.

21 ARIZONA MEDICAL BOARD

22 By Patricia E. McSorley
23 Patricia E. McSorley
24 Executive Director
25

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

EXECUTED COPY of the foregoing mailed
this 11th day of February, 2021 to:

Ross A. McArthur, M.D.
Address of Record

Jay A. Fradkin, Esq.
Jennings, Strouss & Salmon, P.L.C.
One East Washington Street, Suite 1900
Phoenix, Arizona 85004
Attorney for Respondent

ORIGINAL of the foregoing filed
this 11th day of February, 2021 with:

Arizona Medical Board
1740 West Adams, Suite 4000
Phoenix, Arizona 85007

Michelle Robles
Board staff