

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

In the Matter of the First Amended
Accusation Against:

Mahendra Jagjivandas Panchal, M.D.

Physician's and Surgeon's
Certificate No. A 89996

Respondent.

Case No.: 800-2019-057415

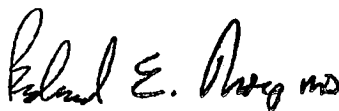
DECISION

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 August 24, 2022.

IT IS SO ORDERED: July 25, 2022.

MEDICAL BOARD OF CALIFORNIA



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

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Attorney General of California
2 MATTHEW M. DAVIS
Supervising Deputy Attorney General
3 JASON J. AHN
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**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the First Amended Accusation
Against:
**MAHENDRA JAGJIVANDAS PANCHAL,
M.D.**
**9886 Humphrey Road
Cincinnati, OH 45242**
**Physician's and Surgeon's
Certificate No. A 89996**

Respondent.

Case No. 800-2019-057415
OAH No. 2021080750
**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

24 **PARTIES**

25 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
26 California (Board). He brought this action solely in his official capacity and is represented in this
27 matter by Rob Bonta, Attorney General of the State of California, by Jason J. Ahn, Deputy
28 Attorney General.

1 CULPABILITY

2 8. Respondent does not contest that, at an administrative hearing, Complainant could
3 establish a *prima facie* case with respect to the charges and allegations contained in First
4 Amended Accusation No. 800-2019-057415, a copy of which is attached hereto as Exhibit A, and
5 that he has thereby subjected his Physician's and Surgeon's Certificate No. A 89996 to
6 disciplinary action.

7 9. Respondent agrees that if an accusation is ever filed against him before the Medical
8 Board of California, all of the charges and allegations contained in First Amended Accusation
9 No. 800-2019-057415 shall be deemed true, correct, and fully admitted by Respondent for
10 purposes of that proceeding or any other licensing proceeding involving Respondent in the State
11 of California.

12 10. Respondent agrees that his Physician's and Surgeon's Certificate No. A 89996 is
13 subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth
14 in the Disciplinary Order below. Disciplinary Order below.

15 CONTINGENCY

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

26 12. Respondent agrees that if he ever petitions for early termination or modification of
27 probation, or if an accusation and/or petition to revoke probation is filed against him before the
28 Board, all of the charges and allegations contained in First Amended Accusation No. 800-2019-

1 057415 shall be deemed true, correct and fully admitted by respondent for purposes of any such
2 proceeding or any other licensing proceeding involving Respondent in the State of California.

3 **ADDITIONAL PROVISIONS**

4 13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein
5 to be an integrated writing representing the complete, final, and exclusive embodiment of the
6 agreements of the parties in the above-entitled matter.

7 14. The parties agree that copies of this Stipulated Settlement and Disciplinary Order,
8 including copies of the signatures of the parties, may be used in lieu of original documents and
9 signatures and, further, that such copies shall have the same force and effect as originals.

10 15. In consideration of the foregoing admissions and stipulations, the parties agree the
11 Board may, without further notice to or opportunity to be heard by Respondent, issue and enter
12 the following Disciplinary Order:

13 **DISCIPLINARY ORDER**

14 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 89996 issued
15 to Respondent MAHENDRA JAGJIVANDAS PANCHAL, M.D. is revoked. However, the
16 revocations are stayed and Respondent is placed on probation for five (5) years on the following
17 terms and conditions:

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

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1 2. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
2 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
3 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose
4 licenses are valid and in good standing, and who are preferably American Board of Medical
5 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
6 relationship with Respondent, or other relationship that could reasonably be expected to
7 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
8 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
9 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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

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

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

26 The monitor(s) shall submit a quarterly written report to the Board or its designee which
27 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
28 are within the standards of practice of medicine and whether Respondent is practicing medicine

1 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure
2 that the monitor submits the quarterly written reports to the Board or its designee within 10
3 calendar days after the end of the preceding quarter.

4 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
5 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
6 name and qualifications of a replacement monitor who will be assuming that responsibility within
7 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
8 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
9 notification from the Board or its designee to cease the practice of medicine within three (3)
10 calendar days after being so notified. Respondent shall cease the practice of medicine until a
11 replacement monitor is approved and assumes monitoring responsibility.

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

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

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

27 If, during the course of the probation, the Respondent's practice setting changes and the
28 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent

1 shall notify the Board or its designee within five (5) calendar days of the practice setting change.
2 If Respondent fails to establish a practice with another physician or secure employment in an
3 appropriate practice setting within 60 calendar days of the practice setting change, Respondent
4 shall receive a notification from the Board or its designee to cease the practice of medicine within
5 three (3) calendar days after being so notified. The Respondent shall not resume practice until an
6 appropriate practice setting is established.

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

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

16 5. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
17 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
18 advanced practice nurses.

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

22 7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
23 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
24 limited to, expert review, amended accusation, legal reviews, in the amount of \$10,048.75 (ten
25 thousand forty-eight dollars and seventy-five cents). Costs shall be payable to the Medical Board
26 of California. Failure to pay such costs shall be considered a violation of probation.

27 Any and all requests for a payment plan shall be submitted in writing by respondent to the
28 Board.

1 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to
2 repay investigation and enforcement costs, including expert review costs.

3 8. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
4 under penalty of perjury on forms provided by the Board, stating whether there has been
5 compliance with all the conditions of probation.

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

8 9. GENERAL PROBATION REQUIREMENTS.

9 Compliance with Probation Unit

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

11 Address Changes

12 Respondent shall, at all times, keep the Board informed of Respondent's business and
13 residence addresses, email address (if available), and telephone number. Changes of such
14 addresses shall be immediately communicated in writing to the Board or its designee. Under no
15 circumstances shall a post office box serve as an address of record, except as allowed by Business
16 and Professions Code section 2021, subdivision (b).

17 Place of Practice

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

21 License Renewal

22 Respondent shall maintain a current and renewed California physician's and surgeon's
23 license.

24 Travel or Residence Outside California

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

28 In the event Respondent should leave the State of California to reside or to practice

1 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
2 departure and return.

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

6 11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
7 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
8 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
9 defined as any period of time Respondent is not practicing medicine as defined in Business and
10 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
11 patient care, clinical activity or teaching, or other activity as approved by the Board. If
12 Respondent resides in California and is considered to be in non-practice, Respondent shall
13 comply with all terms and conditions of probation. All time spent in an intensive training
14 program which has been approved by the Board or its designee shall not be considered non-
15 practice and does not relieve Respondent from complying with all the terms and conditions of
16 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
17 on probation with the medical licensing authority of that state or jurisdiction shall not be
18 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
19 period of non-practice.

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

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

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

27 Periods of non-practice for a Respondent residing outside of California will relieve
28 Respondent of the responsibility to comply with the probationary terms and conditions with the

1 exception of this condition and the following terms and conditions of probation: Obey All Laws;
2 General Probation Requirements; Quarterly Declarations.

3 12. COMPLETION OF PROBATION. Respondent shall comply with all financial
4 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
5 completion of probation. Upon successful completion of probation, Respondent's certificate shall
6 be fully restored.

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

14 14. LICENSE SURRENDER. Following the effective date of this Decision, if
15 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
16 the terms and conditions of probation, Respondent may request to surrender his or her license.
17 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
18 determining whether or not to grant the request, or to take any other action deemed appropriate
19 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
20 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
21 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
22 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
23 application shall be treated as a petition for reinstatement of a revoked certificate.

24 15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
25 with probation monitoring each and every year of probation, as designated by the Board, which
26 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
27 California and delivered to the Board or its designee no later than January 31 of each calendar
28 year.

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16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in First Amended Accusation No. 800-2019-057415 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Raymond J. McMahon. I fully understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated bound by the Decision and Order of the Medical Board of California.

DATED: 05/09/2022 
MAHENDRA JAGJIVANDAS PANCHAL, M.D.
Respondent

I have read and fully discussed with Respondent Mahendra Jagjivandas Panchal, 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: May 10, 2022 
RAYMOND J. MCMAHON
Attorney for Respondent

ENDORSEMENT

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

DATED: May 11, 2022

Respectfully submitted,

ROB BONTA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General



JASON J. AHN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2019-057415

1 ROB BONTA
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Supervising Deputy Attorney General
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8 *Attorneys for Complainant*

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

13 In the Matter of the First Amended Accusation
14 Against:

Case No. 800-2019-057415

15 **MAHENDRA JAGJIVANDAS PANCHAL, M.D.**
16 **9886 Humphrey Road**
Cincinnati, OH 45242-5445

**FIRST AMENDED
ACCUSATION**

17 **Physician's and Surgeon's Certificate**
18 **No. A 89996,**

Respondent.

19
20 **PARTIES**

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

24 2. On or about January 28, 2005, the Board issued Physician's and Surgeon's
25 Certificate No. A 89996 to Mahendra Jagjivandas Panchal, M.D. (Respondent). The Physician's
26 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on September 30, 2022, unless renewed.

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1 JURISDICTION

2 3. This First Amended Accusation, which supersedes Accusation No. 800-2019-057415,
3 filed on April 14, 2021, in the above-entitled matter, is brought before the Board, under the
4 authority of the following laws. All section references are to the Business and Professions Code
5 unless otherwise indicated.

6 4. Section 2004 of the Code provides that the Board shall have the responsibility for the
7 enforcement of the disciplinary provisions of the Medical Practice Act.

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

12 6. Section 2234 of the Code states, in part:

13 The board shall take action against any licensee who is charged with unprofessional
14 conduct. In addition to other provisions of this article, unprofessional conduct
includes, but is not limited to, the following:

15 (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
16 violation of, or conspiring to violate any provision of this chapter.

17 (b) Gross negligence.

18 (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts
19 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.

20 (1) An initial negligent diagnosis followed by an act or omission medically
21 appropriate for that negligent diagnosis of the patient shall constitute a single
negligent act.

22 (2) When the standard of care requires a change in the diagnosis, act, or omission that
23 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
24 departs from the applicable standard of care, each departure constitutes a separate and
distinct breach of the standard of care.

25 (d) Incompetence.

26 (e) The commission of any act involving dishonesty or corruption that is substantially
27 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.

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1 (g) The failure by a certificate holder, in the absence of good cause, to attend and
2 participate in an interview by the board. This subdivision shall only apply to a
3 certificate holder who is the subject of an investigation by the board.

4 7. Section 2266 of the Code states:

5 The failure of a physician and surgeon to maintain adequate and accurate
6 records relating to the provision of services to their patients constitutes unprofessional
7 conduct.

8 8. Unprofessional conduct under Business and Professions Code section 2234 is conduct
9 which breaches the rules or ethical code of the medical profession, or conduct which is
10 unbecoming a member in good standing of the medical profession, and which demonstrates
11 an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81
12 Cal.App.3d 564, 575.)

13 COST RECOVERY

14 9. Section 125.3 of the Code states:

15 (a) Except as otherwise provided by law, in any order issued in resolution of a
16 disciplinary proceeding before any board within the department or before the
17 Osteopathic Medical Board upon request of the entity bringing the proceeding, the
18 administrative law judge may direct a licensee found to have committed a violation or
19 violations of the licensing act to pay a sum not to exceed the reasonable costs of the
20 investigation and enforcement of the case.

21 (b) In the case of a disciplined licentiate that is a corporation or a partnership,
22 the order may be made against the licensed corporate entity or licensed partnership.

23 (c) A certified copy of the actual costs, or a good faith estimate of costs where
24 actual costs are not available, signed by the entity bringing the proceeding or its
25 designated representative shall be prima facie evidence of reasonable costs of
26 investigation and prosecution of the case. The costs shall include the amount of
27 investigative and enforcement costs up to the date of the hearing, including, but not
28 limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount
of reasonable costs of investigation and prosecution of the case when requested
pursuant to subdivision (a). The finding of the administrative law judge with regard
to costs shall not be reviewable by the board to increase the cost award. The board
may reduce or eliminate the cost award, or remand to the administrative law judge if
the proposed decision fails to make a finding on costs requested pursuant to
subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as
directed in the board's decision, the board may enforce the order for repayment in any
appropriate court. This right of enforcement shall be in addition to any other rights

1 the board may have as to any licensee to pay costs.

2 (f) In any action for recovery of costs, proof of the board's decision shall be
3 conclusive proof of the validity of the order of payment and the terms for payment.

4 (g)(1) Except as provided in paragraph (2), the board shall not renew or
5 reinstate the license of any licensee who has failed to pay all of the costs ordered
6 under this section.

7 (2) Notwithstanding paragraph (1), the board may, in its discretion,
8 conditionally renew or reinstate for a maximum of one year the license of any
9 licensee who demonstrates financial hardship and who enters into a formal agreement
10 with the board to reimburse the board within that one-year period for the unpaid
11 costs.

12 (h) All costs recovered under this section shall be considered a reimbursement
13 for costs incurred and shall be deposited in the fund of the board recovering the costs
14 to be available upon appropriation by the Legislature.

15 (i) Nothing in this section shall preclude a board from including the recovery of
16 the costs of investigation and enforcement of a case in any stipulated settlement.

17 (j) This section does not apply to any board if a specific statutory provision in
18 that board's licensing act provides for recovery of costs in an administrative
19 disciplinary proceeding.

20 FIRST CAUSE FOR DISCIPLINE

21 (Repeated Negligent Acts)

22 10. Respondent's license is subject to disciplinary action under Code section 2234,
23 subdivision (c), in that he committed repeated negligent acts during the care and treatment of
24 Patients A, B, C, D, and E.¹ The circumstances are as follows:

25 11. Respondent is a physician and surgeon, board certified in radiology. In early
26 December 2018, Respondent began employment as a staff radiologist for MemorialCare Medical
27 Group (MCMG), working at the MemorialCare Medical Center in Long Beach, California. In or
28 around January 2019, Respondent's colleagues began making complaints concerning the accuracy
of Respondent's interpretations of medical image studies. In particular, physicians and surgeons
in the Emergency Department raised concerns about Respondent's ability to evaluate medical
image studies for trauma patients. They cited examples of patients being sent to the ICU
unnecessarily because Respondent had misread images as showing spinal fractures when there
were none, as well as other "overcalls [that] compromise[d] patient care."

¹ Patient names are omitted to protect privacy. They will be provided in discovery.

1 12. Respondent's superiors at MCMG met with him on two occasions to address the
2 concerns about the accuracy of his reports. They advised Respondent that his cases would be sent
3 for a focused review. On or about February 18, 2019, Respondent also received written notice
4 that his cases of concern were going through the peer review process. As part of the review
5 process, Respondent received inquiries from the Medicine Multi-Specialty Physician Excellence
6 Committee (MPEC), seeking explanations regarding his reports for several patients. In addition,
7 Respondent's superiors advised him that he would not be on-call for the Emergency Department
8 or read trauma cases during the MPEC's review.

9 13. On or about April 1, 2019, during the pendency of the peer review, Respondent
10 submitted his notice of resignation to MCMG.

11 14. On or about July 5, 2019, the Board received a Health Facility/Peer Review
12 Reporting Form from MCMG pursuant to Code section 805, stating that Respondent had resigned
13 during a pending panel review of Respondent's cases. The Board conducted a subsequent
14 investigation related to Respondent's care and treatment of several patients during Respondent's
15 brief employment at MCMG, revealing several instances of substandard care, as more particularly
16 alleged below.

17 **Patient A**

18 15. Patient A is a 74-year-old male who presented to the Emergency Department at
19 MemorialCare Long Beach Medical Center on or about December 12, 2018. Patient A
20 complained of abdominal pain, and provided a history of acute deep vein thrombosis,
21 hypertension, hyperlipidemia, and bowel obstruction.

22 16. On the day of Patient A's admission, the hospital performed a CT scan of Patient A's
23 abdomen/pelvis. Respondent's report states there is sigmoid colon mild wall thickening with
24 contrast enhancement that may suggest colitis. There is no evidence, however, of sigmoid colon
25 wall thickening or abnormal contrast enhancement. Rather, the CT scan shows a dilated terminal
26 ileum² with air fluid levels and mucosal hyperenhancement and caliber transition at the ileocecal

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² The ileum is the third portion of the small intestine, between the jejunum and the cecum.

1 valve (small bowel obstruction). The ileocecal valve has hyperenhancement, and there is also
2 cecum mucosal hyperenhancement. The appendix is slightly dilated and has hyperenhancement.

3 17. As part of the peer review process, the MPEC asked, "In hindsight, were the small
4 bowel obstruction and terminal ileitis³ evident on the 12/12/18 CT Abdomen/Pelvis?" On or
5 about March 26, 2019, Respondent submitted an email response, stating, "In hindsight and further
6 review of the study and patient's chart, I definitely agree to the findings of terminal ileitis and
7 partial distal small bowel obstruction. I think of [sic] mistook the dilated distal ileum in the lower
8 pelvis on the right side to be part of the sigmoid colon. In hindsight, more thorough review of the
9 patient's chart and the prior study would be very helpful and would have helped to avoid the
10 miss."

11 18. During an interview with Board investigators on June 3, 2020 (the "Board
12 Interview"), Respondent admitted that he did not interpret the images correctly in his report,
13 noting that he had misidentified the sigmoid colon which led him to raise incorrectly the
14 possibility of colitis. As Respondent further noted, "fortunately for the patient and everybody,"
15 another provider made a diagnosis of ileitis and the patient recovered and was discharged.

16 19. Respondent's care and treatment of Patient A departed from the standard of care in
17 that he missed a finding in his report interpreting Patient A's abdomen/pelvis CT scan, as more
18 particularly described above.

19 **Patient B**

20 20. Patient B is a 44-year-old female who arrived by ambulance at the Emergency
21 Department at MemorialCare Long Beach Medical Center on or about January 2, 2019. She had
22 experienced right-sided facial droop, right arm drift, and aphasia. The documented reason for
23 admission was acute cerebrovascular accident (stroke).

24 21. On or about January 3, 2019, the hospital performed an unenhanced brain MRI scan.
25 Respondent's report states, "No acute intracranial abnormality seen. No evidence of acute
26 ischemic infarction or intracranial hemorrhage seen." Contrary to the report, however, the

27 ³ Terminal ileitis is an inflammatory condition of the terminal portion of the ileum that may occur
28 acutely with right lower quadrant pain followed or not by diarrhea, or exhibit chronic obstructive
symptoms and bleeding. It is associated with Crohn's disease.

1 diffusion weighted images show hyperintensity in the left parietal and temporal lobes as well as
2 corresponding slight hyperintensity on the T2 weighted series. There is corresponding slight
3 hypointensity on the ADC map. These findings are compatible with cerebral infarction.

4 22. As part of the peer review process, the MPEC asked, "In hindsight, was the L MCA
5 infarct evident on the MRI dated 1/3/19?" On or about February 26, 2019, Respondent submitted
6 an email response, stating:

7 In hindsight, there is a left MCA territory cortical ischemic infarction evident in the
8 MRI Brain dated 1/3/19. The reason for the missed finding is the misperception of
9 subtle low SI on ADC map. I was aware of the patients earlier CT, CTA & Neuro IR
10 procedure findings and was mentally focused to evaluate any interval changes on the
11 existing ischemic findings in the area and did not perceive any interval worsening.
12 Hence the misinterpretation and miscommunication.

13 23. During the Board Interview, Respondent acknowledged that his report inaccurately
14 stated that "the infarct is not there." Subsequently, an "experienced neuroradiologist" brought the
15 error to Respondent's attention, which Respondent corrected with an addendum. The medical
16 records show that, on January 7, 2019, Respondent entered an addendum stating, "Further review
17 of the study, shows presence of focal mild localized restricted diffusion in the left posterior
18 parietal/temporal cortex with suggestion of smaller cortical area slight loss of signal on ADC map
19 suggesting cortical infarction in the vascular distribution of left MCA territory."

20 24. Respondent's care and treatment of Patient B departed from the standard of care in
21 that he missed a finding in his report interpreting Patient B's brain MRI scan, as more particularly
22 described above.

23 **Patient C**

24 25. Patient C is a 56-year-old female who presented to the Emergency Department at
25 MemorialCare Long Beach Medical Center on or about February 6, 2019. Patient C complained
26 of abdominal pain in the right lower quadrant.

27 26. On the day of Patient C's admission, the hospital performed a CT scan of Patient C's
28 abdomen/pelvis. Respondent's report contains numerous errors, including:

- The report states that the "[a]ppendix is not identified." However, there is a tubular structure inseparable from the cecum and containing small high attenuation findings

1 (appendicoliths) as well as adjacent haziness of the fat; these findings are most
2 compatible with acute appendicitis.

3 • The CT scan also shows—but the report does not mention—a hazy appearance of
4 mesenteric fat in the pelvis and lower abdomen. There is a tiny amount of free pelvic
5 fluid.

6 27. As part of the peer review process, the MPEC noted that, following Respondent's
7 summary of the CT scan, Patient C was discharged. Two days later, Patient C "re-presented to the
8 ER" and required "emergent laparoscopic appendectomy for perforated acute appendicitis with
9 generalized peritonitis and abscess." The MPEC asked, "Did you consider acute appendicitis as a
10 possible diagnosis on the 2/6/19 CT Abdomen/Pelvis?" Although Respondent did not believe the
11 appendix could be visualized in the CT scan, the MPEC concluded that there was sufficient
12 evidence of acute appendicitis on the CT scan and considered Respondent's care to be a
13 "significant improvement opportunity."

14 28. Respondent's care and treatment of Patient C departed from the standard of care in
15 that he misinterpreted Patient C's abdomen/pelvis CT scan, as more particularly described above.

16 Patient D

17 29. Patient D is an 83-year-old female who arrived by paramedic at the Emergency
18 Department at MemorialCare Long Beach Medical Center on or about January 22, 2019. She
19 presented with a traumatic head injury.

20 30. On the day of Patient D's admission, the hospital performed a CT scan of Patient D's
21 cervical spine. Respondent's report states:

22 Grade 1/2 anterior listhesis⁴ seen at C7-T1 likely due to perched facets, possibly
23 chronic. Grade 1 4 mm retrolisthesis⁵ seen at C4-C5 and C3-C4. Suspected
24 incomplete fracture of the left superior facet of C5. Mild displaced fracture of the
25 tip of the posterior spinous bifid process of C4. Atlantoaxial articulation appears
unremarkable. There is localized widening of the left dental space at C1-C2
articulation with likely hyperdense soft tissue swelling on the lateral and proximal

26 ⁴ Anterior listhesis, or anterolisthesis, is the forward displacement of a vertebral body with respect
27 to the vertebral body immediately below it, due to congenital anomaly, degenerative change, or
trauma.

28 ⁵ Retrolisthesis is the backward displacement of a vertebral body with respect to the vertebral
body immediately below it, due to congenital anomaly, degenerative change, or trauma.

1 posterior aspect of the odontoid process. This is suspicious for a hematoma.
2 The report also describes moderate degenerative changes of cervical spondylosis⁶ from C3-C4
3 through T2-T3 level.

4 31. Contrary to the report, there is no evidence of acute fracture on the CT scan. The high
5 attenuation findings near the dens are calcifications (most likely from calcium pyrophosphate
6 deposition disease). The described spine subluxations,⁷ including at C7-T1, likely are
7 degenerative and not post-traumatic. There is asymmetry of the para-odontoid spaces that does
8 not appear to be acute.

9 32. As part of the peer review process, the MPEC asked, "Was the CT C-spine dated
10 1/22/19 read correctly?" On or about April 8, 2019, Respondent submitted an email response,
11 stating, "I believe, I did so based on my visual perception," explaining that on the sagittal scan he
12 "saw a linear focal lucency suggesting an incomplete undisplaced fracture of the superior facet of
13 C5. This was not seen on axial or coronal scans. This is possibly a subtle hairline fracture of
14 uncertain clinical significance. I thought it would help to bring it to the clinician's attention." The
15 MPEC concluded that Respondent's reading represented a "significant improvement
16 opportunity."

17 33. Respondent's care and treatment of Patient D departed from the standard of care in
18 that he misinterpreted Patient D's cervical spine CT scan, as more particularly described above.

19 Patient E

20 34. Patient E is a 32-year-old female who arrived by paramedic at the Emergency
21 Department at MemorialCare Long Beach Medical Center on or about January 29, 2019. She
22 presented to the hospital as a trauma patient following a motor vehicle accident.

23 35. On the day of Patient E's admission, the hospital performed a CT scan of Patient E's
24 cervical spine. Respondent's report states, "Incomplete undisplaced hairline fractures of the left
25 lateral mass of C1, body of C2, body of T1 and T2." Contrary to the report, there is no evidence
26 of acute fracture on this study.

27 ⁶ Spondylosis is the degeneration or deficient development of a portion of the vertebra.

28 ⁷ A spinal subluxation refers to a vertebrae misaligned from its normal position within the spine.

1 36. As part of the peer review process, the MPEC asked, "Was the CT C-spine dated
2 1/29/19 read correctly?" On or about April 4, 2019, Respondent submitted an email response,
3 stating, "In the clinical context of H/o Trauma, attention to minute details resulted in observation
4 of subtle CT findings of reformatted scans in 3 planes. These were of incomplete, undisplaced
5 fracture suggested due to small focus of cortical step off, cortical discontinuity and hairline linear
6 lucency of the concerned vertebrae." Respondent continued, "In hindsight and with introspection,
7 some of these are probably due to overcall and likely false positive. This is a good learning point
8 for the future and an important experience and to be avoided." The MPEC concluded that
9 Respondent's reading represented a "significant improvement opportunity."

10 37. Respondent's care and treatment of Patient E departed from the standard of care in
11 that he misinterpreted Patient E's cervical spine CT scan, as more particularly described above.

12 SECOND CAUSE FOR DISCIPLINE

13 (General Unprofessional Conduct)

14 38. Respondent's license is subject to disciplinary action under sections 2227 and 2234 of
15 the Code in that he has engaged in conduct which breaches the rules or ethical code of the
16 medical profession, or conduct which is unbecoming a member in good standing of the medical
17 profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged
18 in paragraphs 9 through 37, above, which are hereby incorporated by reference and realleged as if
19 fully set forth herein.

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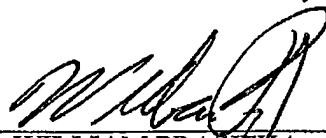
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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate No. A 89996, issued to Respondent Mahendra Jagjivandas Panchal, M.D.;
2. Revoking, suspending or denying approval of Respondent Mahendra Jagjivandas Panchal, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent Mahendra Jagjivandas Panchal, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: JAN 31 2022



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

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