

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

In the Matter of the First Amended
Accusation Against:

Arian S. Mowlavi, M.D.

Physician's and Surgeon's
Certificate No. A 85870

Respondent.

Case No.: 800-2018-048259

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 October 7, 2022.

IT IS SO ORDERED: September 8, 2022.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
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8 *Attorneys for Complainant*

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

12
13 In the Matter of the First Amended Accusation
14 Against:

15 **ARIAN S. MOWLAVI, M.D.**
16 **32406 South Coast Highway**
Laguna Beach, CA 92651

17 **Physician's and Surgeon's Certificate**
18 **No. A 85870,**

19 Respondent.

Case No. 800-2018-048259

OAH No. 2021100047

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

23 **PARTIES**

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

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

4 14. The parties understand and agree that Portable Document Format (PDF) and facsimile
5 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
6 signatures thereto, shall have the same force and effect as the originals.

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

10 **DISCIPLINARY ORDER**

11 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 85870 issued
12 to Respondent Arian S. Mowlavi, M.D., is revoked. However, the revocation is stayed and
13 Respondent is placed on probation for ten (10) years from the effective date of the Decision on
14 the following terms and conditions:

15 1. **ACTUAL SUSPENSION.** As part of probation, Respondent is suspended from the
16 practice of medicine for ninety (90) days beginning on the effective date of this Decision.

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

27 3. **MEDICAL RECORD KEEPING COURSE.** Within 60 calendar days of the effective
28 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in

1 advance by the Board or its designee. Respondent shall provide the approved course provider
2 with any information and documents that the approved course provider may deem pertinent.
3 Respondent shall participate in and successfully complete the classroom component of the course
4 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
5 complete any other component of the course within one (1) year of enrollment. The medical
6 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
7 Medical Education (CME) requirements for renewal of licensure.

8 A medical record keeping course taken after the acts that gave rise to the charges in the
9 First Amended Accusation, but prior to the effective date of the Decision may, in the sole
10 discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the
11 course would have been approved by the Board or its designee had the course been taken after the
12 effective date of this Decision.

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

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

26 A professionalism program taken after the acts that gave rise to the charges in the First
27 Amended Accusation, but prior to the effective date of the Decision may, in the sole discretion of
28 the Board or its designee, be accepted towards the fulfillment of this condition if the program

1 would have been approved by the Board or its designee had the program been taken after the
2 effective date of this Decision.

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

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

11 The program shall consist of a comprehensive assessment of Respondent's physical and
12 mental health and the six general domains of clinical competence as defined by the Accreditation
13 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
14 Respondent's current or intended area of practice. The program shall take into account data
15 obtained from the pre-assessment, self-report forms and interview, and the Decision, First
16 Amended Accusation, and any other information that the Board or its designee deems relevant.
17 The program shall require Respondent's on-site participation for a minimum of three (3) and no
18 more than five (5) days as determined by the program for the assessment and clinical education
19 evaluation. Respondent shall pay all expenses associated with the clinical competence
20 assessment program.

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

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

3 If Respondent fails to enroll, participate in, or successfully complete the clinical
4 competence assessment program within the designated time period, 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. The Respondent shall not resume the practice of medicine
7 until enrollment or participation in the outstanding portions of the clinical competence assessment
8 program have been completed. If the Respondent did not successfully complete the clinical
9 competence assessment program, the Respondent shall not resume the practice of medicine until a
10 final decision has been rendered on the accusation and/or a petition to revoke probation. The
11 cessation of practice shall not apply to the reduction of the probationary time period.

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

21 The Board or its designee shall provide the approved monitor with copies of the Decision
22 and First Amended Accusation, and a proposed monitoring plan. Within 15 calendar days of
23 receipt of the Decision, First Amended Accusation, and proposed monitoring plan, the monitor
24 shall submit a signed statement that the monitor has read the Decision and First Amended
25 Accusation, fully understands the role of a monitor, and agrees or disagrees with the proposed
26 monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall
27 submit a revised monitoring plan with the signed statement for approval by the Board or its
28 designee.

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

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

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

16 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
17 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
18 name and qualifications of a replacement monitor who will be assuming that responsibility within
19 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
20 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
21 notification from the Board or its designee to cease the practice of medicine within three (3)
22 calendar days after being so notified. Respondent shall cease the practice of medicine until a
23 replacement monitor is approved and assumes monitoring responsibility.

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

1 7. PROHIBITED PRACTICE. During probation, Respondent is prohibited from
2 performing and/or participating in VASER® liposuction surgeries/procedures until Respondent
3 has successfully completed the clinical competence assessment program. After the effective date
4 of this Decision, and until Respondent has successfully completed the clinical competence
5 assessment program, all patients being treated by Respondent shall be notified that Respondent is
6 prohibited from performing and/or participating in VASER® liposuction surgeries/procedures.
7 Prior to Respondent's successful completion of the clinical assessment program, any new patients
8 must be provided this notification at the time of their initial appointment.

9 Respondent shall maintain a log of all patients to whom the required oral notification was
10 made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's
11 medical record number, if available; 3) the full name of the person making the notification; 4) the
12 date the notification was made; and 5) a description of the notification given. Respondent shall
13 keep this log in a separate file or ledger, in chronological order, shall make the log available for
14 immediate inspection and copying on the premises at all times during business hours by the Board
15 or its designee, and shall retain the log for the entire term of probation.

16 8. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
17 Respondent shall provide a true copy of this Decision and First Amended Accusation to the Chief
18 of Staff or the Chief Executive Officer at every hospital where privileges or membership are
19 extended to Respondent, at any other facility where Respondent engages in the practice of
20 medicine, including all physician and locum tenens registries or other similar agencies, and to the
21 Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage
22 to Respondent. Respondent shall submit proof of compliance to the Board or its designee within
23 15 calendar days.

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

25 9. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
26 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
27 advanced practice nurses.

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

4 11. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
5 ordered to reimburse the Board its costs of investigation and enforcement in the amount of
6 \$16,103.75 (sixteen thousand one hundred three dollars and seventy-five cents). Costs shall be
7 payable to the Medical Board of California. Failure to pay such costs shall be considered a
8 violation of probation.

9 Any and all requests for a payment plan shall be submitted in writing by Respondent to the
10 Board.

11 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
12 to repay investigation and enforcement costs.

13 12. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
14 under penalty of perjury on forms provided by the Board, stating whether there has been
15 compliance with all the conditions of probation.

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

18 13. GENERAL PROBATION REQUIREMENTS.

19 Compliance with Probation Unit

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

21 Address Changes

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

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1 Place of Practice

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

5 License Renewal

6 Respondent shall maintain a current and renewed California physician's and surgeon's
7 license.

8 Travel or Residence Outside California

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

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

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

18 15. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
19 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
20 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
21 defined as any period of time Respondent is not practicing medicine as defined in Business and
22 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
23 patient care, clinical activity or teaching, or other activity as approved by the Board. If
24 Respondent resides in California and is considered to be in non-practice, Respondent shall
25 comply with all terms and conditions of probation. All time spent in an intensive training
26 program which has been approved by the Board or its designee shall not be considered non-
27 practice and does not relieve Respondent from complying with all the terms and conditions of
28 probation. Practicing medicine in another state of the United States or Federal jurisdiction while

1 on probation with the medical licensing authority of that state or jurisdiction shall not be
2 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
3 period of non-practice.

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

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

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

11 Periods of non-practice for a Respondent residing outside of California will relieve
12 Respondent of the responsibility to comply with the probationary terms and conditions with the
13 exception of this condition and the following terms and conditions of probation: Obey All Laws;
14 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
15 Controlled Substances; and Biological Fluid Testing.

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

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

27 18. LICENSE SURRENDER. Following the effective date of this Decision, if
28 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy

1 the terms and conditions of probation, Respondent may request to surrender his license. The
2 Board reserves the right to evaluate Respondent's request and to exercise its discretion in
3 determining whether or not to grant the request, or to take any other action deemed appropriate
4 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
5 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
6 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
7 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
8 application shall be treated as a petition for reinstatement of a revoked certificate.

9 19. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
10 with probation monitoring each and every year of probation, as designated by the Board, which
11 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
12 California and delivered to the Board or its designee no later than January 31 of each calendar
13 year.

14 20. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
15 a new license or certification, or petition for reinstatement of a license, by any other health care
16 licensing action agency in the State of California, all of the charges and allegations contained in
17 First Amended Accusation No. 800-2018-048259 shall be deemed to be true, correct, and
18 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding
19 seeking to deny or restrict license.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Raymond J. McMahon, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A 85870. 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: 5/12/22 
ARIAN S. MOWLAVI, M.D.
Respondent

I have read and fully discussed with Respondent Arian S. Mowlavi, 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 12, 2022 
RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: _____ Respectfully submitted,
ROB BONTA ✓
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

ROSEMARY F. LUZON
Deputy Attorney General
Attorneys for Complainant

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Raymond J. McMahon, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A 85870. 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.

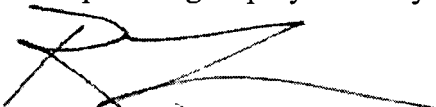
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ARIAN S. MOWLAVI, M.D.
Respondent

I have read and fully discussed with Respondent Arian S. Mowlavi, 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: _____
RAYMOND J. MCMAHON, ESQ.
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 13, 2022 Respectfully submitted,
ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

ROSEMARY F. LUZON
Deputy Attorney General
Attorneys for Complainant

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

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

Case No. 800-2018-048259

15 **ARIAN S. MOWLAVI, M.D.**
32406 South Coast Highway
16 Laguna Beach, CA 92651

FIRST AMENDED ACCUSATION

17 **Physician's and Surgeon's Certificate**
18 **No. A 85870,**

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 February 4, 2004, the Board issued Physician's and Surgeon's Certificate
25 No. A 85870 to Arian S. Mowlavi, M.D. (Respondent). The Physician's and Surgeon's
26 Certificate was in full force and effect at all times relevant to the charges brought herein and will
27 expire on February 29, 2024, unless renewed.

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1 **JURISDICTION**

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

5 4. Section 2220 of the Code states:

6 Except as otherwise provided by law, the board may take action against all
7 persons guilty of violating this chapter. . .

8 5. Section 2227 of the Code states:

9 (a) A licensee whose matter has been heard by an administrative law judge of
10 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
11 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:

12 (1) Have his or her license revoked upon order of the board.

13 (2) Have his or her right to practice suspended for a period not to exceed one
14 year upon order of the board.

15 (3) Be placed on probation and be required to pay the costs of probation
monitoring upon order of the board.

16 (4) Be publicly reprimanded by the board. The public reprimand may include a
17 requirement that the licensee complete relevant educational courses approved by the
board.

18 (5) Have any other action taken in relation to discipline as part of an order of
19 probation, as the board or an administrative law judge may deem proper.

20 . . .

21 6. Section 2234 of the Code states:

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

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

26 (b) Gross negligence.

27 . . .

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1 (e) The commission of any act involving dishonesty or corruption that is
2 substantially related to the qualifications, functions, or duties of a physician and
3 surgeon.

3 ...

4 7. Section 2052 of the Code states:

5 (a) Notwithstanding Section 146, any person who practices or attempts to
6 practice, or who advertises or holds himself or herself out as practicing, any system or
7 mode of treating the sick or afflicted in this state, or who diagnoses, treats, operates
8 for, or prescribes for any ailment, blemish, deformity, disease, disfigurement,
9 disorder, injury, or other physical or mental condition of any person, without having
10 at the time of so doing a valid, unrevoked, or unsuspended certificate as provided in
11 this chapter [Chapter 5, the Medical Practice Act], or without being authorized to
12 perform the act pursuant to a certificate obtained in accordance with some other
13 provision of law, is guilty of a public offense, punishable by a fine not exceeding ten
14 thousand dollars (\$10,000), by imprisonment pursuant to subdivision (h) of Section
15 1170 of the Penal Code, by imprisonment in a county jail not exceeding one year, or
16 by both the fine and either imprisonment.

17 (b) Any person who conspires with or aids or abets another to commit any act
18 described in subdivision (a) is guilty of a public offense, subject to the punishment
19 described in that subdivision.

20 (c) The remedy provided in this section shall not preclude any other remedy
21 provided by law.

22 8. Section 2264 of the Code states:

23 The employing, directly or indirectly, the aiding, or the abetting of any
24 unlicensed person or any suspended, revoked, or unlicensed practitioner to engage in
25 the practice of medicine or any other mode of treating the sick or afflicted which
26 requires a license to practice constitutes unprofessional conduct.

27 9. Section 2261 of the Code states:

28 Knowingly making or signing any certificate or other document directly or
indirectly related to the practice of medicine or podiatry which falsely represents the
existence or nonexistence of a state of facts, constitutes unprofessional conduct.

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10. Section 651 of the Code states:

(a) It is unlawful for any person licensed under this division or under any initiative act referred to in this division to disseminate or cause to be disseminated any form of public communication containing a false, fraudulent, misleading, or deceptive statement, claim, or image for the purpose of or likely to induce, directly or indirectly, the rendering of professional services or furnishing of products in connection with the professional practice or business for which he or she is licensed. A "public communication" as used in this section includes, but is not limited to, communication by means of mail, television, radio, motion picture, newspaper, book, list or directory of healing arts practitioners, Internet, or other electronic communication.

(b) A false, fraudulent, misleading, or deceptive statement, claim, or image includes a statement or claim that does any of the following:

- (1) Contains a misrepresentation of fact.
- (2) Is likely to mislead or deceive because of a failure to disclose material facts.
- ...
- (5) Contains other representations or implications that in reasonable probability will cause an ordinarily prudent person to misunderstand or be deceived.
- ...
- (8) Includes any statement, endorsement, or testimonial that is likely to mislead or deceive because of a failure to disclose material facts.
- ...

(g) Any violation of this section by a person so licensed shall constitute good cause for revocation or suspension of his or her license or other disciplinary action.

11. Section 2216.3 of the Code states:

(a) An outpatient setting accredited pursuant to Section 1248.1 of the Health and Safety Code shall report an adverse event to the board no later than five days after the adverse event has been detected, or, if that event is an ongoing urgent or emergent threat to the welfare, health, or safety of patients, personnel, or visitors, not later than 24 hours after the adverse event has been detected. Disclosure of individually identifiable patient information shall be consistent with applicable law.

(b) For the purposes of this section, "adverse event" includes any of the following:

- (1) Surgical or other invasive procedures, including the following:
- ...

1 (F) Transfer of a patient to a hospital or emergency center for medical treatment
2 for a period exceeding 24 hours following a scheduled procedure outside of a general
3 acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and
4 Safety Code.

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

9 **COST RECOVERY**

10 13. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
11 administrative law judge to direct a licensee found to have committed a violation or violations of
12 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
13 enforcement of the case, with failure of the licensee to comply subjecting the license to not being
14 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
15 included in a stipulated settlement.

16 14. Section 125.3 of the Code states:

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

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

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

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

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

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

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

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

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

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

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

15. Respondent has subjected his Physician's and Surgeon's Certificate No. A 85870 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patient A,¹ as more particularly alleged hereinafter:

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¹ References to "Patient A" herein are used to protect patient privacy.

1 **Respondent's VASER® Liposuction Practice**

2 16. Respondent is a Board-certified plastic surgeon. At all times relevant to the
3 allegations herein, Respondent was a solo practitioner at the Laguna Surgery Institute, an
4 outpatient surgical center located in Laguna Beach, California.

5 17. According to Respondent, approximately 80 to 90 percent of his practice constitutes
6 VASER® liposuction. Respondent describes VASER® liposuction as a high definition liposuction
7 procedure involving the infusion of tumescent solution, followed by cavitation (or melting) of the
8 fat, and then aspiration (or siphoning) of the liquid fat. According to Respondent, the VASER®
9 procedure enables the infiltration of both the deep and superficial layers of fat, thereby leading to
10 "stunning results" and "more high defined muscle patterns and . . . etching" than traditional
11 liposuction.

12 18. Respondent began utilizing the VASER® liposuction procedure in or about March
13 2017, when he first purchased the VASER® liposuction machine. Since then, Respondent states
14 that he has become well regarded for the VASER® liposuction procedure and has trained more
15 than 50 surgeons on the procedure.

16 19. Prior to August 30, 2018, Respondent performed approximately 150 to 180 VASER®
17 liposuction cases. After August 30, 2018, Respondent performed in excess of approximately 100
18 VASER® liposuction cases. For VASER® liposuction procedures performed at Respondent's
19 surgical facility, surgical technicians² are present and provide assistance to Respondent during the
20 procedures.

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23 ² Surgical technicians are also referred to as "surgical technologists," "surgical techs," or
24 "scrub techs." Surgical technicians work in the operating room with surgeons, anesthesiologists,
25 and nurses. Preoperatively, their tasks and duties include sterilizing the equipment and operating
26 room; gathering, counting, and arranging the equipment and surgical tools needed during the
27 surgery; and preparing patients for the procedure. Intraoperatively, surgical techs keep the
28 operating room sterile; pass surgical tools to the surgeon and the surgeon's assistant; and assist in
 retracting tissues from the patient. Postoperatively, their tasks and duties include counting all of
 the tools and instruments used during the surgery; applying dressings to surgical sites; disposing
 of needles and gauze; and maintaining the sterile environment of the operating room until the
 patient is brought to the recovery room. Surgical technicians must possess a high school diploma
 (or equivalent) and complete an accredited surgical technology training program, typically lasting
 12 to 24 months.

1 20. Surgical techs assist Respondent during VASER® liposuction procedures by, *inter*
2 *alia*, performing liposuction on patients, including surgical techs J.G. and A.J.R.

3 **Respondent's "High Definition Liposuction" Book**

4 21. Sometime after Respondent began performing VASER® liposuction procedures,
5 Respondent authored a book entitled, "High Definition Liposuction." The book starts by
6 describing Respondent's distinctions and credentials, awards, lectures, and articles published.
7 The book states that Respondent "is considered one of the top body sculptors around the world,"
8 has performed "over 15,000 procedures[,] and is "well-regarded as a world-renowned face,
9 body, and breast sculptor because of his superior outcomes and body transformations."

10 22. The book then provides an introduction to high definition liposuction, describing it as
11 a "Game Changer" in the body contouring arena as it allows your surgeon to precisely sculpt
12 your body to previously unattainable results." To obtain such results, the book identifies two
13 critical factors, one of which is "mastery in the use of VASER technology." According to the
14 book, "Mastery requires: Understanding VASER capacity[;] Intimate knowledge of muscle
15 anatomy[;] Appropriate training in VASER application[;] Surgical experience with VASER
16 technology[;] Artistic approach to sculpting the body[;] 360 degree or circumferential body
17 contouring[;] Accurate preoperative high definition markings[;] [and] Strategically sound
18 operative plan[.]"

19 23. Thereafter, the book discusses patient selection, the second critical factor for attaining
20 high definition liposuction results, and related considerations, including body scale and surgical
21 algorithm and body scale case studies. A section on preoperative markings follows, along with a
22 discussion of specific procedures for various areas of the body and complications relating to body
23 contouring and a photo gallery of before and after body contouring cases.

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1 24. At the end of the book, Respondent's services and staff are highlighted. The book
2 states, "To ensure optimum high definition liposuction results, it is critical to choose a surgeon
3 that offers a full spectrum high definition liposuction body contouring center." It further states
4 that Respondent's surgical facility offers "state of the art equipment," a state-certified operating
5 room that provides "a safe operative and postoperative recovery center[,]'" and an experienced
6 staff, including a front office coordinator, a patient coordinator, and a surgical tech.

7 25. Respondent's book does not include any statement that for VASER[®] liposuction
8 procedures performed at Respondent's surgical facility, surgical techs, including surgical techs
9 J.G. and A.J.R., also perform liposuction on patients.

10 26. Respondent's book is disseminated on his website, which includes a webpage that
11 prominently features the book.³ The webpage states, "Dr. Mowlavi's High Definition
12 Liposuction patient guide is available with a consultation appointment. [] You may also
13 purchase the book online for \$49.95 here: www.lulu.com."

14 **Patient A**

15 27. On or about August 2, 2018, Patient A had a consultation with Respondent regarding
16 possible liposuction of the abdomen, back, flanks, and thighs as well as a breast implant
17 replacement, a medial thigh tuck, and a tummy tuck. Respondent recommended high definition
18 VASER[®] liposuction of the abdomen, back, and flanks, an abdominoplasty incision line revision
19 (or "mini tummy tuck"), and a medial and lateral thigh tuck. In addition, Respondent
20 recommended a right breast capsulorrhaphy with implant reposition and fat grafting to the
21 buttocks.

22 28. On or about August 30, 2018, Patient A underwent surgery at the Laguna Surgery
23 Institute. Respondent was the operating surgeon. Also present were Dr. E.A., the
24 anesthesiologist; Nurse R.D., the Registered Nurse First Assist; Nurse N.R., the circulating
25 registered nurse; surgical tech J.G.; and surgical tech A.J.R. Multiple procedures were performed
26 during the surgery, including high definition liposuction of the abdomen, back, flanks, and lateral

27 ³ See [https://cosmeticplasticsurgeryinstitute.com/dr-mowlavi-high-definition-lipo-](https://cosmeticplasticsurgeryinstitute.com/dr-mowlavi-high-definition-lipo-booklet/)
28 [booklet/](https://cosmeticplasticsurgeryinstitute.com/dr-mowlavi-high-definition-lipo-booklet/).

1 thighs; right breast implant removal, capsulorrhaphy, and replacement; mini abdominoplasty
2 incision line revision; lateral and medial thigh tuck; and fat grafting to the buttocks and breasts.

3 29. During the surgery, surgical techs J.G. and A.J.R. assisted Respondent by, *inter alia*,
4 performing liposuction on Patient A. Surgical tech J.G. infused the tumescent solution, and
5 surgical tech A.J.R. removed the fat.

6 30. Patient A was discharged home at approximately 8:02 p.m. on the same day. At
7 approximately 1:06 a.m., on or about August 31, 2018, Patient A was admitted to the hospital.
8 According to the Emergency Department Report, Patient A suffered a syncopal episode at home
9 after complaining of shortness of breath and collapsing. She was brought to the Emergency
10 Department by ambulance and arrived unresponsive.

11 31. On or about August 31, 2018, Respondent saw Patient A in the intensive care unit of
12 the hospital. The next day, on or about September 1, 2018, Respondent wrote a postoperative
13 note documenting Patient A's hospitalization and condition. Respondent noted that Patient A
14 decompensated at home following her surgery and suffered anoxic brain injury with a
15 "devastating prognosis."

16 32. On or about September 2, 2018, Patient A passed away at the hospital. The final
17 diagnosis was hemorrhage from surgical intervention leading to cardiac arrest and cerebral
18 anoxia.

19 33. On or about September 14, 2018, Respondent submitted an "Outpatient Surgery –
20 Patient Death Reporting Form" to the Board, advising of Patient A's death and identifying the
21 name and location of the hospital where Patient A was transferred. Respondent failed to report
22 Patient A's transfer and hospitalization to the Board within five days of learning of this fact.

23 34. Respondent committed gross negligence in his care and treatment of Patient A, which
24 included, but was not limited to, the following:

25 A. Respondent allowed surgical techs J.G. and A.J.R. to perform liposuction
26 surgery on Patient A.

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SECOND CAUSE FOR DISCIPLINE

(Aiding and Abetting Unlicensed Practice of Medicine)

35. Respondent has subjected his Physician's and Surgeon's Certificate No. A 85870 to disciplinary action under sections 2227, 2264, and 2234, subdivision (a), as defined by section 2052, subdivision (b), of the Code, in that he aided and abetted the unlicensed practice of medicine, as more particularly alleged in paragraphs 16 through 34, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(False Representations)

36. Respondent has subjected his Physician's and Surgeon's Certificate No. A 85870 to disciplinary action under sections 2227, 2261, 2234, subdivision (a), of the Code, in that he knowingly made a document related to the practice of medicine which falsely represents the existence or nonexistence of a state of facts, as more particularly alleged in paragraphs 16 through 34, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Dissemination of Public Communication Containing False Representations)

37. Respondent has subjected his Physician's and Surgeon's Certificate No. A 85870 to disciplinary action under sections 2227, 651, subdivisions (a), (b), and (g), and 2234, subdivision (a), of the Code, in that he disseminated or caused to be disseminated a public communication containing a false, misleading, or deceptive statement for the purpose of or with the likelihood of inducing the rendering of medical services, as more particularly alleged in paragraphs 16 through 34, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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1 **FIFTH CAUSE FOR DISCIPLINE**

2 **(Dishonesty or Corruption)**

3 38. Respondent has subjected his Physician's and Surgeon's Certificate No. A 85870 to
4 disciplinary action under sections 2227 and 2234, subdivision (e), of the Code, in that he engaged
5 in an act or acts involving dishonesty that are substantially related to the qualifications, functions,
6 or duties of a physician and surgeon, as more particularly alleged in paragraphs 16 through 34,
7 above, which are hereby incorporated by reference and realleged as if fully set forth herein.

8 **SIXTH CAUSE FOR DISCIPLINE**

9 **(Failure to Timely Report Adverse Event)**

10 39. Respondent has subjected his Physician's and Surgeon's Certificate No. A 85870 to
11 disciplinary action under sections 2227 and 2234, subdivision (a), as defined by section 2216.3,
12 subdivisions (a) and (b), of the Code, in that Respondent failed to timely report an adverse event
13 relating to Patient A to the Board after detecting the adverse event, as more particularly alleged in
14 paragraphs 27 through 33, above, which are hereby incorporated by reference and realleged as if
15 fully set forth herein.

16 **SEVENTH CAUSE FOR DISCIPLINE**

17 **(General Unprofessional Conduct)**

18 40. Respondent has subjected his Physician's and Surgeon's Certificate No. A 85870 to
19 disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged in conduct
20 which breaches the rules or ethical code of the medical profession, or conduct which is
21 unbecoming to a member in good standing of the medical profession, and which demonstrates an
22 unfitness to practice medicine, as more particularly alleged in paragraphs 16 through 39, above,
23 which are hereby incorporated by reference and realleged as if fully set forth herein.

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1 PRAYER

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

4 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 85870, issued
5 to Respondent Arian S. Mowlavi, M.D.;

6 2. Revoking, suspending or denying approval of Respondent Arian S. Mowlavi, M.D.'s
7 authority to supervise physician assistants, pursuant to section 3527 of the Code, and advanced
8 practice nurses;

9 3. Ordering Respondent Arian S. Mowlavi, M.D., to pay the Board the costs of the
10 investigation and enforcement of this case, and if placed on probation, the costs of probation
11 monitoring; and

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

13 DATED: FEB 03 2022

14 
15 WILLIAM PRASIFKA
16 Executive Director
17 Medical Board of California
18 Department of Consumer Affairs
19 State of California
20 Complainant

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