

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

**In the Matter of the Third Amended
Accusation Against:**

Max Rudolph Lehfeldt, M.D.

**Physician's and Surgeon's
Certificate No. A 80511**

Case No.: 800-2016-024673

Respondent.

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on January 27, 2023.

IT IS SO ORDERED: December 30, 2022.

MEDICAL BOARD OF CALIFORNIA



**Laurie Rose Lubiano, J.D., Chair
Panel A**

1 ROB BONTA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 CHRISTINA SEIN GOOT
Deputy Attorney General
4 State Bar No. 229094
300 So. Spring Street, Suite 1702
5 Los Angeles, CA 90013
Telephone: (213) 269-6481
6 Facsimile: (916) 731-2117
Attorneys for Complainant
7

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

12 In the Matter of the Third Amended
Accusation Against:

13 **MAX RUDOLPH LEHFELDT, M.D.**
14 **P.O. Box 1526**
South Pasadena, CA 91030
15 **Physician's and Surgeon's Certificate**
16 **No. A 80511,**

17 Respondent.

Case No. 800-2016-024673

OAH No. 2020100154

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

21 **PARTIES**

22 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
23 California (Board). He brought this action solely in his official capacity and is represented in this
24 matter by Rob Bonta, Attorney General of the State of California, by Christina Sein Goot, Deputy
25 Attorney General.

26 2. Respondent Max Rudolph Lehfeldt, M.D. (Respondent) is represented in this
27 proceeding by attorney Peter R. Osinoff, whose address is: 355 South Grand Avenue, Suite 1750,
28 Los Angeles, CA 90071-1562.

1 upon his Physician's and Surgeon's Certificate. Respondent hereby gives up his right to contest
2 those charges and allegations.

3 10. Respondent does not contest that, at an administrative hearing, Complainant could
4 establish a *prima facie* case with respect to the charges and allegations contained in Third
5 Amended Accusation No. 800-2016-024673 and that he has thereby subjected his license to
6 disciplinary action.

7 11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to
8 discipline and he agrees to be bound by the Board's probationary terms as set forth in the
9 Disciplinary Order below.

10 **CONTINGENCY**

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

21 13. Respondent agrees that if he ever petitions for early termination or modification of
22 probation, or if an Third Amended Accusation and/or petition to revoke probation is filed against
23 him before the Board, all of the charges and allegations contained in Third Amended Accusation
24 No. 800-2016-024673 shall be deemed true, correct and fully admitted by respondent for
25 purposes of any such proceeding or any other licensing proceeding involving Respondent in the
26 State of California.

27 14. The parties understand and agree that Portable Document Format (PDF) and facsimile
28 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile

1 signatures thereto, shall have the same force and effect as the originals.

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

5 **DISCIPLINARY ORDER**

6 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 80511 issued
7 to Respondent Max Rudolph Lehfeltd, M.D. is revoked. However, the revocation is stayed and
8 Respondent is placed on probation for three (3) years on the following terms and conditions:

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

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

28 A medical record keeping course taken after the acts that gave rise to the charges in the

1 Third Amended Accusation, but prior to the effective date of the Decision may, in the sole
2 discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the
3 course would have been approved by the Board or its designee had the course been taken after the
4 effective date of this Decision.

5 Respondent shall submit a certification of successful completion to the Board or its
6 designee not later than 15 calendar days after successfully completing the course, or not later than
7 15 calendar days after the effective date of the Decision, whichever is later.

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

18 A professionalism program taken after the acts that gave rise to the charges in the Third
19 Amended Accusation, but prior to the effective date of the Decision may, in the sole discretion of
20 the Board or its designee, be accepted towards the fulfillment of this condition if the program
21 would have been approved by the Board or its designee had the program been taken after the
22 effective date of this Decision.

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

26 4. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
27 Respondent shall provide a true copy of this Decision and Third Amended Accusation to the
28 Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership

1 are extended to Respondent, at any other facility where Respondent engages in the practice of
2 medicine, including all physician and locum tenens registries or other similar agencies, and to the
3 Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage
4 to Respondent. Respondent shall submit proof of compliance to the Board or its designee within
5 15 calendar days.

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

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

10 6. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
11 ordered to reimburse the Board its costs of investigation and enforcement since 2022, including,
12 but not limited to, expert review, amended accusations, legal reviews, joint investigations, and
13 subpoena enforcement, as applicable, in the amount of \$7,311.25. Costs shall be payable to the
14 Medical Board of California. Failure to pay such costs shall be considered a violation of
15 probation.

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

18 The filing of bankruptcy by Respondent shall not relieve respondent of the responsibility to
19 repay investigation and enforcement costs, including expert review costs (if applicable).

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

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

25 8. GENERAL PROBATION REQUIREMENTS.

26 Compliance with Probation Unit

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

28 Address Changes

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

6 Place of Practice

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

10 License Renewal

11 Respondent shall maintain a current and renewed California physician's and surgeon's
12 license.

13 Travel or Residence Outside California

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

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

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

23 10. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
24 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
25 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
26 defined as any period of time Respondent is not practicing medicine as defined in Business and
27 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
28 patient care, clinical activity or teaching, or other activity as approved by the Board. If

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

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

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

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

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

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

25 12. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
26 of probation is a violation of probation. If Respondent violates probation in any respect, the
27 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
28 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke

1 Probation, or an Interim Suspension Order is filed against Respondent during probation, the
2 Board shall have continuing jurisdiction until the matter is final, and the period of probation shall
3 be extended until the matter is final.

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

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

19 15. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
20 a new license or certification, or petition for reinstatement of a license, by any other health care
21 licensing action agency in the State of California, all of the charges and allegations contained in
22 Third Amended Accusation No. 800-2016-024673 shall be deemed to be true, correct, and
23 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding
24 seeking to deny or restrict the license.

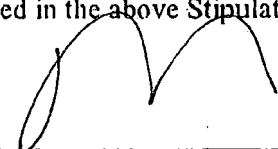
25
26 **ACCEPTANCE**

27 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
28 discussed it with my attorney, Peter R. Osinoff. I understand the stipulation and the effect it will

1 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
2 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
3 Decision and Order of the Medical Board of California.

4
5 DATED: June 10, 2022 
6 MAX RUDOLPH LEHFELDT, M.D.
7 Respondent

8 I have read and fully discussed with Respondent Max Rudolph Lehfeldt, M.D. the terms
9 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
10 Order. I approve its form and content.

11 DATED: 6/10/2022 
12 PETER R. OSINOFF, ESQ.
13 Attorney for Respondent

14 **ENDORSEMENT**

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

17 DATED: _____

18 Respectfully submitted,
19 ROB BONTA
20 Attorney General of California
21 JUDITH T. ALVARADO
22 Supervising Deputy Attorney General

23 CHRISTINA SEIN GOOT
24 Deputy Attorney General
25 Attorneys for Complainant

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1 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
2 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
3 Decision and Order of the Medical Board of California.

4
5 DATED: _____
6 MAX RUDOLPH LEHFELDT, M.D.
7 Respondent

8 I have read and fully discussed with Respondent Max Rudolph Lehfeldt, M.D. the terms
9 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
10 Order. I approve its form and content.

11 DATED: _____
12 PETER R. OSINOFF, ESQ.
13 Attorney for Respondent

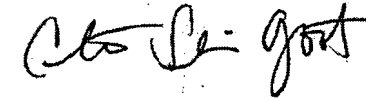
14 **ENDORSEMENT**

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

17 DATED: 6/13/22 _____

Respectfully submitted,

18 ROB BONTA
19 Attorney General of California
20 JUDITH T. ALVARADO
21 Supervising Deputy Attorney General



22 CHRISTINA SEIN GOOT
23 Deputy Attorney General
24 Attorneys for Complainant

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Exhibit A

Third Amended Accusation No. 800-2016-024673

1 ROB BONTA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 CHRISTINA SEIN GOOT
Deputy Attorney General
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7 *Attorneys for Complainant*

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

12 In the Matter of the Third Amended
13 Accusation Against:
14 **MAX RUDOLPH LEHFELDT, M.D.**
15 **P.O. Box 1526**
South Pasadena, California 91031-1526
16 **Physician's and Surgeon's Certificate**
No. A 80511,
17
18 Respondent.

Case No. 800-2016-024673
THIRD AMENDED ACCUSATION

19 **PARTIES**

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

23 2. On September 18, 2002, the Board issued Physician's and Surgeon's Certificate
24 Number A 80511 to Max Rudolph Lehfeldt, M.D. (Respondent). That Certificate was in full
25 force and effect at all times relevant to the charges brought herein and will expire on May 31,
26 2022, unless renewed.

27 ///
28 ///

1 **JURISDICTION**

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

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

9 5. Section 2234 of the Code states:

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

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

(b)

15 (c) Repeated negligent acts. To be repeated, there must be two or more
16 negligent acts or omissions. An initial negligent act or omission followed by a
17 separate and distinct departure from the applicable standard of care shall constitute
18 repeated negligent acts.

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

(2) When the standard of care requires a change in the diagnosis, act, or
21 omission that constitutes the negligent act described in paragraph (1), including, but
22 not limited to, a reevaluation of the diagnosis or a change in treatment, and the
23 licensee's conduct departs from the applicable standard of care, each departure
24 constitutes a separate and distinct breach of the standard of care.

¶ ¶

25 6. Section 2266 of the Code states:

26 The failure of a physician and surgeon to maintain adequate and accurate
27 records relating to the provision of services to their patients constitutes unprofessional
28 conduct.

7. Section 654.2 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 charge, bill, or otherwise solicit payment
from a patient on behalf of, or refer a patient to, an organization in which the licensee,

1 or the licensee's immediate family, has a significant beneficial interest, unless the
2 licensee first discloses in writing to the patient, that there is such an interest and
advises the patient that the patient may choose any organization for the purpose of
obtaining the services ordered or requested by the licensee.

3 (b) The disclosure requirements of subdivision (a) may be met by posting a
4 conspicuous sign in an area which is likely to be seen by all patients who use the
5 facility or by providing those patients with a written disclosure statement. Where
6 referrals, billings, or other solicitations are between licensees who contract with
7 multispecialty clinics pursuant to subdivision (l) of Section 1206 of the Health and
8 Safety Code or who conduct their practice as members of the same professional
corporation or partnership, and the services are rendered on the same physical
premises, or under the same professional corporation or partnership name, the
requirements of subdivision (a) may be met by posting a conspicuous disclosure
statement at a single location which is a common area or registration area or by
providing those patients with a written disclosure statement.

9 ¶ ¶

10 (d) For the purposes of this section, the following terms have the following
11 meanings:

12 (1) "Immediate family" includes the spouse and children of the licensee, the
13 parents of the licensee and licensee's spouse, and the spouses of the children of the
licensee.

14 (2) "Significant beneficial interest" means any financial interest that is equal to
or greater than the lesser of the following:

15 (A) Five percent of the whole.

16 (B) Five thousand dollars (\$5,000).

17 (3) A third-party payer includes any health care service plan, self-insured
18 employee welfare benefit plan, disability insurer, nonprofit hospital service plan, or
private group or indemnification insurance program.

19 A third party payer does not include a prepaid capitated plan licensed under the
20 Knox-Keene Health Care Service Plan Act of 1975 or Chapter 11a (commencing with
Section 11491) of Part 2 of Division 2 of the Insurance Code.

21 ¶ ¶

22 8. California Code of Regulations, title 16, section 1364.11, states:

23 The amount of any fine to be levied by a board official shall take into
24 consideration the factors listed in subdivision (b)(3) of Section 125.9 of the code and
shall be within the range set forth below.

25 (a) In his or her discretion, a board official may issue a citation under Section
26 1364.10 for a violation of the provisions listed in this section.

27 ¶ ¶

28 (10) Business and Professions Code Section 654.2.

¶ ¶

1 (b) In his or her discretion, a board official may issue a citation under Section
2 1364.10 to a licensee for a violation of a term or condition contained in the decision
3 placing that licensee on probation.

4 (c) A citation may include a fine from \$100 to \$2500. However, a citation may
5 include a fine up to \$5,000 if one or more of the following circumstances apply:

6 (1) The cited person has received two or more prior citations for the same or
7 similar violations;

8 (2) The citation involves multiple violations that demonstrate a willful
9 disregard for the law.

10 (d) In his or her discretion, a board official may issue a citation with an order of
11 abatement without levying a fine for the first violation of any provision set forth
12 above.

13 (e) The sanction authorized under this section shall be separate from and in
14 addition to any other administrative, civil, or criminal remedies.

15 FIRST CAUSE FOR DISCIPLINE

16 (Repeated Negligent Acts – Patients A, B, C, and D)

17 9. Respondent's license is subject to disciplinary action under Code sections 2234,
18 subdivisions (a) and (c), in that he committed repeated negligent acts in the care and treatment of
19 four patients. The circumstances are as follows:

20 10. Respondent is a board-certified plastic surgeon. He practices plastic and
21 reconstructive surgery.

22 Patient A¹

23 11. Patient A, a 58-year-old female, had been diagnosed with the BRCA2 gene mutation,
24 which placed her at a higher risk for the development of breast and ovarian cancer. Patient A
25 sought a prophylactic mastectomy from a breast surgeon and breast reconstruction from a plastic
26 surgeon.

27 12. Prior to seeing Respondent, Patient A had been informed by two plastic surgeons that
28 she would require nipple removal and skin reduction to achieve her goal of smaller, more uplifted
reconstructed breasts.

¹ Patients are referred to by letter to protect their identities. The identity of each patient is believed to be known by Respondent. Further information relating to the patients will be provided in response to a request for discovery.

1 13. Patient A was referred to Respondent by the breast surgeon who ultimately performed
2 the prophylactic mastectomy to discuss breast reconstruction options.

3 14. Patient A, accompanied by her husband, presented to Respondent on January 12,
4 2015. Respondent discussed with Patient A the option of a skin reducing breast reconstruction
5 and a nipple-sparing breast reconstruction. During that consultation, Respondent informed
6 Patient A that he used Seri Surgical Scaffold² for soft tissue support.

7 15. According to the patient and her husband, Respondent did not discuss the following:
8 (1) the risks/benefits relating to options other than Seri Surgical Scaffold; (2) whether the Seri
9 Surgical Scaffold for breast reconstruction had FDA approval, and (3) that Respondent had
10 participated in Seri Surgical Scaffold studies sponsored by Allergan, the maker of Seri Surgical
11 Scaffold.

12 16. Respondent's medical records, created on or about January 12, 2015, did not reflect
13 that Respondent discussed with the patient alternative options to Seri Surgical Scaffold.

14 17. Respondent performed Patient A's breast reconstruction surgery on February 24,
15 2015. Seri Surgical Scaffold was used in the procedure.

16 18. On May 13, 2015, Patient A underwent second stage breast reconstruction, at which
17 time tissue expanders were removed and implants were placed. Respondent observed that some
18 of the Seri Surgical Scaffold had not been incorporated into the patients' tissue, and Respondent
19 debrided that material.

20 19. In approximately October 2016, in preparation for responding to a Board inquiry
21 about his care of Patient A, Respondent added a notation to Patient A's chart indicating that he
22 had discussed with Patient A the options of Seri Surgical Scaffold as opposed to Alloderm, a
23 collagen scaffold made from cadaver tissue. Respondent did not date or initial this note.
24 Respondent produced these records to the Board in response to a subpoena.

25 20. On or about March 5, 2018, the Board was advised of Respondent's October 2016
26 revision to his January 12, 2015 notes in the patient's medical record.

27 _____
28 ² Seri Surgical Scaffold is a silk netting used in plastic surgery. It serves as a base for the
body to regenerate tissue after medical procedures.

1 21. The standard of care requires that medical records reflect a complete, accurate and
2 contemporaneous account of patient encounters. If errors or omissions are discovered in the
3 medical record, corrections can be made, or additional information added. However, the
4 corrections and/or addenda must be signed and dated to reflect that the "late entry" was made
5 after the date of the patient encounter.

6 22. Respondent made alterations to Patient A's medical record approximately one year
7 and nine months after the relevant patient encounter. His failure to sign and date the entry
8 constitutes a departure from the standard of care.

9 **Patient B**

10 23. Patient B, a 59-year-old female, presented at Respondent's office on May 11, 2016,
11 for a body contouring consultation. She was seen by a physician assistant and referred to
12 Respondent for further consultation.

13 24. On June 14, 2016, Respondent evaluated Patient B and found that she was not a good
14 candidate for body contouring. He recommended abdominoplasty (tummy tuck) and liposuction
15 to the flanks.

16 25. Respondent saw Patient B for a preoperative visit on July 28, 2016, and surgery was
17 scheduled for August 8, 2016, at the Arcadia Outpatient Surgery Center.

18 26. Respondent performed abdominoplasty with liposuction to the flanks on August 8,
19 2016. A bupivacaine pain pump catheter was placed for post-operative pain relief. Norco, an
20 opioid pain medication, was also provided post-surgery.

21 27. Patient B experienced nausea and vomiting when she arrived home after surgery.
22 Upon contacting Respondent's office and leaving a message, she was advised to pick up a nausea
23 medication from the pharmacy. Patient B still did not feel better and decided to stop taking her
24 post-operative pain medications.

25 28. On August 13, 2018, Patient B's husband returned from taking his daughter to dance
26 practice and discovered that Patient B was unresponsive. She was unable to be revived and
27 expired. According to the autopsy report, the cause of death was community-acquired pneumonia
28 with recent elective abdominoplasty as a contributing factor, possibly due to increased pain, and

1 failure to inspire and expand the lungs.

2 29. The medical records for Patient B's visits of May 11, 2016, June 14, 2016, and July
3 28, 2016, were created by multiple authors without a clear indication of who wrote each note.

4 30. Respondent's medical records do not document post-surgical contacts with Patient B
5 or her husband.

6 31. Respondent created personal notes after Patient B's death, which purport to document
7 post-surgical contacts with Patient B and her husband. These personal notes were not included as
8 part of Patient B's medical records. These personal notes include the following information:

9 A. On August 9, 2016, Respondent's patient coordinator called the patient to
10 follow up after surgery and left a message. No call-back from the patient was received.

11 B. On August 11, 2016, a family member contacted Respondent's office stating
12 that the patient suffered from nausea and was unable to "keep anything down." There were no
13 complaints of chest pain, shortness of breath, or excessive abdominal pain. The note reflected
14 that the message was conveyed to Respondent who requested that staff inquire as to whether the
15 symptoms were related to pain medication or antibiotic administration. Staff called the patient's
16 husband and clarified that the patient's symptoms were not related to taking other medications,
17 and Respondent called in a prescription for Zofran, a medication used to prevent nausea and
18 vomiting.

19 32. According to Respondent, Patient B was advised to transition to ibuprofen to manage
20 her pain; however, Patient B's medical record does not reflect this recommendation.

21 33. Respondent failed to document post-surgery communications with Patient B and her
22 family in Patient B's medical records and/or failed to clearly delineate the author of each note.
23 These documentation failures constitute a departure from the standard of care.

24 **Patient C**

25 34. Patient C, a 37-year-old female, presented at Respondent's office in 2013 for bilateral
26 breast reconstruction after planned prophylactic mastectomy. At the initial consultation, Patient
27 C was noted to have asymmetric breasts that were ptotic.

28 35. On January 21, 2014, Patient C had a preoperative visit, documented by Respondent's

1 physician's assistant, during which the risk and benefits of the procedure were discussed. Patient
2 C signed a consent form on that date for "Bilateral Reconstruction with Tissue Expanders." The
3 patient signed a second consent dated January 30, 2014, authorizing a "Bilateral Breast
4 Reconstruction with Tissue Expanders and Seri Scaffold."

5 36. On February 4, 2014, Patient C underwent bilateral mastectomy performed by
6 another physician. Respondent performed the breast reconstruction using Seri Surgical Scaffold
7 to maintain the position of the inframammary fold, and attached it to the lower border of the
8 pectoral muscle and chest wall to maintain the position of the tissue expander.

9 37. Post-operatively, Patient C was noted to have ecchymosis/vascular compromise of the
10 right infero-medial mastectomy flap. On February 19 and March 3, 2014, she returned for
11 debridement of the compromised right breast skin, and reclosure. Subsequently, turbid drainage
12 was noted, and the right tissue expander and the Seri Surgical Scaffold was removed. These
13 procedures were performed at Arcadia Outpatient Surgery Center. At the time of these
14 procedures (as well as subsequent procedures), Respondent had an ownership interest in Arcadia
15 Outpatient Surgery Center, but failed to disclose his ownership interest to Patient C.

16 38. On July 22, 2014, Patient C underwent delayed placement of a right breast tissue
17 expander. On December 30, 2014, she underwent bilateral exchange of her tissue expanders for
18 permanent silicone gel breast implants, and bilateral fat transfer to improve contours.

19 39. Post-operatively, Patient C healed without infection. On January 27, 2015, she was
20 noted to have asymmetry. Patient C also expressed interest in larger implants. On April 7, 2015,
21 Patient C had a preoperative visit, documented by Respondent's physician assistant, who noted
22 that the plan is for "Seri Scaffold in right breast." Patient C signed an informed consent
23 document, dated April 7, 2015, for "Bilateral Breast Implant Replacement Using Silicone Gel
24 Implants and Placement of Strattice vs. Seri Scaffold in Right Breast."

25 40. On April 17, 2015, a second consent form was signed by Patient C for
26 "removal/replacement- bilateral breast implants, placement of alloderm right breast." Patient C
27 had this surgery on that date.

28 41. Subsequently, Respondent performed additional procedures/surgeries on Patient C's

1 breasts, including latissimus dorsi myocutaneous flap plus implant reconstruction of the right
2 breast and reinforcement of the lower-left breast with placement of a larger implant for symmetry.
3 Patient C was last seen by Respondent on February 13, 2017.

4 42. Respondent's failure to disclose to Patient C that he was a paid consultant for
5 Allergan, maker of the Seri Surgical Scaffold at the time, was a departure from the standard of
6 care.

7 43. Respondent's failure to notify Patient C that his use of Seri Surgical Scaffold was an
8 "off label" use was a departure from the standard of care.

9 44. Respondent's failure to accurately document Patient C's diagnosis on surgical
10 scheduling forms and on disability forms (e.g., diagnosis was coded as M53.82 (cervical
11 dorsopathy), which was incorrect) was a departure from the standard of care.

12 45. The consent form signed by Patient C on April 7, 2015 was for placement of
13 "Strattice vs. Seri." The consent form signed at the surgery center was for Alloderm. Alloderm
14 was used in Patient C's surgery. The placement of an incorrect consent form in Patient C's
15 medical record was a departure from the standard of care.

16 46. Respondent's failure to disclose his financial interest in Arcadia Outpatient Surgery
17 Center to Patient C was a departure from the standard of care.

18 **Patient D**

19 47. On February 1, 2019, Patient D, a 54-year-old female, consulted with Respondent
20 regarding the appearance of her abdomen. Respondent recommended an extended
21 abdominoplasty with liposuction of the lateral hips and flanks. During this visit, the risks of the
22 procedure were discussed, including "bleeding, infection, poor wound healing, skin necrosis,
23 umbilical stalk necrosis, hematoma, seroma, ... poor aesthetic result, the need for future revision
24 surgery."

25 48. On February 14, 2019, Patient D returned to Respondent's office for her pre-operative
26 examination. On March 1, 2019, the abdominoplasty with liposuction was performed. Patient D
27 received intravenous antibiotics prior to incision, and she was prescribed doxycycline twice daily
28 for one week post-surgery.

1 49. On March 8, 2019, Patient D returned and her umbilicus at that time was felt to be
2 healing well. On March 20, 2019, upon examination, she was noted to have drainage and a foul
3 odor from her umbilicus, as well as a seroma on her left side. A 100 cc seroma was drained with
4 a syringe and needle. Local wound care was instituted for the umbilicus.

5 50. On March 27, 2019, Patient D was seen by Respondent's physician assistant because
6 Respondent was out of town. The physician assistant documented that the umbilicus was healing
7 and there was no recurrent fluid on the left side.

8 51. On April 2, 2019, Patient D returned and Respondent noted umbilical odor and
9 debrided some necrotic umbilical tissue and a portion of the muscle plication suture in the depth
10 of the wound.

11 52. On April 8, 2019, Respondent felt the umbilicus was healing, but debrided some
12 additional necrotic tissue. He noted no cellulitis or purulence, but prescribed doxycycline twice
13 daily for seven days. Patient D returned on April 18, 2019, and was noted to have a 5x5 mm
14 wound opening in the lower umbilicus, draining "turbid" fluid. Respondent recommended
15 increasing the wound care, including irrigation of the wound, to twice daily.

16 53. On April 22, 2019, the umbilical wound persisted and now the lower abdomen was
17 noted to be firm. Respondent was suspicious of an abscess pocket. He prescribed doxycycline
18 for the third time and told the patient that the wound may need to be opened and washed out. He
19 planned to reassess her in one week. Patient D was seen by the physician assistant on April 25,
20 2019, who suggested continuing the irrigation and doxycycline. On April 29, 2019, Patient D
21 was seen by Respondent. She continued to have malodorous umbilical discharge and lower
22 abdominal firmness. Respondent scheduled an Incision and Drainage procedure for May 1, 2019,
23 and refilled her doxycycline.

24 54. On May 1, 2019, Patient D underwent the operative procedure under anesthesia. The
25 lower abdominal flap was elevated centrally. Respondent encountered a cavity 2-3 cm wide and
26 6-7 cm long that showed evidence of infection, but no excessive purulence. He removed the
27 remainder of the plication suture, irrigated the space with antibiotic solution, placed
28 a drain, and re-sutured the lower abdominal incision line.

1 55. On May 6, 2019, Patient D returned. Her drain was not functioning and there was
2 purulent debris in the drain bulb and erythema of the lower abdomen indicative of cellulitis.
3 Respondent performed an in-office Incision and Drainage procedure using local anesthesia and
4 nitrous oxide for mild sedation. No patient consent for the procedure was documented. He then
5 referred Patient D to the Emergency Room because he believed she needed intravenous antibiotic
6 care. Patient D was placed on broad spectrum intravenous antibiotics.

7 56. On May 9, 2019, another physician performed a wound exploration on Patient D.
8 The pathology report noted tissue with acute inflammation and fat necrosis. Cultures of the
9 wound revealed light growth of anaerobic Bacteroides species.

10 57. Respondent's failure to obtain a culture of Patient D's wound in a timelier manner
11 was a departure from the standard of care.

12 58. Respondent's repeated use of doxycycline, which was not clearing the infection, was
13 a departure from the standard of care.

14 59. Respondent's failure to document patient consent prior to the May 6, 2019 Incision
15 and Drainage procedure was a departure from the standard of care.

16 60. Respondent committed repeated negligent acts in the care and treatment of Patient A,
17 Patient B, Patient C, and Patient D, and his license is subject to discipline.

18 **SECOND CAUSE FOR DISCIPLINE**

19 (Failure to Maintain Adequate and Accurate Records)

20 61. Respondent's license is subject to disciplinary action under Code section 2266 in that
21 he failed to maintain adequate and accurate records. The circumstances are as follows:

22 62. The allegations in the First Cause for Discipline are incorporated herein as if fully set
23 forth.

24 **THIRD CAUSE FOR DISCIPLINE**

25 (Failure to Disclose Financial Interest)

26 63. Respondent's license is subject to disciplinary action under Code section 654.2 and
27 California Code of Regulations, title 16, section 1364.11, subdivision (10), in that he failed to
28 disclose his financial interest in Arcadia Outpatient Surgery Center to Patient C. The

1 circumstances are as follows:

2 64. The allegations in the First Cause for Discipline are incorporated herein as if fully set
3 forth.

4 65. Respondent had a "significant beneficial interest," as defined by subdivision (d) of
5 Code section 654.2, in Arcadia Outpatient Surgery Center. Respondent failed to disclose this
6 financial interest to Patient C.

7 **PRAYER**

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

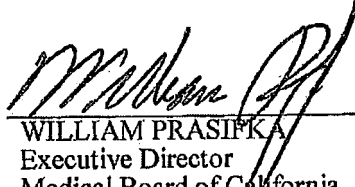
10 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 80511,
11 issued to Respondent Max Rudolph Lehfeldt, M.D.;

12 2. Revoking, suspending or denying approval of Respondent Max Rudolph Lehfeldt,
13 M.D.'s authority to supervise physician assistants and advanced practice nurses;

14 3. If placed on probation, ordering Respondent Max Rudolph Lehfeldt, M.D. to pay the
15 Board the costs of probation monitoring; and

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

17
18 DATED: SEP 28 2021



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

Complainant

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