

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

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

**Naveen C. Reddy, M.D.**

**Physician's & Surgeon's  
Certificate No. A 75877**

**Case No. 800-2019-059838**

**Respondent.**

**DECISION**

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

**This Decision shall become effective at 5:00 p.m. on July 24, 2023.**

**IT IS SO ORDERED: June 23, 2023.**

**MEDICAL BOARD OF CALIFORNIA**



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

1 ROB BONTA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 REBECCA L. SMITH  
Deputy Attorney General  
4 State Bar No. 179733  
300 South Spring Street, Suite 1702  
5 Los Angeles, CA 90013  
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*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 First Amended Accusation  
Against:

13 **NAVEEN C. REDDY, M.D.**  
14 **1107 Fair Oaks Avenue, Suite 486**  
15 **South Pasadena, CA 91030**

16 **Physician's and Surgeon's Certificate**  
**No. A 75877,**

17 Respondent.  
18

Case No. 800-2019-059838

OAH No. 2021020564.1

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

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. Reji Varghese (Complainant) is the Deputy 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 Rebecca L. Smith, Deputy  
25 Attorney General.

26 2. Naveen C. Reddy, M.D. (Respondent) is represented in this proceeding by attorney  
27 Raymond J. McMahon, whose address is 5440 Trabuco Road, Irvine, California 92620.

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3. On or about July 14, 2001, the Board issued Physician's and Surgeon's Certificate No. A 75877 to Respondent. That license was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2019-059838, and will expire on September 30, 2024, unless renewed.

## JURISDICTION

4. First Amended Accusation No. 800-2019-059838 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on January 19, 2021. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of First Amended Accusation No. 800-2019-059838 is attached as Exhibit A and incorporated herein by reference.

## **ADVISEMENT AND WAIVERS**

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 800-2019-059838. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

## CULPABILITY

9. Respondent does not contest that, at an administrative hearing, complainant could establish a prima facie case with respect to the charges and allegations in First Amended

1 Accusation No. 800-2019-059838, a true and correct copy of which is attached hereto as Exhibit  
2 A, and that he has thereby subjected his Physician's and Surgeon's Certificate No. A 75877 to  
3 disciplinary action.

4 10. Respondent agrees that his Physician's and Surgeon's Certificate is subject to  
5 discipline and he agrees to be bound by the imposition of discipline by the Board as set forth in  
6 the Disciplinary Order below.

7 **CONTINGENCY**

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

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

21 13. In consideration of the foregoing admissions and stipulations, the parties agree that  
22 the Board may, without further notice or opportunity to be heard by the Respondent, issue and  
23 enter the following Disciplinary Order:

24 **DISCIPLINARY ORDER**

25 **A. PUBLIC REPRIMAND**

26 **IT IS HEREBY ORDERED THAT** upon completion of the following course-work, the  
27 Physician's and Surgeon's Certificate No. A 75877 issued to Respondent Naveen C. Reddy, M.D.  
28 will be Publicly Reprimanded pursuant to California Business and Professions Code section

1 2227, subdivision (a)(4). This Public Reprimand is issued in connection with Respondent's  
2 criminal conviction of reckless driving, with an alcohol advisement and his care and treatment of  
3 Patient 1, as set forth in First Amended Accusation No. 800-2019-059838:

4 *In April 2017, you failed to adequately and accurately record your care and*  
5 *treatment of Patient 1 in violation of Business and Professions Code section*  
6 *2266. In February 2020, you were convicted of reckless driving under the*  
7 *influence of Ambien and alcohol on September 15, 2019, in violation of*  
8 *Business and Professions Code section 2239, subdivision (a).*

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

18 A medical record keeping course taken after the acts that gave rise to the charges in the  
19 First Amended Accusation, but prior to the effective date of the Decision may, in the sole  
20 discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the  
21 course would have been approved by the Board or its designee had the course 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 fifteen (15) calendar days after successfully completing the course, or not  
25 later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

26 If Respondent fails to enroll, participate in, or successfully complete the medical record  
27 keeping course within the designated time period, Respondent shall receive a notification from  
28 the Board or its designee to cease the practice of medicine within three (3) calendar days after

1 being so notified. Respondent shall not resume the practice of medicine until enrollment or  
2 participation in the medical record keeping course has been completed. Failure to successfully  
3 complete the medical record keeping course outlined above shall constitute unprofessional  
4 conduct and is grounds for further disciplinary action.

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

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

20 Respondent shall submit a certification of successful completion to the Board or its  
21 designee not later than fifteen (15) calendar days after successfully completing the program or not  
22 later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

23 **D. INVESTIGATION/ENFORCEMENT COST RECOVERY.** Respondent is  
24 hereby ordered to reimburse the Board its costs of investigation and enforcement, in the amount  
25 of \$7,000.00 (seven thousand dollars and no cents), payable within sixty (60) calendar days of the  
26 effective date of this Decision. Costs shall be payable to the Medical Board of California.  
27 Failure to pay such costs shall constitute unprofessional conduct and is grounds for further  
28 disciplinary action.

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

3 The filing of bankruptcy by respondent shall not relieve Respondent of the responsibility to  
4 repay investigation and enforcement costs.

5 E. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply  
6 for a new license or certification, or petition for reinstatement of a license, by any other health  
7 care licensing action agency in the State of California, all of the charges and allegations contained  
8 in First Amended Accusation No. 800-2019-059838 shall be deemed to be true, correct, and  
9 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding  
10 seeking to deny or restrict license.

11 ACCEPTANCE

12 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
13 discussed it with my attorney, Raymond J. McMahon. I understand the stipulation and the effect  
14 it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement  
15 and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
16 Decision and Order of the Medical Board of California.

17  
18 DATED: 1/30/23

19 Naveen C. Reddy  
NAVEEN C. REDDY, M.D.  
Respondent

20 I have read and fully discussed with Respondent Naveen C. Reddy, M.D. the terms and  
21 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
22 I approve its form and content.

23 DATED: 1/30/2023

24 Raymond J. McMahon  
RAYMOND J. MCMAHON  
Attorney for Respondent

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**ENDORSEMENT**

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

DATED: January 30, 2023

Respectfully submitted,

ROB BONTA  
Attorney General of California  
JUDITH T. ALVARADO  
Supervising Deputy Attorney General

  
REBECCA L. SMITH  
Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**First Amended Accusation No. 800-2019-059838**

1 ROB BONTA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 REBECCA L. SMITH  
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8  
9 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

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

Case No. 800-2019-059838

14 **NAVEEN C. REDDY, M.D.**  
1107 Fair Oaks Avenue, Suite 486  
15 South Pasadena, CA 91030-3311

**FIRST AMENDED ACCUSATION**

16 **Physician's and Surgeon's Certificate**  
17 **No. A 75877,**

Respondent.

18  
19 **PARTIES**

20 1. William Prasifka (Complainant) brings this First 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 or about July 14, 2001, the Medical Board issued Physician's and Surgeon's  
24 Certificate Number A 75877 to Naveen C. Reddy, M.D. (Respondent). That license was in full  
25 force and effect at all times relevant to the charges brought herein and will expire on September  
26 30, 2022, unless renewed.

27 ///

28 ///

## JURISDICTION

3. This First Amended Accusation is brought before the Board under the authority of the following provisions of the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2004 of the Code states:

The board shall have the responsibility for the following:

(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

(b) The administration and hearing of disciplinary actions.

(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

(f) Approving undergraduate and graduate medical education programs.

(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(h) Issuing licenses and certificates under the board's jurisdiction.

(i) Administering the board's continuing medical education program.

5. Section 2227 of the Code states:

(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

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

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

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

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

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

1 (b) Any matter heard pursuant to subdivision (a), except for warning letters,  
2 medical review or advisory conferences, professional competency examinations,  
3 continuing education activities, and cost reimbursement associated therewith that are  
4 agreed to with the board and successfully completed by the licensee, or other matters  
5 made confidential or privileged by existing law, is deemed public, and shall be made  
6 available to the public by the board pursuant to Section 803.1.

7 6. Section 2234 of the Code, states:

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

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

13 (b) Gross negligence.

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

18 (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.

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

26 (d) Incompetence.

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

(f) Any action or conduct that would have warranted the denial of a certificate.

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

7. Section 2266 of the Code states:

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

8. Section 2236 of the Code states:

(a) The conviction of any offense substantially related to the qualifications,  
functions, or duties of a physician and surgeon constitutes unprofessional conduct  
within the meaning of this chapter [Chapter 5, the Medical Practice Act]. The record  
of conviction shall be conclusive evidence only of the fact that the conviction

1 occurred.

2 (b) The district attorney, city attorney, or other prosecuting agency shall notify  
3 the Medical Board of the pendency of an action against a licensee charging a felony  
4 or misdemeanor immediately upon obtaining information that the defendant is a  
5 licensee. The notice shall identify the licensee and describe the crimes charged and  
6 the facts alleged. The prosecuting agency shall also notify the clerk of the court in  
7 which the action is pending that the defendant is a licensee, and the clerk shall record  
8 prominently in the file that the defendant holds a license as a physician and surgeon.

9 (c) The clerk of the court in which a licensee is convicted of a crime shall,  
10 within 48 hours after the conviction, transmit a certified copy of the record of  
11 conviction to the board. The division may inquire into the circumstances surrounding  
12 the commission of a crime in order to fix the degree of discipline or to determine if  
13 the conviction is of an offense substantially related to the qualifications, functions, or  
14 duties of a physician and surgeon.

15 (d) A plea or verdict of guilty or a conviction after a plea of nolo contendere is  
16 deemed to be a conviction within the meaning of this section and Section 2236.1.  
17 The record of conviction shall be conclusive evidence of the fact that the conviction  
18 occurred.

19 9. Section 2239 of the Code states:

20 (a) The use or prescribing for or administering to himself or herself, of any  
21 controlled substance; or the use of any of the dangerous drugs specified in Section  
22 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous  
23 or injurious to the licensee, or to any other person or to the public, or to the extent that  
24 such use impairs the ability of the licensee to practice medicine safely or more than  
25 one misdemeanor or any felony involving the use, consumption, or  
26 self-administration of any of the substances referred to in this section, or any  
27 combination thereof, constitutes unprofessional conduct. The record of the  
28 conviction is conclusive evidence of such unprofessional conduct.

(b) A plea or verdict of guilty or a conviction following a plea of nolo  
contendere is deemed to be a conviction within the meaning of this section. The  
Medical Board may order discipline of the licensee in accordance with Section 2227  
or the Medical Board may order the denial of the license when the time for appeal has  
elapsed or the judgment of conviction has been affirmed on appeal or when an order  
granting probation is made suspending imposition of sentence, irrespective of a  
subsequent order under the provisions of Section 1203.4 of the Penal Code allowing  
such person to withdraw his or her plea of guilty and to enter a plea of not guilty, or  
setting aside the verdict of guilty, or dismissing the accusation, complaint,  
information, or indictment.

10. Section 490 of the Code states:

(a) In addition to any other action that a board is permitted to take against a  
licensee, a board may suspend or revoke a license on the ground that the licensee has  
been convicted of a crime, if the crime is substantially related to the qualifications,  
functions, or duties of the business or profession for which the license was issued.

(b) Notwithstanding any other provision of law, a board may exercise any  
authority to discipline a licensee for conviction of a crime that is independent of the  
authority granted under subdivision (a) only if the crime is substantially related to the  
qualifications, functions, or duties of the business or profession for which the

licensee's license was issued.

(c) A conviction within the meaning of this section means a plea or verdict of guilty or a conviction following a plea of nolo contendere. An action that a board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code.

(d) The Legislature hereby finds and declares that the application of this section has been made unclear by the holding in *Petropoulos v. Department of Real Estate* (2006) 142 Cal.App.4th 554, and that the holding in that case has placed a significant number of statutes and regulations in question, resulting in potential harm to the consumers of California from licensees who have been convicted of crimes. Therefore, the Legislature finds and declares that this section establishes an independent basis for a board to impose discipline upon a licensee, and that the amendments to this section made by Chapter 33 of the Statutes of 2008 do not constitute a change to, but rather are declaratory of, existing law.

11. California Code of Regulations, title 16, section 1360, states:

For the purposes of denial, suspension or revocation of a license, certificate or permit pursuant to Division 1.5 (commencing with Section 475) of the code, a crime or act shall be considered to be substantially related to the qualifications, functions or duties of a person holding a license, certificate or permit under the Medical Practice Act if to a substantial degree it evidences present or potential unfitness of a person holding a license, certificate or permit to perform the functions authorized by the license, certificate or permit in a manner consistent with the public health, safety or welfare. Such crimes or acts shall include but not be limited to the following: Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provision of the Medical Practice Act.

#### **FACTUAL ALLEGATIONS**

12. At approximately 6:23 p.m. on Sunday, April 16, 2017, Patient 1,<sup>1</sup> a 58-year-old male, presented to the Palmdale Regional Medical Center Emergency Department (ED) with complaints of abdominal pain. The patient was hypertensive with an elevated blood pressure of 205/115.<sup>2</sup> A medical screening examination was performed by Physician Assistant A.A. who identified a chief complaint of intermittent chest pain for two weeks, worsening over the last two days. Physician Assistant A.A. entered orders for an electrocardiogram, chest x-ray and laboratory studies. Thereafter, triage team member M.N. performed a triage primary pain assessment at which time the patient described a gradual onset of aching chest pain, radiating to

<sup>1</sup> For privacy purposes, the patient in this First Amended Accusation is referred to as Patient 1.

<sup>2</sup> A normal blood pressure reading is less than 120 systolic and less than 80 diastolic. A patient is hypertensive with a systolic reading of 140 or higher or a diastolic reading of 90 or higher. A patient is in a hypertensive crisis with a systolic reading higher than 180 and/or a diastolic reading higher than 120.

1 the left, rated 7 out of 10, in severity. M.N. further noted that the patient was obese with a body  
2 mass index of 31.38.<sup>3</sup> Triage nurse M.M. noted that the patient's prior medical diagnoses  
3 included diabetes and hyperlipidemia.<sup>4</sup> The triage records further reflected that the patient had no  
4 primary care physician or family doctor.

5 13. Patient 1 was seen by Respondent, an emergency medicine physician, whose chart  
6 note reflected that the patient was being seen for abdominal pain. The chief complaint of  
7 "two days chest pain, worse today" set forth in the nursing triage note was documented in  
8 Respondent's note as additional "basic information." With respect to the patient's history of  
9 present illness, Respondent noted that Patient 1 presented with constant and moderate abdominal  
10 and epigastric pain. Respondent noted that the patient had no radiating pain and denied chest  
11 pain.

12 14. Respondent documented that he reviewed the emergency department nurses' notes.  
13 Though not documented in patient's ED chart, Respondent previously testified<sup>5</sup> that he was aware  
14 that Patient 1's chief complaint was chest pain. In addition, Respondent testified that when he  
15 introduced himself to Patient 1 and asked what his complaints were, Patient 1 responded "chest  
16 pain" while pointing to his epigastrium.

17 15. Respondent performed a physical examination. He noted a normal cardiovascular  
18 examination with no chest wall tenderness. He also noted a normal gastrointestinal examination  
19 with the exception of mild epigastric tenderness. Respondent ordered 1 milligram of lorazepam  
20 to be given to the patient by IV push.

21 16. Respondent reviewed the results of the patient's diagnostic studies. The patient's  
22 chest x-ray showed bilateral perihilar opacities suggestive of pulmonary edema with moderate  
23 cardiomegaly. The patient's electrocardiogram was abnormal, reflecting a normal sinus rhythm  
24

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25 <sup>3</sup> Body mass index (BMI) is a measure of body fat based on height and weight. A BMI of 18.5 to  
24.9 is normal, a BMI of 25 to 29.9 is overweight and a BMI of 30 or greater is obese.

26 <sup>4</sup> Although it is not documented in the ED chart, Patient 1 had a history of hypertension and a  
27 myocardial infarction diagnosis in 2008.

28 <sup>5</sup> Respondent gave a deposition under oath in a civil medical malpractice lawsuit.

1 with ST & T wave abnormality and a notation to consider inferior ischemia and anterolateral  
2 ischemia.

3 17. Laboratory studies revealed an elevated white blood cell count of 16.6,<sup>6</sup> an elevated  
4 hemoglobin of 19.2,<sup>7</sup> an elevated glucose of 359,<sup>8</sup> and a creatinine of 1.6.<sup>9</sup> The patient's  
5 troponin-I level was normal at less than 0.017.

6 18. The patient underwent a re-examination at approximately 9:27 p.m. by Respondent.  
7 At that time, it was noted that the patient's last charted blood pressure at 7:39 p.m. was 181/115.  
8 Respondent's impression was epigastric pain. He set forth the following assessment in the  
9 patient's ED chart:

10 "[d]iscussed with patient regarding all diagnostic studies in length. Patient is  
11 improved, resting comfortably and appears in no acute distress. Patient  
12 acknowledges and agree [sic] with plan of treatment. Patient is stable for  
13 discharge and will follow up with their [sic] primary doctor."

14 19. The patient was discharged at approximately 9:32 p.m. He was given educational  
15 material regarding abdominal pain as well as a 5-day prescription for lorazepam, 0.5 mg to take  
16 orally twice a day as needed for anxiety. He was instructed to follow up with his primary care  
17 provider within 1-2 days.

18 20. The patient returned to the ED a little over 7 ½ hours later, at 4:48 a.m. on April 17,  
19 2017, with a chief complaint of persistent chest pain. He was again seen by Respondent who  
20 noted that the patient had reported chest pain for 8 hours. The patient's workup disclosed  
21 evidence of an evolving acute myocardial infarction. The patient went into cardiac arrest at 6:20  
22 a.m., did not respond to resuscitation and was pronounced dead at 6:52 a.m. On autopsy, Patient  
23 1's cause of death was determined to be severe coronary artery insufficiency due to occlusive

24 ///

25 <sup>6</sup> Normal white blood cell count values are in the range of 4.8-10.0.

26 <sup>7</sup> Normal hemoglobin values are in the range of 14.0-17.0.

27 <sup>8</sup> Normal glucose level values are in the range of 74-106.

28 <sup>9</sup> Normal creatinine values are in the range of 0.8-1.3.



1 atherosclerotic cardiovascular disease, complicated by sudden irreversible cardiac arrhythmia  
2 (clinical heart attack).

### 3 STANDARD OF CARE

4 21. In evaluating a patient's chief complaint, the standard of care requires that an  
5 emergency room physician identify potential etiologies based on history and physical exam,  
6 evaluate for emergent and significant pathology, and ensure stabilization prior to disposition.  
7 When a patient presents with chest pain or an anginal equivalent,<sup>10</sup> the emergency room physician  
8 must evaluate the patient for cardiac pathology, identify acute emergent cardiac conditions such  
9 as Acute Coronary Syndrome (ACS),<sup>11</sup> and risk stratify for further care.

10 22. The traditional presentation of ACS involves the presence of chest pain or pressure;  
11 however, approximately one-third of patients with confirmed acute myocardial infarction (MI)  
12 have no such discomfort. Myocardial ischemia and myocardial infarction can present  
13 "atypically." Abdominal pain is known to be a presenting symptom of atypical angina. In  
14 addition, diabetics are known to more likely have atypical presentations and more caution must be  
15 taken in evaluating such patients.

16 23. The standard of care in the disposition of a patient presenting to the ED with potential  
17 cardiac pathology is to pursue the appropriate work up in the appropriate setting (i.e., inpatient  
18 versus outpatient) for early risk stratification for potential cardiovascular events such as  
19 myocardial infarction or sudden cardiac death. When a patient presents to the ED with multiple  
20 cardiac risk factors and initial ED workup does not exclude the possibility of unstable angina,  
21 underlying coronary disease or a cardiac origin of the presenting complaints, the patient should be  
22 admitted as an inpatient for further care.

23 ///

24 ///

25 \_\_\_\_\_  
26 <sup>10</sup> Anginal equivalent is a symptom such as shortness of breath, diaphoresis, extreme fatigue, or  
27 pain at a site other than the chest, occurring in a patient at high cardiac risk. Anginal equivalents are  
28 considered to be symptoms of myocardial ischemia.

<sup>11</sup> ACS refers to a spectrum of clinical presentations associated with sudden, reduced blood flow  
to the heart. One such condition is myocardial infarction.

1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

3 24. Respondent is subject to disciplinary action under section 2234, subdivision (b), of  
4 the Code, in that he engaged in gross negligence in the care and treatment of Patient 1.

5 Complainant refers to and, by this reference, incorporates herein, paragraphs 12 through 23,  
6 above, as though fully set forth herein. The circumstances are as follows:

7 25. Respondent failed to diagnose and treat Patient 1's unstable angina/ACS. Patient 1  
8 presented to the ED with a primary complaint of chest pain and had multiple cardiac risk factors.  
9 Even if the patient pointed to his upper abdomen when discussing his pain with Respondent, there  
10 were documented reports of chest pain in the patient's emergency department record. Abdominal  
11 pain is a known presenting symptom of atypical angina and being diabetic, the patient was more  
12 likely to have an atypical presentation. The patient had multiple cardiac risk factors including a  
13 medical history of diabetes and hyperlipidemia, obesity and he was hypertensive upon arrival to  
14 the ED. There was no documentation of Respondent asking about the patient's prior problems,  
15 which would have likely elicited the history of hypertension and the prior myocardial infarction  
16 diagnosis. With respect to the work up, Respondent failed to recognize the patient's abnormal  
17 electrocardiogram findings, which should have prompted a high level of concern regarding acute  
18 cardiac pathology, in a diabetic patient.

19 26. Respondent failed to form a differential diagnosis, discuss cardiac risk factors or  
20 explain the etiology of Patient 1's initial ED presentation. Respondent failed to discuss the  
21 discrepancy between the patient's stated chest pain and Respondent's belief that the patient had  
22 epigastric pain. Respondent failed to document any intra-abdominal diagnoses that he thought  
23 might have been the cause of the patient's pain and failed to identify or suggest an alternative  
24 etiology for the patient's discomfort and pain or explain why he did not believe that the pain  
25 might be cardiac in origin. Based upon the patient's chief complaint of chest pain and his  
26 multiple cardiac risk factors, angina should have been excluded as an etiology before Respondent  
27 discharged the patient.

28 ///

1       27. Respondent committed an extreme departure from the standard of care when he failed  
2 to admit Patient 1 for an inpatient cardiac evaluation or provide an appropriate alternative  
3 disposition for a patient with a potential cardiac pathology. Based upon Patient 1's multiple  
4 cardiac risk factors, abnormal electrocardiogram, and clinical history, he was at risk of having a  
5 major adverse cardiac event and should have been admitted for inpatient monitoring and  
6 evaluation.

7       28. Respondent's acts and/or omissions as set forth in paragraphs 12 through 27, above,  
8 whether proven individually, jointly, or in any combination thereof, constitute gross negligence  
9 pursuant to section 2234, subdivision (b), of the Code. Therefore, cause for discipline exists.

10                   **SECOND CAUSE FOR DISCIPLINE**

11                   **(Repeated Negligent Acts)**

12       29. Respondent is subject to disciplinary action under section 2234, subdivision (c), of  
13 the Code, in that he engaged in repeated acts of negligence in the care and treatment of Patient 1.  
14 Complainant refers to and, by this reference, incorporates herein, paragraphs 12 through 28,  
15 above, as though fully set forth herein.

16       30. Respondent's acts and/or omissions as set forth in paragraphs 12 through 29, above,  
17 whether proven individually, jointly, or in any combination thereof, constitute repeated acts of  
18 negligence pursuant to section 2234, subdivision (c), of the Code. Therefore, cause for discipline  
19 exists.

20                   **THIRD CAUSE FOR DISCIPLINE**

21                   **(Failure to Maintain Adequate and Accurate Medical Records)**

22       31. Respondent is subject to disciplinary action under section 2266 of the Code for failing  
23 to maintain adequate and accurate records relating to his care and treatment of Patient 1.  
24 Complainant refers to and, by this reference, incorporates herein, paragraphs 13 through 19,  
25 above, as though fully set forth herein.

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27       ///

28       ///

1 **FOURTH CAUSE FOR DISCIPLINE**

2 **(Conviction of a Crime)**

3 32. Respondent is subject to disciplinary action under section 2234, subdivision (a),  
4 section 2236, subdivision (a), and section 490 of the Code and California Code of Regulations,  
5 title 16, section 1360, in that he has been convicted of a crime substantially related to the  
6 qualifications, functions, or duties of a physician and surgeon. The circumstances are as follows:

7 33. On September 15, 2019, at approximately 3:08 p.m., California Highway Patrol  
8 (CHP) dispatch advised of an impaired driver, who was called-in on two separate occasions by  
9 the same caller (Witness 1), northbound on the Antelope Valley Freeway, just north of the Golden  
10 State Freeway. Witness 1 provided the vehicle description and license number and related that  
11 the suspect vehicle exited SR-14 to Golden Valley Road, and made a right turn into a nearby gas  
12 station.<sup>12</sup> Officer Hall located the vehicle and initiated an enforcement stop as Respondent was  
13 attempting to park at the gas station.

14 34. Officer Hall approached the driver-side of the vehicle and advised Respondent of the  
15 reason for the stop. Officer Hall observed that Respondent was sluggish. Officer Hall smelled  
16 the mild odor of an alcoholic beverage emitting from Respondent's breath and person. When  
17 asked where he was coming from and where he was going, Respondent stated that he was coming  
18 from Pasadena and going to work at Palmdale Hospital.<sup>13</sup> Respondent was wearing blue scrubs.

19 35. Officer Hall conducted a Field Sobriety Test, including Horizontal Gaze Nystagmus,  
20 Walk and Turn, One-Leg Stand, Modified Romberg, and Finger to Nose, all of which  
21 Respondent performed poorly. A preliminary alcohol screen revealed a .029% percent Blood  
22 Alcohol Content (BAC) at 3:43 p.m. and .029% BAC at 3:45 p.m. A blood test performed at  
23 5:34 p.m. revealed Ambien in his system.

24  
25 <sup>12</sup> Witness 1 initially observed Respondent's vehicle on Interstate-210 driving westbound, unable  
26 to maintain his lane. He observed Respondent transition to Interstate-5 where Respondent had several  
near miss crashes. Witness 1 then observed Respondent exit at Golden Valley Road and attempt to park at  
a local gas station.

27 <sup>13</sup> When interviewed by the Board, Respondent stated that he drove from his house in Pasadena to  
28 his house in Palmdale to take a nap before starting his evening shift at Palmdale Regional Medical Center.

1       36. Respondent told Officer Hall that he took Ambien 10 mg,<sup>14</sup> at approximately 3:00  
2 a.m. and still felt the effects of the medication. He woke up, he consumed some vodka and  
3 usually was able to go back to sleep but could not today, as he felt "groggy." Respondent also  
4 stated that his Ambien use seemed to be getting worse and was not as effective.

5       37. Officer Hall arrested Respondent for driving under the influence of alcohol and drugs  
6 in violation of Vehicle Code section 23152, subdivision (g).

7       38. On February 5, 2020, in proceedings entitled *The People of the State of California v.*  
8 *Naveen Reddy*, case number 9SC04065, in the Los Angeles County Superior Court, Respondent,  
9 upon his plea of no contest, was convicted of reckless driving, in violation of Vehicle Code  
10 section 23103, a misdemeanor. Respondent was placed on thirty-six months summary probation,  
11 agreeing to the following terms and conditions:

12           A. Pay fines and assessments;

13           B. Complete a three-month licensed first-offender alcohol and other drug education  
14 and counseling program;

15           C. Not drive a motor vehicle with any measurable amount of alcohol or drugs in his  
16 blood;

17           D. Not drive a motor vehicle without a valid California Driver's License in his  
18 possession or without liability insurance;

19           E. Comply with the "Supplemental Terms of Probation – Ignition Interlock Device"  
20 regarding installation of an ignition interlock as ordered by the Department of Motor Vehicles;

21           F. Not refuse to take a chemical/breath test for alcohol or drug consumption when  
22 requested by a peace officer; and,

23           G. Obey all laws and orders of the Court.

24       39. Respondent's acts and/or omissions as set forth in paragraphs 32 through 38, above,  
25 whether proven individually, jointly, or in any combination thereof, constitute a conviction of a  
26 crime substantially related to the qualifications, function, or duties of a physician and surgeon.

27 \_\_\_\_\_  
28       <sup>14</sup> Ambien, also known by the generic name zolpidem, is a sedative generally used to treat sleep  
problems. It is a Schedule IV Controlled Substance and a dangerous drug.

1 pursuant to section 2234, subdivision (a), section 2236, subdivision (a), and section 490 of the  
2 Code and California Code of Regulations, title 16, section 1360.

3 **FIFTH CAUSE FOR DISCIPLINE**

4 **(Use of Drugs or Alcoholic Beverages in a Dangerous Manner)**

5 40. By reason of the facts set forth above in paragraphs 32 through 39, above,  
6 Respondent's license is subject to disciplinary action under section 2234, subdivision (a) and  
7 section 2239 of the Code and California Code of Regulations, title 16, section 1360, in that he  
8 used drugs or alcoholic beverages, to the extent, or in such a manner as to be dangerous and  
9 injurious to Respondent, or to any other person or to the public.

10 41. Respondent's acts and/or omissions as set forth in paragraphs 32 through 40, above,  
11 whether proven individually, jointly, or in any combination thereof, constitute use of drugs or  
12 alcoholic beverages, to the extent, or in such a manner as to be dangerous and injurious to  
13 Respondent, or to any other person or to the public pursuant to section 2234, subdivision (a) and  
14 section 2239 of the Code and California Code of Regulations, title 16, section 1360.

15 **SIXTH CAUSE FOR DISCIPLINE**

16 **(Unprofessional Conduct)**

17 42. By reason of the facts set forth above in paragraphs 32 through 41, above,  
18 Respondent's license is subject to disciplinary action under section 2234, subdivision (a) of the  
19 Code and California Code of Regulations, title 16, section 1360, in that he 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.

23 43. Respondent's acts and/or omissions as set forth in 32 through 42, above, whether  
24 proven individually, jointly, or in any combination thereof, constitute conduct which breaches the  
25 rules or ethical code of the medical profession, or conduct which is unbecoming to a member in  
26 good standing of the medical profession, and which demonstrates an unfitness to practice  
27 medicine pursuant to section 2234, subdivision (a) of the Code and California Code of  
28 Regulations, title 16, section 1360.

1 **DISCIPLINARY CONSIDERATIONS**

2 44. To determine the degree of discipline, if any, to be imposed on Respondent,  
3 Complainant alleges that on or about February 5, 2020, in proceedings entitled *The People of the*  
4 *State of California v. Naveen Reddy*, case number 9SC04065, in the Los Angeles County Superior  
5 Court, Respondent, upon his plea of no contest, was convicted of reckless driving, in violation of  
6 Vehicle Code section 23103, a misdemeanor. Respondent was placed on thirty-six months  
7 summary probation with terms and conditions, including a three-month first offender drug and  
8 alcohol program.

9 **PRAYER**

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

12 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 75877, issued  
13 to Naveen C. Reddy, M.D.;

14 2. Revoking, suspending or denying approval of Naveen C. Reddy, M.D.'s authority to  
15 supervise physician assistants and advanced practice nurses;

16 3. Ordering Naveen C. Reddy, M.D., if placed on probation, to pay the Board the costs of  
17 probation monitoring; and

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

19  
20 DATED: JUL 20 2021

21 *For: [Signature] Chief of Enforcement*  
22 WILLIAM PRASIFKA  
23 Executive Director  
24 Medical Board of California  
25 Department of Consumer Affairs  
26 State of California  
27 Complainant  
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