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

In the Matter of the Accusation Against: Shankar Meenakshi Sundaram, M.D. Physician's and Surgeon's Certificate No. C 141352 Respondent.	Case No.: 800-2020-066788

DECISION

The attached Stipulated Settlement and Disciplinary 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 May 10, 2024.

IT IS SO ORDERED: April 11, 2024.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorp, Chair
Panel B

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **SHANKAR MEENAKSHI SUNDARAM, M.D.** **3085 Woodman Dr., Suite 320** **Kettering, Ohio 45420-1171** **Physician's and Surgeon's Certificate No. C 141352,** Respondent.	Case No. 800-2020-066788 OAH No. 2023060077 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Karolyn M. Westfall, Deputy Attorney General.

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2. Respondent Shankar Meenakshi Sundaram, M.D. (Respondent) is represented in this proceeding by attorney Nicole Irmer, Esq., whose address is: 2550 Fifth Avenue, Suite 1060 San Diego, CA 92103-6627

3. On or about March 14, 2016, the Board issued Physician's and Surgeon's Certificate No. C 141352 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2020-066788, and will expire on April 30, 2025, unless renewed.

JURISDICTION

4. Accusation No. 800-2020-066788 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 April 4, 2023. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A true and correct copy of Accusation No. 800-2020-066788 is attached hereto as Exhibit A and is incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2020-066788. 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 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. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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CULPABILITY

9. Respondent admits that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-2020-066788, and agrees that he has thereby subjected his Physician's and Surgeon's Certificate No. C 141352 to disciplinary action.

10. Respondent agrees that his Physician's and Surgeon's Certificate No. C 141352 is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

RESERVATION

11. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Board or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

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

13. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2020-066788 shall be deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C 141352 issued to Respondent SHANKAR MEENAKSHI SUNDARAM, M.D., is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) years from the effective date of the Decision on the following terms and conditions:

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

2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical

record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

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

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

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

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

6. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement in the amount of $42,159.33 (forty-two thousand one hundred fifty nine dollars and thirty-three cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

Payment must be made in full within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board of California. Any and all requests for a payment plan shall be submitted in writing by Respondent to the Board. Failure to comply with the payment plan shall be considered a violation of probation.

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

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

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

8. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

10. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than

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

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

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

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

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

11. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. This term does not include cost recovery, which is due within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical

Board and timely satisfied. Upon successful completion of probation, Respondent's certificate shall be fully restored.

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

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

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

15. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2020-066788 shall be deemed to be true, correct, and admitted by

Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

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

DATED: 03/07/2024

DocuSigned by:
SHANKAR SUNDARAM
7828278DDBF5418...

SHANKAR MEENAKSHI SUNDARAM, M.D.
Respondent

I have read and fully discussed with Respondent Shankar Meenakshi Sundaram, M.D., the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 03/08/2024

DocuSigned by:
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NICOLE IRMER, ESQ.
Attorney for Respondent

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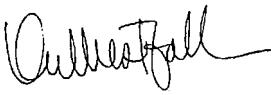
ENDORSEMENT

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

DATED: 3/11/24

Respectfully submitted,

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General



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

In the Matter of the Accusation Against: **SHANKAR MEENAKSHI SUNDARAM, M.D.** **3085 Woodman Dr., Suite 320** **Kettering, Ohio 45420-1171** **Physician's and Surgeon's Certificate No. C 141352,** Respondent.	Case No. 800-2020-066788 **A C C U S A T I O N**

PARTIES

1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as the Interim Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about March 14, 2016, the Medical Board issued Physician's and Surgeon's Certificate No. C 141352 to Shankar Meenakshi Sundaram, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on April 30, 2025, unless renewed.

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JURISDICTION

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

4. Section 2227 of the Code states, in pertinent part:

> (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.
>
> ...

5. Section 2234 of the Code, states, in pertinent part:

> The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:
>
> ...
>
> (b) Gross negligence.
>
> (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
>
> (1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.
>
> (2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but

not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

...

6. 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.

COST RECOVERY

7. Business and Professions Code section 125.3 states that:

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

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

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

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

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

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

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

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any

licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

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

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

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

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

8. Respondent has subjected his Physician's and Surgeon's Certificate No. C 141352 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he was grossly negligent in his care and treatment of Patients A and B,[1] as more particularly alleged hereinafter:

PATIENT A

9. On or about August 16, 2019, Patient A, a then sixty-six-year-old male, presented to SS Vascular for a vascular evaluation with complaints of ulcers on his right foot and was seen by Respondent. Patient A had a medical history that included end-stage renal disease, diabetes mellitus, coronary artery disease, hypertension, and diverticulitis. Patient A complained of bilateral calf pain when walking for approximately ten years, and that approximately four years earlier his calf pain advanced to rest pain and nocturnal pain, as well as symptoms of coolness, numbness, and paresthesias. After performing a physical examination, Respondent diagnosed Patient A with atherosclerosis and recommended non-invasive testing of both lower extremities and a right leg angiogram with possible intervention.

10. On or about September 20, 2019, Patient A presented to SS Vascular for his non-invasive testing, which revealed bilateral severe arterial disease.

[1] To protect the privacy of the patients involved, the patients' names have not been included in this pleading. Respondent is aware of the identity of the patients referred to herein.

11. On or about November 8, 2019, Patient A presented to SS Vascular for his scheduled angiogram[2] and was seen by Respondent. Due to his critical limb ischemia, Respondent performed a bilateral lower extremity angiogram on Patient A. During this procedure, Respondent found all of Patient A's vessels were extremely calcified, and the left common iliac lesion was so severe that it did not allow passage of larger working sheaths, despite balloon angioplasty. Respondent then diagnosed Patient A with severe stenoses of the bilateral common iliac arteries, severe stenoses of the bilateral common femoral arteries, severe stenoses of the right superficial femoral artery, and severe occlusion of the right popliteal artery right above the knee. Because the lesions were not amenable to endovascular technique alone, Respondent recommended Patient A undergo bilateral common femoral endarterectomies,[3] bilateral common iliac stents, possible right lower extremity endovascular intervention, and possible right lower extremity arterial bypass at Palomar Hospital. Patient A's chart does not indicate a recommendation for staged procedures.

12. On or about January 3, 2020, Patient A presented to Palomar Hospital for his scheduled surgery with Respondent. On that date, Respondent performed bilateral femoral endarterectomies, bilateral common iliac artery stenting, intravenous ultrasound imaging of the common and external iliac arteries bilaterally, nonselective aortogram, and bilateral lower extremity angiograms on Patient A. During this lengthy surgery, Respondent encountered dense, heavy plaque and arterial disease in both the common femoral and common iliac arteries, and profunda femoris branches. The right lower extremity angiogram revealed a total occlusion with extremely dense plaque at the distal superficial femoral artery and popliteal artery above the knee. The title of the operative report indicates that profundoplasties[4] were performed, but the body of

[2] An angiogram is a scan that shows blood flow through arteries or veins, or through the heart, using x-rays, computed tomography angiography, or magnetic resonance angiography. The blood vessels appear on the image after a contrast dye is injected into the blood, which lights up on the scan wherever it flows.

[3] Endarterectomy is a surgical procedure to remove the atheromatous plaque material, or blockage, in the lining of an artery constricted by the buildup of deposits. It is carried out by separating the plaque from the arterial wall.

[4] A profundoplasty is a procedure performed on the orifice and trunk of the deep femoral artery to alleviate stenosis and optimize blood flow to the profunda-based collateral network.

the report does not indicate that profundoplasties were actually performed on either the left or right side. At the conclusion of the procedure, Respondent noted excellent flow down the profunda and superficial femoral artery and the Doppler revealed biphasic signals. The operative report does not indicate that outflow was established, and does not indicate any intention for a subsequent procedure. At the conclusion of the surgery, Patient A was transferred to the post-anestheia care unit (PACU).

13. Shortly after arriving in the PACU, at approximately 5:00 p.m., a nurse contacted Respondent to inform him that Patient A had no appreciable pulse on the right dorsalis pedis, and that his right foot was "so cold and almost purple." Respondent evaluated Patient A and labs were drawn before sending Patient A to the intensive care unit (ICU). Respondent made no additional orders at that time.

14. On or about January 3, 2020, at approximately 8:00 p.m., a nurse contacted Respondent to inform him that Patient A's blood pressure was low, his labs were critical, and his bilateral lower extremities were absent pulses. Respondent ordered all medications to be held that may affect Patient A's blood pressure.

15. On or about January 4, 2020, nurses continued to note pulselessness in Patient A's bilateral lower extremities. At approximately 11:51 a.m., Respondent evaluated Patient A and noted both feet were cool but normal in color. Respondent consulted with nephrology and IV fluid hydration was ordered.

16. On or about January 5, 2020, nurses continued to note pulselessness in Patient A's bilateral lower extremities. At approximately 10:54 a.m., Respondent evaluated Patient A and noted he was slightly confused but responsive to commands, and his blood pressure showed good response to IV hydration. Both lower extremities were cool. A Doppler signal was found in the right superficial femoral artery/profunda but none distally. Respondent made no orders at that time, but noted that Patient A may need further vascularization to his pedal areas in the upcoming week if conditions warrant, and that he may consider new imaging with CT angiography in the next 1-2 days.

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17. On or about January 6, 2020, nurses continued to note pulselessness in Patient A's bilateral lower extremities. At approximately 5:00 a.m., nurses noted a change in Patient A's neurological symptoms, including his speech, confusion, and disorientation. On that date, Patient A also complained of right lower quadrant pain, and was noted to have black stool and anemia. Labs revealed elevated troponins, transaminases, and lactic acid. At approximately 3:54 p.m., a CT scan of Patient A's abdomen was obtained that revealed diverticulitis with no obstruction, and a complete occlusion of the right external iliac, complete occlusion of the superficial femoral artery and common femoral artery, minimal flow within the branches of the profunda femoral arteries, and occlusion of the right lower extreme renal arteries up to the level of the popliteal artery. Respondent reviewed these results at approximately 4:41 p.m., and noted that Patient A will need urgent revascularization of the right side. Due to Patient A's comorbidities, possible shock, and sepsis, Respondent contacted UCSD to arrange for a transfer to an acute care facility.

18. On or about January 6, 2020, multiple specialists were consulted regarding Patient A's care and treatment, including but not limited to, gastroenterology and general surgery. These specialists determined that there was no evidence Patient A had an ischemic bowel, that there was no immediate need for surgery for his diverticulitis, and they recommended treatment with antibiotics and hydration.

19. On or about January 7, 2020, at approximately 2:51 p.m., Patient A had not yet been transferred to UCSD due to bed unavailability. Respondent noted Patient A's right infrageniculate areas (below the knee) were still cool and identified for the first time that the risk of limb loss was great. At approximately 4:14 p.m. a nurse contacted UCSD and was informed that a transfer that night would not be possible. A plan was then formulated for Respondent to take Patient A back to surgery due to his acute ischemic right lower extremity.

20. At approximately 5:00 p.m., Respondent performed a right femoral exploration, Fogarty embolectomy of the right external iliac artery and profunda femoris artery, aortogram, right lower extremity angiogram, placement of right external iliac stents, extended profunda endarterectomy with bovine patch angioplasty, endarterectomy of the right popliteal artery and

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right TP trunk, right femoral-peroneal bypass, right leg fasciotomy, and wound vac placement on Patient A. During this lengthy surgery, Respondent noted the profunda branches were heavily calcified and had dense plaque. At the conclusion of the surgery at approximately 2:00 a.m. the next morning, Patient A was transferred to the ICU in critical condition.

21. On or about January 8, 2020, at approximately 9:59 a.m., Respondent evaluated Patient A and noted his right thigh/lower leg was warm but there was no signal detected in his right or left foot. Throughout that day, Patient A's shock and organ failure continued to progress, despite vasopressors, blood transfusions, and continuous renal replacement therapy. Patient A's wife was consulted and authorized Patient A to be transitioned to comfort measures only.

22. On or about January 9, 2020, at approximately 1:47 a.m., Patient A died as a result of his right leg ischemia, diverticulitis, end-stage renal disease, and peripheral artery disease.

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

A. Failing to perform a profundoplasty for the right lower extremity during Patient A's January 3, 2020, operation; and

B. Delaying treatment to Patient A by failing to recognize acute limb ischemia of the right lower extremity and timely returning to the operating room.

PATIENT B

24. On or about June 1, 2018, Patient B, a then seventy-four-year-old female, presented to SS Vascular for an evaluation of lower extremity vascular disease and was seen by Respondent. Patient B complained of bilateral leg pain (right worse than left) with cramping and edema, and varicose veins. Patient B reported experiencing increasing calf/foot cramping with walking and paresthesias for the prior 2-3 years. Patient B had tried stockings, albeit not regularly, without effect, and had tried and failed oral analgesics including ibuprofen, Tylenol, and aspirin. After performing a physical examination, Respondent diagnosed Patient B with bilateral varicose veins with edema, pain and swelling, and bilateral claudication and rest pain, and recommended non-invasive testing of both lower extremities.

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25. On or about June 19, 2018, Patient B presented to SS Vascular for her non-invasive testing. An arterial duplex ultrasound revealed no significant arterial occlusive disease in the bilateral common femoral, superficial femoral, or popliteal arteries bilaterally. A venous duplex ultrasound revealed superficial venous reflux in the great saphenous and small saphenous veins and perforator veins.

26. On or about July 24, 2018, Patient B presented to Respondent for a follow-up on her non-invasive testing. Respondent performed a physical examination, which revealed bulging venous varicosities, telangiectasias (small, widened blood vessels on the skin) in the bilateral lower extremities at the ankle (right worse than left) and edema to the right lower extremity. Respondent diagnosed Patient B with mixed arterial and venous insufficiency in the bilateral lower extremities (right worse than left). At the conclusion of the visit, Respondent recommended Patient B undergo a right leg angiogram, to be followed by a left leg angiogram, right leg venous ablations, and then left leg ablations. Respondent did not discuss and/or document a discussion with Patient B regarding medical therapy or non-invasive treatment options at that time or any time thereafter.

27. On or about August 22, 2018, Patient B presented to SS Vascular for her scheduled left leg angiogram and was seen by Respondent. Respondent noted Patient B had "critical limb ischemia of the left lower extremity," and Patient B signed a consent form for a left leg angiogram with possible endovascular therapy. Respondent then performed a right common femoral and bilateral lower extremity angiogram on Patient B.[5] During the procedure, Respondent noted the left and right lower extremity arteries were widely patent and she had a two-vessel run-off into both feet, but noted 80% stenosis of her right tibial artery. No interventions were performed at that time. At the conclusion of the surgery, Respondent recommended scheduling the right leg angiogram.

28. On or about September 12, 2018, Patient B presented to SS Vascular for her scheduled right leg angiogram and was seen by Respondent. Respondent noted Patient B had "critical limb

[5] During his subject interview, Respondent reported that on the day of the procedure, Patient B changed her mind regarding which leg she wanted proceed with first based on her pain.

ischemia of the right lower extremity," and Patient B signed a consent form for a right lower extremity angiogram with possible endovascular therapy. Respondent then performed right lower extremity angiogram and atherectomy[6] of the right posterior tibial artery. During the procedure, Respondent experienced an intraoperative complication of extravasation (leakage of fluid), caused by arterial rupture, and treated by prolonged balloon inflation. At the conclusion of the procedure, Respondent recommended scheduling the right greater saphenous vein ablation.

29. On or about September 17, 2018, Patient B presented to SS Vascular with complaints of left groin pain and ecchymoses (blood or bleeding under the skin) at the left femoral access site extending down to the left proximal thigh and of the right calf down to the foot. Patient B's chart incorrectly references the patient's prior *left* posterior tibial atherectomy and balloon angioplasty. At the conclusion of the visit, Respondent reassured Patient B and asked her to follow-up in two weeks.

30. On or about October 2, 2018, Patient B returned to SS Vascular and was seen by Respondent. Patient B's ecchymoses had resolved. Respondent did not discuss and/or document a discussion with Patient B regarding her leg symptoms following her angiography and atherectomy at this visit or any visit thereafter. At the conclusion of this visit, Respondent recommended scheduling the right greater saphenous vein ablation.

31. On or about November 14, 2018, Respondent performed a right greater saphenous vein ablation on Patient B. At the conclusion of the procedure, Respondent recommended scheduling the right smaller saphenous vein ablation.

32. On or about December 11, 2018, Respondent performed a smaller saphenous vein ablation on Patient B. Prior to performing this procedure, Respondent did not discuss and/or document a discussion with Patient B regarding her leg symptoms following her right greater saphenous vein ablation. At the conclusion of this visit, Respondent recommended scheduling the right perforator vein ablation. After this visit, Patient B did not return to SS Vascular for any further treatment.

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[6] Atherectomy is a minimally-invasive procedure performed to remove plaque from an artery that is partially blocked.

33. Respondent committed gross negligence in his care and treatment of Patient B, which included, but was not limited to, the following:

A. Performing an unnecessary angiography of the right lower extremity and angioplasty of the right posterior tibial artery; and

B. Performing radiofrequency ablation of the right small saphenous vein without prior evaluation of whether Patient B's symptoms had improved and without proper indication.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

34. Respondent has further subjected his Physician's and Surgeon's Certificate No. C 141352 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patients A and B, as more particularly alleged in paragraphs 9 through 33(B), above, which are hereby incorporated by reference and realleged as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

35. Respondent has further subjected his Physician's and Surgeon's Certificate No. C 141352 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate records regarding his care and treatment of Patients A and B, as more particularly alleged in paragraphs 9 through 33(B), above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. C 141352, issued to Respondent Shankar Meenakshi Sundaram, M.D.;

2. Revoking, suspending or denying approval of Respondent Shankar Meenakshi Sundaram, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Shankar Meenakshi Sundaram, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: APR 04 2023

Jenna Jones for
REJI VARGHESE
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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