

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

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

Raj Som Pruthi, M.D.

**Physician's and Surgeon's
Certificate No. A 52789**

Case No. 800-2021-080575

Respondent.


DECISION

**The attached Default Decision and 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 December 4,
2024.**

IT IS SO ORDERED November 4, 2024.

MEDICAL BOARD OF CALIFORNIA



**Reji Varghese
Executive Director**

1 ROB BONTA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 JOSEPH F. MCKENNA III
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10
11 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
12 **DEPARTMENT OF CONSUMER AFFAIRS**
13 **STATE OF CALIFORNIA**
14

15 In the Matter of the Accusation Against:

Case No. 800-2021-080575

16 **RAJ SOM PRUTHI, M.D.**
222 Lochwood West Drive
17 Cary, North Carolina 27518

**DEFAULT DECISION
AND ORDER**

[Gov. Code, §11520]

18 **Physician's and Surgeon's Certificate No.**
19 **A 52789,**

20 Respondent.

21
22 **FINDINGS OF FACT**

23 1. On or about July 29, 2024, Complainant Reji Varghese, in his official capacity as the
24 Executive Director of the Medical Board of California, (Board) Department of Consumer Affairs,
25 filed Accusation No. 800-2021-080575 against Raj Som Pruthi, M.D. (Respondent) before the
26 Board.

27 2. On or about September 26, 2019, the Board issued Physician's and Surgeon's
28 Certificate No. A 52789 to Respondent. The Physician's and Surgeon's Certificate expired on

1 September 30, 2023, and has not been renewed. A copy of Respondent's Certificate of Licensure
2 is attached as Exhibit A to the accompanying Default Decision Evidence Packet.¹

3 3. On or about July 29, 2024, Samuel Guardado, an employee of the Complainant
4 Agency, served by Certified Mail an envelope containing a copy of the Accusation, Statement to
5 Respondent, Notice of Defense, Request for Discovery, and Government Code sections 11507.5,
6 11507.6, and 11507.7 to Respondent's address of record with the Board, which was and is 222
7 Lochwood West Drive, Cary, North Carolina, 27518. A copy of the Accusation, the related
8 documents, and Declaration of Service are attached as Exhibit B to the accompanying Default
9 Decision Evidence Packet.

10 4. Service of the Accusation and related documents by the Complainant Agency was
11 effective as a matter of law under the provisions of Government Code section 11505, subd. (c).

12 5. As of the date of filing of this Default Decision and Order, the Complainant Agency
13 has not received as returned mail the envelope containing the Accusation and related documents,
14 which was previously mailed by the Board to Respondent on July 29, 2024.

15 6. On or about August 14, 2024, Ileana Chavarin, an employee of the California
16 Department of Justice (DOJ), served by First Class Mail a Courtesy Notice of Default along with
17 copies of Accusation No. 800-2021-080575, Statement to Respondent, Notice of Defense,
18 Request for Discovery, and Government Code sections 11507.5, 11507.6, and 11507.7 to
19 Respondent's address of record with the Board, which was and is 222 Lochwood West Drive,
20 Cary, North Carolina, 27518. A second copy of the Courtesy Notice of Default and related
21 documents was also served by First Class Mail to a second physical address obtained from
22 investigation materials, which was 1508 Cole Mill Road, Durham, North Carolina, 27705. A third
23 copy of the Courtesy Notice of Default and related documents was also sent to an email address
24 obtained from investigation materials, which was "rpruthi525@gmail.com." A copy of the
25 Courtesy Notice of Default, the related documents, and Declaration of Service are attached as
26 Exhibit C to the accompanying Default Decision Evidence Packet.

27 ¹ All exhibits are true and correct copies of the originals and are attached to the
28 accompanying Default Decision Evidence Packet. The Default Decision Evidence Packet is
hereby incorporated by reference, in its entirety, as if fully set forth herein.

1 7. On or about October 1, 2024, the envelope containing the Courtesy Notice of Default,
2 Notice of Defense form, and proof of service sent to Respondent's address of record with the
3 Board was returned by the U.S. Postal Service, to the DOJ, marked "Return to Sender" and
4 "Unable to Forward." A copy of the envelope containing the aforementioned documents is
5 attached as Exhibit D to the accompanying Default Decision Evidence Packet.

6 8. The declaration of Joseph F. McKenna III, Deputy Attorney General, regarding
7 attempts at service of the Accusation and Courtesy Notice of Default upon Respondent is attached
8 as Exhibit E to the accompanying Default Decision Evidence Packet.

9 9. Government Code section 11506 states, in pertinent part:

10 (c) The respondent shall be entitled to a hearing on the merits if the respondent
11 files a notice of defense, and the notice shall be deemed a specific denial of all parts
12 of the accusation not expressly admitted. Failure to file a notice of defense shall
13 constitute a waiver of respondent's right to a hearing, but the agency in its discretion
14 may nevertheless grant a hearing.

15 10. Respondent failed to file a Notice of Defense within fifteen (15) days after service
16 upon him of the Accusation or at any time following additional attempts at contact by Deputy
17 Attorney General McKenna, and therefore waived his right to a hearing on the merits of
18 Accusation No. 800-2021-080575.

19 11. Attached hereto as Exhibit F to the accompanying Default Decision Evidence Packet
20 is the Declaration of David S. Finley, M.D., concerning departures from the standard of care
21 identified in Respondent's practice of medicine related to Accusation No. 800-2021-080575.

22 12. Attached hereto as Exhibit G to the accompanying Default Decision Evidence Packet
23 is the Declaration of Costs by Deputy Attorney General McKenna concerning Accusation No.
24 800-2021-080575.

25 13. California Government Code section 11520 states, in pertinent part:

26 (a) If the respondent either fails to file a notice of defense or to appear at the
27 hearing, the agency may take action based upon the respondent's express admissions
28 or upon other evidence and affidavits may be used as evidence without any notice to
29 respondent.

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31 ///./

1 14. Business and Professions Code section 125.3 states, in pertinent part:

2 (a) Except as otherwise provided by law, in any order issued in resolution of a
3 disciplinary proceeding before any board within the department or before the
4 osteopathic Medical Board, upon request of the entity bringing the proceeding, the
5 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.

6 15. Pursuant to its authority under Government Code section 11520, the Board finds
7 Respondent is in default. The Board will take action without further hearing and, based on
8 Respondent's express admissions by way of default and the evidence before it, contained in
9 Exhibits A, B, C, D, E, F, and G, finds that the allegations in Accusation No. 800-2021-080575
10 are true.

11 **DETERMINATION OF ISSUES**

12 1. Based on the foregoing findings of fact, Respondent Raj Som Pruthi, M.D., has
13 subjected his Physician's and Surgeon's Certificate No. A 52789 to discipline.

14 2. A copy of the Accusation and the related documents and Declaration of Service are
15 attached here as Exhibit B to the accompanying Default Decision Evidence Packet.

16 3. The Board has jurisdiction to adjudicate this case by default.

17 4. Pursuant to Business and Professions Code section 125.3, the Board is authorized to
18 order Respondent to pay the Board the reasonable costs of investigation, expert review, and
19 enforcement of the case prayed for in the Accusation total twenty-seven thousand eight hundred
20 fifty-nine dollars and seventy-five cents (\$27,859.75), based on the Certification of Costs attached
21 as Exhibit G to the accompanying Default Decision Evidence Packet.

22 5. The Board is authorized to revoke Respondent's Physician's and Surgeon's
23 Certificate based upon the following violations alleged in the Accusation:

- 24 a. Repeated negligent acts, pursuant to sections 2227 and 2234, as defined by
25 section 2234, subdivision (c), of the Business and Professions Code; and
26 b. Failure to maintain adequate and accurate records, pursuant to sections 2227
27 and 2234, as defined by section 2266 of the Business and Professions Code.

28 ////

1 **ORDER**

2 IT IS SO ORDERED that Physician's and Surgeon's Certificate No. A 52789, heretofore
3 issued to Respondent Raj Som Pruthi, M.D., is revoked.

4 Respondent shall lose all rights and privileges as a physician and surgeon in California as of
5 the effective date of the Board's Order.

6 If Respondent ever files an application for relicensure or reinstatement in the State of
7 California, the Board shall treat it as a petition for reinstatement of a revoked license. Respondent
8 must comply with all the laws, regulations, and procedures for reinstatement of a revoked license
9 in effect at the time the petition is filed.

10 Before Respondent files an application for relicensure or reinstatement with the Board,
11 Respondent must first fully reimburse the Board its costs of investigation, expert review, and
12 enforcement in Accusation No. 800-2021-080575, pursuant to Business and Professions Code
13 section 125.3, in the amount of twenty-seven thousand eight hundred fifty-nine dollars and
14 seventy-five cents (\$27,859.75).

15 **Pursuant to Government Code section 11520, subdivision (c), Respondent may serve a**
16 **written motion requesting that the Decision be vacated and stating the grounds relied on**
17 **within seven (7) days after service of the Decision on Respondent.** The Board in its discretion
18 may vacate the Decision and grant a hearing on a showing of good cause, as defined in the
19 statute.

20 This Decision shall become effective at 5:00 p.m. on December 4, 2024. It
21 is so ORDERED November 4, 2024.

22
23 JENNA JONES FOR
24 REJI VARGHESE
25 EXECUTIVE DIRECTOR
26 FOR THE MEDICAL BOARD OF
27 CALIFORNIA
28 DEPARTMENT OF CONSUMER AFFAIRS

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

14 In the Matter of the Accusation Against:

Case No. 800-2021-080575

15 **RAJ SOM PRUTHI, M.D.**
222 Lochwood West Drive
16 Cary, North Carolina 27518-9737

A C C U S A T I O N

17 Physician's and Surgeon's Certificate No.
A 52789,

18 Respondent.
19

20
21 **PARTIES**

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

25 2. On or about September 26, 2019, the Board issued Physician's and Surgeon's
26 Certificate No. A 52789 to Raj Som Pruthi, M.D. (Respondent). The Physician's and Surgeon's
27 Certificate expired on September 30, 2023, and has not been renewed.

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1 JURISDICTION

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

5 4. Section 2220 of the Code states, in relevant part:

6 Except as otherwise provided by law, the board may take action against all
7 persons guilty of violating this chapter. The board shall enforce and administer this
8 article as to physician and surgeon certificate holders, including those who hold
9 certificates that do not permit them to practice medicine, such as, but not limited to,
retired, inactive, or disabled status certificate holders, and the board shall have all the
powers granted in this chapter for these purposes ...

10 STATUTORY PROVISIONS

11 5. Section 2227 of the Code states:

12 (a) A licensee whose matter has been heard by an administrative law judge of
13 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
14 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:

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

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

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

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

22 (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.

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

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6. Section 2234 of the Code states, in relevant 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:

...

(c) Repeated negligent acts.

...

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.

COST RECOVERY

8. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to 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, with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

FACTUAL ALLEGATIONS

9. Patient A¹

(a) On or about November 6, 2020, Patient A underwent a surgery performed by Respondent. Specifically, Respondent was the attending surgeon who performed a single-port robotic assisted radical cystectomy and ileal conduit urinary diversion on Patient A.

(b) Prior to the surgery, on October 31, 2020, a preoperative history and physical note was written by resident Dr. AB, but it did not include any imaging information, any detailed informed consent discussion, and it was not co-signed by

¹ For patient privacy purposes, Patient A's true name has not been used in the instant Accusation to maintain patient confidentiality. The patient's identity is either known to Respondent or will be disclosed to Respondent upon receipt of a duly issued request for discovery in accordance with Government Code section 11507.6.

1 Respondent, as attending surgeon in charge of the surgery on Patient A. A complete
2 consultation note, reviewed, edited, and cosigned by Respondent, was never obtained for
3 Patient A prior to surgery.

4 (c) On or about November 6, 2020, a pre-operative interval note was
5 completed by Respondent prior to the surgery documenting a generic boiler-plate
6 informed consent of the risk and benefits of surgery. A generic consent was signed by
7 Patient A and resident Dr. AB. Notably, there was no documentation of preoperative
8 imaging noting a duplicated left collecting system.

9 (d) During the surgery, the left ureter was tunneled over the sigmoid colon
10 "due to short ureteral length." An extra-corporeal ileal conduit urinary diversion was
11 performed with Bricker end-to-side anastomosis. Significantly, Respondent did not
12 recognize the duplication of the left kidney and ureter in Patient A either before or
13 during surgery. Moreover, there is no documentation denoting this anatomical
14 variation in the preoperative notes or operative report.²

15 (e) Patient A was discharged four days after surgery. Post-operative rounding
16 notes were completed by resident Dr. MF, but they did not document any discussion
17 of a plan and/or post-operative care with Respondent. Nor were the rounding notes
18 cosigned by Respondent during the four days of Patient A's post-operative stay.

19 10. Patient B³

20 (a) On or about July 10, 2020, Patient B underwent an attempted surgery
21 performed by Respondent. Specifically, Respondent attempted robot-assisted radical
22 prostatectomy for prostate cancer.

23 (b) An interval note with a generic consent was completed by Respondent
24 prior to surgery.

25 ² The duplication of Patient A's left kidney and ureter was not detected until weeks after
26 the surgery, after Patient A had returned to the hospital with an obstruction.

27 ³ For patient privacy purposes, Patient B's true name has not been used in the instant
28 Accusation to maintain patient confidentiality. The patient's identity is either known to
Respondent or will be disclosed to Respondent upon receipt of a duly issued request for discovery
in accordance with Government Code section 11507.6.

1 (c) Patient B had a documented prior surgical history of a diaphragmatic
2 hernia repair. Patient B had a congenital diaphragmatic hernia (intestines and
3 abdominal organs anomalously in the chest) which involved major surgery as a
4 newborn to return the intestines back into the normal position in the abdomen and
5 repair the large hernia defect. This congenital defect causes an abnormal positioning
6 of the bowel, scarring and adhesions, and renders subsequent robotic abdominal and
7 pelvic surgery difficult or impossible.

8 (d) During surgery, closed Veress needle insufflation was attempted in the
9 right lower quadrant remote from Patient B's left sided abdominal scar. After passage
10 of the hanging drop test, opening pressures were too high and Respondent made the
11 decision to make a midline incision and insert a 12 mm port directly. Insufflation was
12 achieved, but extensive adhesions were visualized laparoscopically, and Respondent
13 decided to abort the procedure.

14 (e) Significantly, after the laparoscopic camera was inserted inside Patient B,
15 Respondent did not inspect and/or document inspecting the site of Veress or port
16 entry sites, to ensure it was free of bowel and/or vascular injury. The operative note
17 does not indicate whether this basic laparoscopic practice was done.

18 (f) On post-operative day 1, Patient B developed nausea, a rising lactate, and
19 leukopenia indicative of visceral injury. Patient B subsequently developed
20 sepsis/peritonitis. A CT scan of the abdomen and pelvis showed a number of serious
21 complications, including, but not limited to, intestinal malrotation, a mural defect
22 involving the distal small bowel concerning for a site of enterotomy/perforation,
23 second gas and fluid collection in the left mid abdomen, marked distention of the
24 esophagus, and stomach and mild distention of the proximal bowel loops.

25 (g) On or about July 12, 2020, multiple vasopressor drugs were required to
26 treat hypotension and Patient B was emergently taken to the operating room to
27 undergo an exploratory laparotomy. The emergent surgery revealed an 8 mm
28 perforation of the jejunum that was caused by the attempted robotic surgery

1 performed by Respondent on July 10, 2020. Due to complications, Patient B
2 developed an invasive fungal infection and eventually went into multi-system organ
3 failure and expired.

4 **FIRST CAUSE FOR DISCIPLINE**

5 **(Repeated Negligent Acts)**

6 11. Respondent has subjected his Physician's and Surgeon's Certificate No. A 52789 to
7 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of
8 the Code, in that Respondent committed repeated negligent acts in his care and treatment of
9 Patients A and B, as more particularly alleged hereinafter:

10 12. Patient A

11 (a) Paragraph 9, above, is hereby incorporated by reference and realleged as
12 if fully set forth herein.

13 (b) Respondent failed to recognize a duplicated left kidney before or during
14 surgery.

15 (c) Respondent failed to adequately document Patient A's medical record in
16 connection with the November 6, 2020 surgery.

17 13. Patient B

18 (a) Paragraph 10, above, is hereby incorporated by reference and realleged as
19 if fully set forth herein.

20 (b) Respondent failed to inspect and/or document inspecting for visceral
21 injury after Veress and trocar insertion during surgery.

22 **SECOND CAUSE FOR DISCIPLINE**

23 **(Failure to Maintain Adequate and Accurate Records)**

24 14. Respondent has further subjected his Physician's and Surgeon's Certificate No.
25 A 52789 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the
26 Code, in that Respondent failed to maintain adequate and accurate records in connection with his
27 care and treatment of Patient A, as more particularly alleged in paragraphs 9, 11, and 12, above,
28 which are hereby incorporated by reference and realleged as if fully set forth herein.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. A 52789, issued to Respondent Raj Som Pruthi, M.D.;

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

3. Ordering Respondent Raj Som Pruthi, M.D., to pay the Board the costs of the investigation and enforcement of this case;

4. Ordering Respondent Raj Som Pruthi, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: JUL 29 2024

JENNA JONES FOR
REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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