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.	MBC File # 800-2021-082557

ORDER CORRECTING
CLERICAL ERROR IN "DISCIPLINARY ORDER" PORTION OF DECISION

On its own motion, the Medical Board of California (hereafter "Board") finds that there is a clerical error in the "Disciplinary Order" portion of the Decision in the above-entitled matter and that such clerical error should be corrected so that the "Effective" date reflects properly.

IT IS HEREBY ORDERED that the Decision in the above-entitled matter be and hereby is amended and corrected as of the date of entry of the Order to reflect that the effective date of the Decision is *January 21, 2025*, respectively.

December 30, 2024

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

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.: 800-2021-082557

DECISION

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

This Decision shall become effective at 5:00 p.m. on January 20, 2025.

IT IS SO ORDERED: December 20, 2024.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorp, M.D., 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, OH 45420-1171** **Physician's and Surgeon's Certificate No. C 141352,** Respondent.	Case No. 800-2021-082557 OAH No. 2024080965 **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.

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. 800-2021-082557, and will expire on April 30, 2025, unless renewed.

JURISDICTION

4. On June 21, 2024, Accusation No. 800-2021-082557 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 June 21, 2024. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2021-082557 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. 800-2021-082557. 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. 800-2021-082557, and agrees that he has thereby subjected his Physician's and Surgeon's Certificate No. C 141352 to disciplinary action.

10. Respondent further agrees that if an accusation is filed against him in the future before the Medical Board of California, all of the charges and allegations contained in Accusation No. 800-2021-082557, 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 or elsewhere.

11. 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 imposition of discipline as set forth in the Disciplinary Order below.

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

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14. 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. 800-2021-082557 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.

15. 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.

16. 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 five (5) years on the following terms and conditions. This Order is to run concurrent to the probationary order in Case No. 800-2020-066788, and thereby extends those probationary terms and conditions by one (1) additional year 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.

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

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require Respondent's on-site participation as determined by the program for the assessment and clinical education and evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

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

medicine. Respondent shall comply with the program's recommendations.

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

Respondent shall not practice medicine until Respondent has successfully completed the program and has been so notified by the Board or its designee in writing.

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

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

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

If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective date of this Decision, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent

shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

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

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

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

6. 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.

7. 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.

8. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement in the amount of $32,618.54 (thirty-two thousand six hundred eighteen dollars and fifty-four 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.

9. 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.

10. 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.

11. 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.

12. 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' 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.

13. 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.

14. 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.

15. 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.

16. 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.

17. 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. 800-2021-082557 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.

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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: 11/24/2024

DocuSigned by:
SHANKAR SUNDARAM
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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: 11.25.2024

NICOLE IRMER, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: 11/25/24

Respectfully submitted,

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

KAROLYN M. WESTFALL
Deputy Attorney General
Attorneys for Complainant

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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, OH 45420-1171** **Physician's and Surgeon's Certificate No. C 141352,** Respondent.	Case No. 800-2021-082557 **ACCUSATION**

PARTIES

1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as the 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:
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> (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:
>
> (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.
>
> (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.

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(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. Section 125.3 of the Code states:

(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 licensee 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 Patient A,[1] as more particularly alleged hereinafter:

9. On or about September 13, 2017, Patient A, a then fifty-seven-year-old female, presented to SS Vascular for a vascular evaluation with complaints of lower extremity pain and varicose veins, and was seen by Respondent. Patient A reported symptoms present for over five (5) years that had worsened in the last year. Patient A further reported her symptoms limited her activities of daily living, in that they prevented her from standing for prolonged periods of time to cook, clean, and shop. Patient A reported having tried and failed conservative management, including but not limited to, compression stockings and oral analgesics. Respondent performed a physical exam on Patient A that revealed bulging venous varicosities and telangiectasias[2] to her bilateral lower extremities below the knee, and bilateral edema. Respondent diagnosed Patient A with varicose veins with edema, pain, and swelling, and recommended a venous reflux study.

[1] To protect the privacy of the patient involved, the patient's name has not been included in this pleading. Respondent is aware of the identity of the patient referred to herein.

[2] Telangiectasias (commonly known as "spider veins") are dilated small blood vessels located near the surface of the skin.

10. On or about October 6, 2017, Patient A underwent a venous reflux study at SS Vascular. The results of the study revealed the absence of deep vein thrombosis (DVT), and the presence of superficial varicose veins with superficial venous insufficiency at the right saphenofemoral junction (SFJ), the great saphenous vein (GSV) above and below the knee (GSV-AK, GSV-BK), and the small saphenous vein (SSV). The study also revealed superficial venous insufficiency at the left SFJ, GSV-AK, and GSV-BK. Additionally, perforator veins of the right and left legs were noted to have venous insufficiency lasting greater than .5 seconds, but the diameters of the perforator veins were not measured and/or reported.

11. On or about December 1, 2017, Respondent performed a radiofrequency ablation of Patient A's left lower extremity perforator vein. Prior to this procedure, Respondent did not measure and/or document the diameter of the perforator vein. At the conclusion of the visit, Respondent planned Patient A's left upper leg perforator ablation.

12. On or about January 16, 2018, Respondent performed radiofrequency ablation of two (2) of Patient A's left upper leg perforator veins. Prior to this procedure, Respondent did not measure and/or document the diameter of the perforator veins. At the conclusion of the visit, Respondent planned Patient A's right GSV ablation.

13. On or about February 1, 2018, Respondent performed a radiofrequency ablation of Patient A's right GSV. At the conclusion of the visit, Respondent planned Patient A's right small saphenous vein (SSV) ablation.

14. On or about March 1, 2018, Respondent performed a radiofrequency ablation of Patient A's right SSV. At the conclusion of the visit, Respondent planned Patient A's right perforator vein ablation.

15. On or about April 5, 2018, Respondent performed radiofrequency ablation of three (3) of Patient A's right lower extremity perforator veins. Prior to this procedure, Respondent did not measure and/or document the diameter of the perforator veins. At the conclusion of the visit, Respondent planned Patient A for a follow-up visit in six (6) weeks.

16. On or about May 16, 2018, Patient A presented to SS Vascular for a follow-up visit and was seen by T.W., P.A. Patient A reported improvement in swelling and pain, with still some

bulging veins in her left lower leg and minimal swelling. Patient A denied any rest pain or claudication symptoms. At the conclusion of the visit, T.W. recommended Patient A undergo a bilateral venous reflux study.

17. On or about May 29, 2018, Patient A underwent a venous reflux study at SS Vascular. The results of the study revealed the absence of DVT, and the presence of superficial varicose veins with superficial venous insufficiency at the right SFJ, and the right saphenopopliteal junction (SPJ). The study also revealed perforator veins of the right and left legs were noted to have venous insufficiency lasting greater than .5 seconds, but the diameters of the perforator veins were not measured.

18. On or about August 3, 2018, Respondent performed radiofrequency ablation of two (2) of Patient A's left lower extremity perforator veins. Prior to this procedure, Respondent did not measure and/or document the diameter of the perforator veins. At the conclusion of the visit, Respondent planned Patient A's right lower extremity perforator vein ablation.

19. On or about September 13, 2018, Respondent performed radiofrequency ablation of two (2) of Patient A's right lower extremity perforator veins. Prior to this procedure, Respondent did not measure and/or document the diameter of the perforator veins.

20. On or about November 20, 2018, Patient A presented to SS Vascular for a follow-up visit and was seen by Respondent. Patient A reported doing well with no issues, no edema, and no bulging veins. At the conclusion of the visit, Respondent recommended Patient A return to the clinic in six (6) months.

21. On or about June 4, 2019, Patient A presented to SS Vascular for a follow-up visit and was seen by Respondent. Patient A reported doing well with no pain or tightness. Respondent performed a physical exam that revealed no ulcers, no edema, and no tenderness in either leg. Despite these findings, at the conclusion of the visit, Respondent recommended a venous reflux study in three (3) months.

22. On or about September 12, 2019, Patient A underwent a venous reflux study at SS Vascular. The results of the study revealed the absence of DVT, and the presence of superficial varicose veins with superficial venous insufficiency at the right SFJ, SPJ, and GSV-BK. The

study also revealed superficial venous insufficiency at the left GSV-BK. Additionally, perforator veins of the right and left legs were noted to have venous insufficiency lasting greater than .5 seconds, but the diameters of the perforator veins were not measured.

23. On or about October 1, 2019, Patient A presented to SS Vascular for the review of her reflux study results and was seen by Respondent. Patient A complained of mild lower extremity pain when not wearing stockings, but otherwise reported feeling good with her edema and fullness controlled. Respondent engaged in a long discussion with Patient A regarding treatment options. Patient A informed Respondent that she would like to proceed with ablation with cyanoacrylate.[3] Despite the fact that Patient A reported no limitations to her activities of daily living, at the conclusion of the visit Respondent planned cyanoacrylate ablation of Patient A's left GSV-BK.

24. On or about October 10, 2019, Respondent performed cyanoacrylate ablation of Patient A's left GSV-BK. At the conclusion of the visit, Respondent planned Patient A's left perforator vein ablation.

25. On or about October 29, 2019, Respondent performed a radiofrequency ablation of three (3) of Patient A's left lower extremity perforator veins. Prior to this procedure, Respondent did not measure and/or document the diameter of the perforator veins. At the conclusion of the visit, Respondent planned cyanoacrylate ablation of Patient A's right GSV-BK.

26. On or about November 12, 2019, Respondent performed cyanoacrylate ablation of Patient A's right GSV-BK.

27. On or about February 25, 2020, Patient A presented to SS Vascular for a follow-up visit and was seen by Respondent. Patient A reported doing well, that her legs were not swollen or tender, and she did not notice any enlarged varicosities. Respondent performed a physical exam that revealed no ulcers, no edema, and no tenderness in either leg. Despite these findings, at the conclusion of the visit, Respondent recommended a venous reflux study in three (3) months.

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[3] Cyanoacrylate is a medical glue used in the treatment of vein disease and varicose veins. The glue is used to close a vein and re-route blood supply to healthy veins.

28. On or about May 5, 2020, Patient A underwent a venous reflux study at SS Vascular. The results of the study revealed the absence of DVT, and the presence of superficial varicose veins with superficial venous insufficiency at the right SFJ, SPJ, and proximal calf SSV. The study also revealed superficial venous insufficiency at the left SFJ, GSV-BK, and anterior accessory saphenous vein (AASV). Additionally, perforator veins of the right and left legs were noted to have venous insufficiency lasting greater than .5 seconds, but the diameters of the perforator veins were not measured.

29. On or about May 12, 2020, Patient A presented to SS Vascular for the review of her reflux study results and was seen by Respondent. Patient A complained of recurrent left leg varicose veins, pain over bulging veins, and some edema. Patient A reported no symptoms in her right leg at this visit or any visit thereafter. Respondent performed a physical exam and noted bulging veins in Patient A's left medial lower thigh, medial upper calf, and posterior calf. Respondent further noted no edema, bulging veins, or ulcers on Patient A's right leg. Respondent engaged in a long discussion with Patient A regarding treatment options. Patient A informed Respondent that she would like to proceed with an ablation. Despite the fact that Patient A reported no limitations to her activities of daily living, at the conclusion of the visit Respondent planned cyanoacrylate ablation of Patient A's left AASV and an on-table check of her SSV for reflux.

30. On or about June 1, 2020, Respondent performed cyanoacrylate ablation of Patient A's left AASV. Upon venous duplex prior to performing the ablation, Respondent noted Patient A's left SSV was incompetent with reflux greater than one second. Respondent did not identify and/or document the specific size of the vein or the specific amount of reflux in the vein. At the conclusion of the visit, Respondent planned cyanoacrylate ablation of Patient A's left SSV.

31. On or about June 9, 2020, Respondent performed cyanoacrylate ablation of Patient A's left SSV. Upon venous duplex prior to performing the ablation, Respondent noted Patient A's left vein of Giacomini was incompetent with a size greater than 3mm and reflux greater than one second. Respondent did not identify and/or document the specific size of the vein or the

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specific amount of reflux in the vein. At the conclusion of the visit, Respondent planned cyanoacrylate ablation of Patient A's left Giacomini vein.

32. On or about June 23, 2020, Respondent performed cyanoacrylate ablation of Patient A's left Giacomini vein. Prior to this procedure, Respondent did not identify and/or document the specific size of the vein or the specific amount of reflux in the vein. At the conclusion of the visit, Respondent planned Patient A's left perforator ablation.

33. On or about July 14, 2020, Respondent performed radiofrequency ablation of three (3) of Patient A's left perforator veins. Prior to this procedure, Respondent did not measure and/or document the diameter of the perforator veins. Despite Patient A having not reported any symptoms to her right leg, at the conclusion of the visit, Respondent planned cyanoacrylate ablation of Patient A's right SSV.

34. On or about July 28, 2020, Respondent performed cyanoacrylate ablation of Patient A's right SSV. Despite Patient A having not reported any symptoms to her right leg, and despite the prior reflux study revealing a measureable normal vein diameter on the AASV, at the conclusion of the visit, Respondent planned cyanoacrylate ablation of Patient A's right AASV.

35. On or about August 24, 2020, Respondent performed cyanoacrylate ablation of Patient A's right AASV. Despite Patient A having not reported any symptoms to her right leg, at the conclusion of the visit, Respondent planned radiofrequency ablation of Patient A's right perforator vein.

36. On or about September 8, 2020, Respondent performed radiofrequency ablation of three (3) of Patient A's right perforator veins. Prior to this procedure, Respondent did not measure and/or document the diameter of the perforator veins. At some point during this visit, Patient A complained of a chronic open wound at the perforator ablation site on her left medial ankle. At the conclusion of the visit, Respondent referred Patient A for a wound care consultation, and did not provide any subsequent care or treatment to Patient A.

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

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A. Failing to appropriately document the specific size or the specific amount of reflux visualized in the left vein of Giacomini on or about June 9, 2020; and

B. Performing an unnecessary cyanoacrylate ablation of Patient A's normal-size right AASV on or about August 24, 2020.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

38. 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 Patient A, as more particularly alleged hereinafter:

A. Paragraphs 9 through 37(B), above, are hereby incorporated by reference and realleged as if fully set forth herein.

B. Performing a left lower extremity perforator vein ablation on or about December 1, 2017, without first measuring and/or documenting the diameter of the perforator vein to confirm the medical necessity of treatment;

C. Performing left lower extremity perforator vein ablations on or about January 16, 2018, without first measuring and/or documenting the diameter of the perforator veins to confirm the medical necessity of treatment;

D. Performing right lower extremity perforator vein ablations on or about April 5, 2018, without first measuring and/or documenting the diameter of the perforator veins to confirm the medical necessity of treatment;

E. Performing left lower extremity perforator vein ablations on or about August 3, 2018, when the patient's symptoms did not interfere with activities of daily living, and without first measuring and/or documenting the diameter of the perforator veins to confirm the medical necessity of treatment;

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F. Performing right lower extremity perforator vein ablations on or about September 13, 2018, when the patient's symptoms did not interfere with activities of daily living, and without first measuring and/or documenting the diameter of the perforator veins to confirm the medical necessity of treatment;

G. Performing a left GSV ablation on or about October 10, 2019, when the patient's symptoms did not interfere with activities of daily living;

H. Performing left lower extremity perforator vein ablations on or about October 29, 2019, when the patient's symptoms did not interfere with activities of daily living, and without first measuring and/or documenting the diameter of the perforator veins to confirm the medical necessity of treatment;

I. Performing a right GSV-BK ablation on or about November 12, 2019, when the patient's symptoms did not interfere with activities of daily living;

J. Recommending the patient undergo a venous reflux study when the patient had no subjective or objective symptoms to either leg on or about February 25, 2020;

K. Performing a left AASV ablation on or about June 1, 2020, when the patient's symptoms did not interfere with activities of daily living;

L. Performing a left SSV ablation on or about June 9, 2020, when the patient's symptoms did not interfere with activities of daily living;

M. Performing a left vein of Giacomini ablation on or about June 23, 2020, when the patient's symptoms did not interfere with activities of daily living;

N. Performing left lower extremity perforator vein ablations on or about July 14, 2020, when the patient's symptoms did not interfere with activities of daily living, and without first measuring and/or documenting the diameter of the perforator veins to confirm the medical necessity of treatment;

O. Performing a right SSV ablation on or about July 28, 2020, when the patient's symptoms did not interfere with activities of daily living; and

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P. Performing right lower extremity perforator vein ablations on or about September 8, 2020, without first measuring and/or documenting the diameter of the perforator veins to confirm the medical necessity of treatment.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

39. 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 Patient A, as more particularly alleged in paragraphs 9 through 38, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

DISCIPLINARY CONSIDERATIONS

40. To determine the degree of discipline, if any, to be imposed on Respondent Shankar Meenakshi Sundaram, M.D., Complainant alleges that on or about April 11, 2024, in a prior disciplinary action entitled *In the Matter of the Accusation Against Shankar Meenakshi Sundaram, M.D.*, before the Medical Board of California, in Case No. 800-2020-066788, Respondent's license was placed on probation for four (4) years subject to various terms and conditions of probation. That decision is now final and is incorporated by reference 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. 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: JUN 21 2024

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

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