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

In the Matter of the Accusation Against: **JASON KHADAVI, D.P.M** **5076 Avenida Oriente** **Tarzana, CA 91356** **Podiatrist License No. DPM 5064,** Respondent.	Case No. 500-2022-001342 **ACCUSATION**

PARTIES

1. Brian Naslund (Complainant) brings this Accusation solely in his official capacity as the Executive Officer of the Podiatric Medical Board, Department of Consumer Affairs.

2. On or about April 22, 2013, Podiatric Medical Board issued Podiatrist License Number DPM 5064 to JASON KHADAVI, D.P.M (Respondent). The Podiatrist License was in full force and effect at all times relevant to the charges brought herein and will expire on October 31, 2026, unless renewed.

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JURISDICTION

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

4. Section 2222 of the Code states:

> The California Board of Podiatric Medicine shall enforce and administer this article as to doctors of podiatric medicine. Any acts of unprofessional conduct or other violations proscribed by this chapter are applicable to licensed doctors of podiatric medicine and wherever the Medical Quality Hearing Panel established under Section 11371 of the Government Code is vested with the authority to enforce and carry out this chapter as to licensed physicians and surgeons, the Medical Quality Hearing Panel also possesses that same authority as to licensed doctors of podiatric medicine.
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> The California Board of Podiatric Medicine may order the denial of an application or issue a certificate subject to conditions as set forth in Section 2221, or order the revocation, suspension, or other restriction of, or the modification of that penalty, and the reinstatement of any certificate of a doctor of podiatric medicine within its authority as granted by this chapter and in conjunction with the administrative hearing procedures established pursuant to Sections 11371, 11372, 11373, and 11529 of the Government Code. For these purposes, the California Board of Podiatric Medicine shall exercise the powers granted and be governed by the procedures set forth in this chapter.

5. Section 2460.1 of the Code states:

> Protection of the public shall be the highest priority for the California Board of Podiatric Medicine in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

STATUTORY PROVISIONS

6. Section 651 states:

> (a) It is unlawful for any person licensed under this division or under any initiative act referred to in this division to disseminate or cause to be disseminated any form of public communication containing a false, fraudulent, misleading, or deceptive statement, claim, or image for the purpose of or likely to induce, directly or indirectly, the rendering of professional services or furnishing of products in connection with the professional practice or business for which he or she is licensed. A "public communication" as used in this section includes, but is not limited to, communication by means of mail, television, radio, motion picture, newspaper, book, list or directory of healing arts practitioners, Internet, or other electronic communication.
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> (b) A false, fraudulent, misleading, or deceptive statement, claim, or image includes a statement or claim that does any of the following:

(1) Contains a misrepresentation of fact.

(2) Is likely to mislead or deceive because of a failure to disclose material facts.

...

(5) Contains other representations or implications that in reasonable probability will cause an ordinarily prudent person to misunderstand or be deceived.

(6) Makes a claim either of professional superiority or of performing services in a superior manner, unless that claim is relevant to the service being performed and can be substantiated with objective scientific evidence.

...

(f) Any person so licensed who violates this section is guilty of a misdemeanor. A bona fide mistake of fact shall be a defense to this subdivision, but only to this subdivision.

(g) Any violation of this section by a person so licensed shall constitute good cause for revocation or suspension of his or her license or other disciplinary action.

(h) Advertising by any person so licensed may include the following:

(1) A statement of the name of the practitioner.

(2) A statement of addresses and telephone numbers of the offices maintained by the practitioner.

(3) A statement of office hours regularly maintained by the practitioner.

(4) A statement of languages, other than English, fluently spoken by the practitioner or a person in the practitioner's office.

(5)(A) A statement that the practitioner is certified by a private or public board or agency or a statement that the practitioner limits his or her practice to specific fields.

(B) A statement of certification by a practitioner licensed under Chapter 7 (commencing with Section 3000) shall only include a statement that he or she is certified or eligible for certification by a private or public board or parent association recognized by that practitioner's licensing board.

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(D) A doctor of podiatric medicine licensed under Article 22 (commencing with Section 2460) of Chapter 5 by the California Board of Podiatric Medicine may include a statement that he or she is certified or eligible or qualified for certification by a private or public board or parent association, including, but not limited to, a multidisciplinary board or association, if that board or association meets one of the following requirements: (i) is approved by the Council on Podiatric Medical Education, (ii) is a board or association with equivalent requirements approved by the California Board of Podiatric Medicine, or (iii) is a board or association with the Council on Podiatric Medical Education approved postgraduate training programs that provide training in podiatric medicine and podiatric surgery. A doctor of podiatric medicine licensed under Article (commencing with Section 2460) of

Chapter 5 by the California Board of Podiatric Medicine who is certified by an organization other than a board or association referred to in clause (i), (ii), or (iii) shall not use the term "board certified" in reference to that certification.

For purposes of this subparagraph, a "multidisciplinary board or association" means an educational certifying body that has a psychometrically valid testing process, as determined by the California Board of Podiatric Medicine, for certifying doctors of podiatric medicine that is based on the applicant's education, training, and experience. For purposes of the term "board certified," as used in this subparagraph, the terms "board" and "association" mean an organization that is a Council on Podiatric Medical Education approved board, an organization with equivalent requirements approved by the California Board of Podiatric Medicine, or an organization with a Council on Podiatric Medical Education approved postgraduate training program that provides training in podiatric medicine and podiatric surgery.

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7. Section 2234 of the Code states:

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.

(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.

(d) Incompetence.

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

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

(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board no later than 30 calendar days after being notified by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

(h) Any action of the licensee, or another person acting on behalf of the licensee, intended to cause their patient or their patient's authorized representative to rescind consent to release the patient's medical records to the board or the Department of Consumer Affairs, Health Quality Investigation Unit.

(i) Dissuading, intimidating, or tampering with a patient, witness, or any person in an attempt to prevent them from reporting or testifying about a licensee.

8. 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 for at least seven years after the last date of service to a patient constitutes unprofessional conduct.

COST RECOVERY

9. Section 2497.5 of the Code states:

(a) The board may request the administrative law judge, under his or her proposed decision in resolution of a disciplinary proceeding before the board, to direct any licensee found guilty of unprofessional conduct to pay to the board a sum not to exceed the actual and reasonable costs of the investigation and prosecution of the case.

(b) The costs to be assessed shall be fixed by the administrative law judge and shall not be increased by the board unless the board does not adopt a proposed decision and in making its own decision finds grounds for increasing the costs to be assessed, not to exceed the actual and reasonable costs of the investigation and prosecution of the case.

(c) When the payment directed in the board's order for payment of costs is not made by the licensee, the board may enforce the order for payment by bringing an action in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee directed to pay costs.

(d) In any judicial action for the 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.

(e)(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 those unpaid costs.

(f) All costs recovered under this section shall be deposited in the Board of Podiatric Medicine Fund as a reimbursement in either the fiscal year in which the costs are actually recovered or the previous fiscal year, as the board may direct.

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DEFINITIONS

10. A first metatarsal head osteotomy in bunion correction is a surgical procedure where the surgeon cuts and realigns the bone at the distal head of the metatarsal bone in order to correct the alignment of the big toe and alleviate pain.

11. An adductor tendon transfer to first metatarsal is a surgical procedure that corrects a bunion by transferring a tendon in the sole of the foot to help stabilize the joint and correct the deformity.

12. A medial foot release, or medial capsular release, is a surgical procedure that corrects foot deformities, whereby a surgeon makes an incision on the medial side of the joint between the first metatarsal base and the medial cuneiform bone in the foot to release contracted soft tissues and improve joint mobility.

13. Capsulitis is a condition where the ligament structure at the joint, known as the capsule, becomes inflamed.

FACTUAL ALLEGATIONS

14. On or about October 19, 2021, Patient A,[1] a then forty-year-old woman, presented to Respondent complaining of pain secondary to a bunion on her left foot. Patient A explained that she had a bunion for years and it has worsened over time, making it difficult to wear most shoes and affecting her daily life. Patient A tried using different shoes and pads, but nothing helped.

15. Respondent conducted a physical examination and noted that Patient A had bunion deformity, also known as hallux valgus, with pain on the left foot, and difficulty walking. Respondent ordered x-rays and instructed Patient A to schedule a follow-up for further consultation and treatment following those x-rays. Respondent also recommended that Patient A undergo a head osteotomy type bunion correction of the left foot. He discussed the risks and complications of the procedure with Patient A.

16. On or about December 7, 2021, Patient A presented to Respondent for a pre-operative consultation and evaluation of the left foot. Respondent informed Patient A about the nature and purpose of the operations, possible alternative methods of treatment, the risks involved, and the

[1] The patient is identified as Patient A to protect her privacy in this Accusation.

possible consequences. Respondent also informed Patient A about the alternatives to surgery. During this visit, Patient A executed written consent for the left foot bunion correction and the consent acknowledged the aforementioned information, including risks, alternatives, etc.

17. On or about December 16, 2021, Patient A presented to her primary care physician (PCP) to obtain pre-operative clearance. Patient A reported that she had a history of Keloid scar formation, and her PCP discussed the risk of keloids with the upcoming bunion surgery. The PCP cleared Patient A for the procedure.

18. On or about December 21, 2021, Patient A presented to Respondent for surgery. Respondent performed a left foot first metatarsal phalangeal joint (MPJ) osteotomy and implant fixation, adductor tendon transfer to first metatarsal, and medial foot release. Respondent noted that there were no complications with the surgery, and a protective postoperative shoe was applied to Patient A's left foot.

19. On or about December 28, 2021, Patient A presented to Respondent for a one-week postoperative visit. Respondent examined Patient A's foot and noted that the incisions were intact and undisturbed, and there was mild to moderate swelling of the left foot. He noted that the foot was progressing as expected. Respondent advised Patient A to avoid excessive activity, keep the foot elevated, and maintain partial weight bearing with the postoperative shoe, among other things. Respondent ordered x-rays and instructed Patient A to return in one week, following the x-rays.

20. On or about January 4, 2022, Patient A returned to Respondent for another follow-up. Respondent examined the foot and found that the surgical incisions were completely healed, but there continued to be moderate swelling. The x-rays showed adequate alignment of the first ray, an intact implant, and no sign of dislocation or displacement. Respondent noted that the foot was progressing as expected and instructed Patient A to follow-up in two weeks.

21. On or about January 10, 2022, Patient A presented to Respondent and indicated that she suffered a traumatic event in which she slammed her left foot. She stated that she immediately felt swelling and pain in the foot and tried to ice it, but it continued to be painful. Respondent examined the foot and took x-rays of the foot. Respondent noted that there was

moderate swelling and the x-rays showed mild soft tissue swelling over the first metatarsal head, but no loosening of the hardware and joint spaces were within normal limits. Respondent noted no acute signs of fracture or dislocation. He advised Patient A to rest and continue to ice the foot as much as possible.

22. Patient A continued to present to Respondent for follow-up visits throughout January and February 2022. During a visit, on or about February 15, 2022, Respondent recommended that Patient A attend physical therapy to improve the toe's range of motion, to which she obliged.

23. On or about April 29, 2022, Patient A presented to Respondent wearing high heel shoes. She reported that she was doing much better and was able to perform more activities. Consequently, Respondent released Patient A to return to all activities with no limitations.

24. On or about May 27, 2022, Patient A presented to Respondent and reported that she was discouraged because her range of motion was limited again, and she did not feel comfortable performing many normal activities. She explained that weeks prior she started to feel limitation and pain in her big toe. Patient A indicated that physical therapy was not providing relief. Respondent recommended x-rays for further diagnosis, but Patient A declined, and he recommended continued participation in physical therapy. Respondent provided an injection of Kenalog[2] mixed with Dexamethasone phosphate[3] to the region of complaint.

25. On or about September 9, 2022, Patient A presented for a magnetic resonance imaging (MRI) of her left foot, which was previously ordered by Respondent. On or about September 19, 2022, Patient A presented to Respondent to discuss the MRI results. Respondent noted that the MRI showed cystic changes to the medial aspect of the first metatarsal head, bone marrow edema to the medial aspect of the first metatarsal head, and capsulitis with inflammation to the first MPJ. Respondent provided another steroid injection to help with the foot's swelling and ordered a bone stimulator to be used daily. Respondent recommended that Patient A undergo a CT scan, but she declined. Lastly, Respondent recommended another surgery to remove the screw and thin the capsule, but Patient A declined.

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[2] Kenalog is a potent corticosteroid that is used to treat inflammation caused by a variety of conditions.

[3] Dexamethasone phosphate is a steroid that is used to treat a variety of conditions.

26. Patient A did not return to Respondent for another scheduled follow-up appointment and has not presented to Respondent since the September 2022 appointment.

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

27. Respondent is subject to disciplinary action under Code section 2234, subdivision (c), in that Respondent was repeatedly negligent in his care and treatment of Patient A. The circumstances are as follows:

28. Complainant hereby re-alleges the facts set forth in paragraphs 14 through 26, above, as though fully set forth.

29. The standard of care when treating a bunion deformity requires a practitioner to obtain a medical history, perform a physical examination, order appropriate imaging studies, obtain informed consent, perform the appropriate surgery, and provide the appropriate follow-up care.

30. Respondent obtained Patient A's medical history, performed a physical examination, obtained informed consent, and arrived at a diagnosis. Respondent's diagnosis, and choice of surgery, was based on non-weight bearing x-rays and an estimate of what the intermetatarsal angle might be with weight bearing. However, the choice of surgical procedure should be based on weight bearing x-rays. In fact, there are no peer reviewed studies demonstrating the predictability of estimating the intermetatarsal angle in non-weight bearing x-rays. During his interview with the Board, Respondent indicated that he estimated the intermetatarsal angle at 12-16 degrees. Consequently, Respondent performed a bunionectomy with osteotomy, adductor tendon transfer, and medial capsular release at the metatarsal cuneiform joint. The preoperative non-weight bearing intermetatarsal angle was approximately 10 degrees. As such, the medial release of the first metatarsal cuneiform joint was unnecessary. That procedure is reserved for those patients where the intermetatarsal angle cannot be corrected via head osteotomy alone. Respondent's actions constitute a simple departure from the standard of care.

31. The standard of care when evaluating an injury requires a practitioner to obtain a history of the injury, order the appropriate imaging studies, and provide adequate treatment.

Patient A sustained a traumatic accident postoperatively. Respondent ordered three radiographic views of the foot, but a lateral view was not taken. Consequently, Respondent was unable to evaluate the possible dorsal displacement of the capital fragment,[4] and he did not follow up on the omission. Respondent's failure to follow-up and obtain a lateral x-ray view after Patient A's injury, constitutes a simple departure from the standard of care.

32. The standard of care requires a practitioner to document all visits accurately and to include subjective and objective findings, diagnoses, medical indications, and the treatment provided. Respondent failed to document the indications for each of the procedures he performed on Patient A. Respondent's failures constitute a simple departure from the standard of care.

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate Medical Records)

33. Respondent is subject to disciplinary action under Code section 2266 in that Respondent failed to maintain adequate and accurate medical records in his care and treatment of Patient A. Complainant refers to and, by this reference, incorporates herein, paragraphs 14 through 26, above, as though fully set forth herein. The circumstances are as follows:

34. The allegations of the First Cause for Discipline, in paragraph 32, above, are incorporated herein by reference as if fully set forth.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct - Dishonesty)

35. Respondent is subject to disciplinary action under Code sections 651 and 2234, subdivision (e), in that Respondent was dishonest and misleading in his communication with the public and potential patients. The circumstances are as follows:

36. Respondent's online presence indicates that he is a Diplomate of the American Podiatric Medical Association. However, no such designation exists in that organization and Respondent is not listed as a member of that organization. Respondent also lists that he is a member of the American College of Foot and Ankle Surgeons, but there is no record that

[4] Dorsal displacement of the capital fragment refers to a situation in which the capital fragment moves slightly upwards, towards the top of the foot. This often occurs due to a traumatic injury.

Respondent is an associate member or a fellow of the organization. Lastly, Respondent indicates that he belongs to the American Board of Podiatric Orthopedics and Medicine. However, that board does not exist as stated. Patients seek out and establish credibility in physicians based on their memberships and board certification in various professional organizations. Falsely advertising, or misrepresenting, that one is a member, fellow, or diplomate of an organization in which they are not, is inappropriate and misleading. Respondent's misrepresentations constitute a violation of medical ethics and unprofessional conduct.

PRAYER

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

1. Revoking or suspending Podiatrist License Number DPM 5064, issued to Respondent Jason Khadavi, D.P.M;

2. Ordering Respondent Jason Khadavi, D.P.M. to pay the Podiatric Medical Board the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 2497.5 and if placed on probation, the costs of probation monitoring; and,

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

DATED: MAR 11 2025

BRIAN NASLUND
Executive Officer
Podiatric Medical Board
Department of Consumer Affairs
State of California
Complainant

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