

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

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

**Reza Khodaverdian, M.D.**

**Physician's and Surgeon's  
Certificate No. A 127413**

**Case No.: 800-2021-079596**

**Respondent.**

**DECISION**

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

**This Decision shall become effective at 5:00 p.m. on June 23, 2025.**

**IT IS SO ORDERED: May 23, 2025.**

**MEDICAL BOARD OF CALIFORNIA**

*Michelle A. Bholat, MD*

---

**Michelle A. Bholat, M.D., Chair  
Panel A**

1 ROB BONTA  
2 Attorney General of California  
3 MATTHEW M. DAVIS  
4 Supervising Deputy Attorney General  
5 TESSA L. HEUNIS  
6 Supervising Deputy Attorney General  
7 State Bar No. 241559  
8 600 West Broadway, Suite 1800  
9 San Diego, CA 92101  
P.O. Box 85266  
San Diego, CA 92186-5266  
Telephone: (619) 738-9403  
Facsimile: (619) 645-2061  
E-mail: Tessa.Heunis@doj.ca.gov

9  
10 *Attorneys for Complainant*

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

16 In the Matter of the First Amended Accusation  
17 Against:

Case No. 800-2021-079596

18 REZA KHODAVERDIAN, M.D.  
19 113 Waterworks Way, Suite 140  
20 Irvine, CA 92618-3167

OAH No. 2024100070

21 **STIPULATED SETTLEMENT AND  
22 DISCIPLINARY ORDER**

23 Physician's and Surgeon's Certificate  
24 No. A 127413

25 Respondent.

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

28 **PARTIES**

29 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of  
30 California (Board). He brought this action solely in his official capacity and is represented in this  
31 matter by Rob Bonta, Attorney General of the State of California, by Tessa L. Heunis,  
32 Supervising Deputy Attorney General.

33 ////

34 ////

2. Respondent Reza Khodaverdian, M.D. (Respondent) is represented in this proceeding by attorney Gary Wittenberg, Esq., whose address is: 1901 Avenue of the Stars, Suite 1040, Los Angeles, CA 90067.

3. On or about September 25, 2013, the Board issued Physician's and Surgeon's Certificate No. A 127413 to Reza Khodaverdian, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2021-079596, and will expire on July 31, 2023, unless renewed.

## **JURISDICTION**

4. On October 2, 2023, Accusation No. 800-2021-079596 was filed before the Board. A true and correct copy of the Accusation and all other statutorily required documents were properly served on Respondent on October 2, 2023, and Respondent timely filed his Notice of Defense contesting the Accusation. On March 12, 2024, First Amended Accusation No. 800-2021-079596 was filed before the Board and is currently pending against Respondent. A true and correct copy of First Amended Accusation No. 800-2021-079596 is attached as Exhibit A and incorporated herein by reference.

## **ADVISEMENT AND WAIVERS**

5. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in First Amended Accusation No. 800-2021-079596. Respondent has also carefully read, fully discussed with his counsel, and fully understands the effects of this Stipulated Settlement and Disciplinary Order.

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

7. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

## CULPABILITY

8. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in First Amended Accusation No. 800-2021-079596 and that his Physician's and Surgeon's Certificate No. A 127413 is therefore subject to discipline.

9. Respondent agrees that if he ever petitions for modification of the Board's disciplinary Order, or if an accusation is filed against him before the Board, all of the charges and allegations contained in First Amended Accusation No. 800-2021-079596 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.

10. Respondent agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

## **CONTINGENCY**

11. 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.

12. 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.

13. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in First Amended Accusation No. 800-2021-079596 shall be deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

## **DISCIPLINARY ORDER**

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 127413 issued to Respondent Reza Khodaverdian, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for thirty-five (35) months from the effective date of the Decision on the following terms and conditions:

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 60 hours per year, for each year or eleven months 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 85 hours of CME of which 60 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

1 advance by the Board or its designee. Respondent shall provide the approved course provider  
2 with any information and documents that the approved course provider may deem pertinent.  
3 Respondent shall participate in and successfully complete the classroom component of the course  
4 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
5 complete any other component of the course within one (1) year of enrollment. The medical  
6 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
7 Medical Education (CME) requirements for renewal of licensure.

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

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

16 3. PROHIBITED PRACTICE. During probation, Respondent is prohibited from  
17 performing cardiac surgery. After the effective date of this Decision, all patients being treated by  
18 the Respondent for any condition(s) requiring cardiac surgery shall be notified that the  
19 Respondent is prohibited from performing cardiac surgery. Any new patients treated by the  
20 Respondent for any condition(s) requiring cardiac surgery must be provided this notification at  
21 the time of their initial appointment. Respondent shall maintain a log of all patients to whom the  
22 required oral notification was made. The log shall contain the: 1) patient's name, address and  
23 phone number; patient's medical record number, if available; 3) the full name of the person  
24 making the notification; 4) the date the notification was made; and 5) a description of the  
25 notification given. Respondent shall keep this log in a separate file or ledger, in chronological  
26 order, shall make the log available for immediate inspection and copying on the premises at all  
27 times during business hours by the Board or its designee, and shall retain the log for the entire  
28 term of probation.

1           4. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
2 Respondent shall provide a true copy of this Decision and First Amended Accusation to the Chief  
3 of Staff or the Chief Executive Officer at every hospital where privileges or membership are  
4 extended to Respondent, at any other facility where Respondent engages in the practice of  
5 medicine, including all physician and locum tenens registries or other similar agencies, and to the  
6 Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage  
7 to Respondent. Respondent shall submit proof of compliance to the Board or its designee within  
8 15 calendar days.

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

10          5. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE  
11 NURSES. During probation, Respondent is prohibited from supervising physician assistants and  
12 advanced practice nurses.

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

16          7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
17 ordered to reimburse the Board its costs of investigation and enforcement, including, but not  
18 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena  
19 enforcement, as applicable, in the amount of \$45,000 (forty-five thousand dollars). Costs shall be  
20 payable to the Medical Board of California. Failure to pay such costs shall be considered a  
21 violation of probation.

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

26           The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility  
27 to repay investigation and enforcement costs, including expert review costs (if applicable).

28          ////

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

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

6       9. GENERAL PROBATION REQUIREMENTS.

7       Compliance with Probation Unit

8       Respondent shall comply with the Board's probation unit.

9       Address Changes

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

15      Place of Practice

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

19      License Renewal

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

22      Travel or Residence Outside California

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

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

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

4           11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
5 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
6 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
7 defined as any period of time Respondent is not practicing medicine as defined in Business and  
8 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
9 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
10 Respondent resides in California and is considered to be in non-practice, Respondent shall  
11 comply with all terms and conditions of probation. All time spent in an intensive training  
12 program which has been approved by the Board or its designee shall not be considered non-  
13 practice and does not relieve Respondent from complying with all the terms and conditions of  
14 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
15 on probation with the medical licensing authority of that state or jurisdiction shall not be  
16 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
17 period of non-practice.

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

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

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

25           Periods of non-practice for a Respondent residing outside of California will relieve  
26 Respondent of the responsibility to comply with the probationary terms and conditions with the  
27 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
28 ////

1 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
2 Controlled Substances; and Biological Fluid Testing.

3       12. COMPLETION OF PROBATION. Respondent shall comply with all financial  
4 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
5 completion of probation. This term does not include cost recovery, which is due within 30  
6 calendar days of the effective date of the Order, or by a payment plan approved by the Medical  
7 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate  
8 shall be fully restored.

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

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

26       15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
27 with probation monitoring each and every year of probation, as designated by the Board, which  
28 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of

1 California and delivered to the Board or its designee no later than January 31 of each calendar  
2 year.

3       16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
4 a new license or certification, or petition for reinstatement of a license, by any other health care  
5 licensing action agency in the State of California, all of the charges and allegations contained in  
6 First Amended Accusation No. 800-2021-079596 shall be deemed to be true, correct, and  
7 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding  
8 seeking to deny or restrict license.

## ACCEPTANCE

10 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
11 discussed it with my attorney, Gary Wittenberg, Esq. I fully understand the stipulation and the  
12 effect it will have on my Physician's and Surgeon's Certificate No. A. 127413. Having the  
13 benefit of counsel, I enter into this Stipulated Settlement and Disciplinary Order voluntarily,  
14 knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical  
15 Board of California.

16

17

DATED: 3/10/95

18

REZA KHODAVERDIAN, M.D.  
*Respondent*

19

20

I have read and fully discussed with Respondent Reza Khodaverdian, M.D., the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.

21

I approve its form and content.

22

DATED

21

DATED: 3/10/25

**GARY WITTENSERG, ESQ.**  
*Attorney for Respondent*

25

1110

26

111

27

711

29

111

**ENDORSEMENT**

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

DATED: March 10, 2025

Respectfully submitted,

ROB BONTA  
Attorney General of California  
MATTHEW M. DAVIS  
Supervising Deputy Attorney General

Athenis

TESSA L. HEUNIS  
Supervising Deputy Attorney General  
*Attorneys for Complainant*

**Exhibit A**

**First Amended Accusation No. 800-2021-079596**

1 ROB BONTA  
2 Attorney General of California  
3 MATTHEW M. DAVIS  
4 Supervising Deputy Attorney General  
5 TESSA L. HEUNIS  
6 Deputy Attorney General  
7 State Bar No. 241559  
600 West Broadway, Suite 1800  
San Diego, CA 92101  
P.O. Box 85266  
San Diego, CA 92186-5266  
Telephone: (619) 738-9403  
Facsimile: (619) 645-2061

*Attorneys for Complainant*

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

13 In the Matter of the First Amended Accusation  
Against:

Case No. 800-2021-079596

14 Reza Khodaverdian, M.D.  
15 113 Waterworks Way, Suite 140  
Irvine, CA 92618-3167

## FIRST AMENDED ACCUSATION

17 Physician's and Surgeon's Certificate  
No. A 127413,

**Respondent.**

## **PARTIES**

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

24       2. On or about September 25, 2013, the Medical Board issued Physician's and  
25 Surgeon's Certificate No. A 127413 to Reza Khodaverdian, M.D. (Respondent). The Physician's  
26 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
27 herein and will expire on July 31, 2025, unless renewed.

28 | ////

## **JURISDICTION**

2       3. This First Amended Accusation, which supersedes Accusation No. 800-2021-079596  
3 filed on October 2, 2023, is brought before the Board under the authority of the following laws.

4 All section references are to the Business and Professions Code (Code) unless otherwise  
5 indicated.

6 4. Section 2004 of the Code states:

7 The board shall have the responsibility for the following:

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

(b) The administration and hearing of disciplinary actions.

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

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

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

15

16 5. Section 2220 of the Code states:

17        Except as otherwise provided by law, the board may take action against all  
18        persons guilty of violating this chapter. The board shall enforce and administer this  
19        article as to physician and surgeon certificate holders, including those who hold  
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 ...

21 6. Section 2227 of the Code states:

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

26 (2) Have his or her right to practice suspended for a period not to exceed one year 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.

## **STATUTORY PROVISIONS**

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.

•

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 constitutes unprofessional conduct.

9. Unprofessional conduct under Business and Professions Code section 2234 is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine.<sup>1</sup>

1111

<sup>1</sup> *Shea v. Board of Medical Examiners*, (1978) 81 Cal.App.3d 564, 575.

## **COST RECOVERY**

10. 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        11. At all relevant times, Respondent was a practicing cardiothoracic surgeon in  
10 California.

**Patient A:**<sup>2</sup>

12        12. Respondent first encountered Patient A, then a 41-year old female, on or about  
13 November 5, 2018.

13. In or around 2012, at age 34, Patient A had been found to have a thoracic ascending  
14 aortic aneurysm. On or about June 13, 2018, Patient A had a transthoracic echocardiogram  
15 (TTE)<sup>3</sup> in her cardiologist's office and on or about October 15, 2018, she underwent a computed  
16 tomography (CT) scan<sup>4</sup> to evaluate the aorta.  
17

18        14. The TTE measured Patient A's aortic root to be 3.2-3.6 cm, whereas the CT scan  
19 measured Patient A's aortic root to be 5.6 cm.

15. Patient A was referred to Respondent by her cardiologist.

21 | // /

22 | 111

<sup>2</sup> The patient's name is known to all parties but not disclosed herein for privacy reasons.

<sup>3</sup> An echocardiogram is a still or moving image of the internal parts of the heart using ultrasound. A transthoracic echocardiogram (TTE) is the most common type of echocardiogram, in which the probe is placed on the chest or abdomen of the subject. A transesophageal echocardiogram (TEE) involves passing the probe into the patient's esophagus.

27           <sup>4</sup> A CT scan is a procedure that uses a computer linked to an x-ray machine to make a  
28 series of detailed pictures of areas inside the body. The pictures are taken from different angles  
and are used to create 3-dimensional (3-D) views of tissues and organs. A dye may be injected  
into a vein or swallowed to help the tissues and organs show up more clearly.

1       16. On or about November 5, 2018, Respondent met with and evaluated Patient A and  
2 reviewed the October 2018 CT report. In his office consultation note, under assessment and plan,  
3 Respondent wrote:

4       This is a 41-year old female with an aortic root aneurysm that has been enlarging  
5 based on the notes, although, the CT studies are not available to further evaluate. The  
6 patient has been under the care of [her cardiologist] and has had echocardiograms  
7 performed. **I would like to get more information regarding her echocardiogram.**  
8       ... If the aortic valve is intact, a valve sparing aortic root repair would be a very good  
9 option. If there is significant aortic insufficiency, aortic root repair would be a very  
10 good option. If there is significant aortic insufficiency, aortic root replacement with  
11 reimplantation of the coronaries (Bentall procedure) is recommended.

12       I will review the patient's echocardiogram and make plans accordingly.  
13 (Emphasis added.)

14       17. During an interview with the Board in March 2022 (the subject interview),  
15 Respondent stated that he subsequently reviewed the echocardiogram and the valve function, and  
16 concluded that "this is a normal valve function" and a "normal echo cardiogram." Patient A's  
17 ejection fraction<sup>5</sup> was thought to be around sixty percent ("in the sixties").

18       18. Respondent did not document his review of the echocardiogram or any of his findings  
19 in Patient A's chart.

20       19. Respondent saw Patient A again on or about December 10, 2018, and "had an  
21 extensive conversation with [Patient A] and her husband." He "explained the conduct of the  
22 procedure, the possible complications associated with it, and the postoperative course...." The  
23 plan was to perform the "repair of the ascending aortic aneurysm with valve<sup>6</sup>-sparing root  
24 remodeling" using the Florida sleeve technique,<sup>7</sup> sometime early in 2019.

25       <sup>5</sup> An ejection fraction is the volumetric fraction of fluid ejected from a heart chamber with  
26 each contraction. A normal ejection fraction is fifty percent or higher.

27       <sup>6</sup> The aortic valve is the final valve blood passes through when it exits the heart. It has  
28 three 'flaps' (called cusps or leaflets) that control the blood flow through the valve, full of fresh  
oxygen and nutrients to be delivered to the rest of the body. These cusps are known as the left  
coronary cusp, the right coronary cusp, and the non-coronary cusp.

29       <sup>7</sup> Aortic valve sparing operations were developed to preserve the native aortic valve  
30 during surgery for aortic root aneurysm as well as surgery for ascending aortic aneurysms with  
31 associated aortic insufficiency. There are essentially two types of aortic valve sparing operations:  
32 remodeling of the aortic root, and reimplantation of the aortic valve. The "Florida sleeve" is an  
aortic root remodeling technique that involves protecting the aortic root with a Dacron sleeve  
33 while leaving native tissue in place. It is a major procedure with known possible coronary  
34 arteries compression and distortion of the aortic valve.

1       20. On or about January 25, 2019, Patient A signed a “Consent to Surgery or Special  
2 Procedure” form. The intended procedure, to which Patient A consented, was described only as  
3 “Replacement of Ascending Aorta.”

4       21. Patient A was admitted to hospital on or about January 28, 2019. Respondent’s  
5 “History and physical” is essentially identical to his “Office Consultation” note of November  
6 2018, and repeats the statement, “I would like to get more information regarding her  
7 echocardiogram.”

8       22. Except for routine pre-operative bloodwork, no further diagnostic evaluation of  
9 Patient A’s history, aortic valve, aortic root, coronary arteries, or ascending aorta was performed.  
10 No other physicians were consulted.

11       23. On or about January 28, 2019, Patient A was taken to the operating room. After  
12 induction of anesthesia, an initial TEE<sup>8</sup> was performed. This resulted in “kind of a surprise  
13 finding” that Patient A had a bicuspid<sup>9</sup> aortic valve with mild aortic insufficiency,<sup>10</sup> and an  
14 ejection fraction “around 40%,” among other findings. Upon opening the aorta, Respondent  
15 observed that the right coronary cusp of the aortic valve was fused to the non-coronary cusp.

16       24. Respondent performed an aortic valve sparing root remodeling using the Florida  
17 sleeve technique. This included a single repair suture for an area of prolapse between the left and  
18 fused noncoronary/right coronary cusps “to prevent any further AI progression.”

19       ////

20       ////

---

21       <sup>8</sup> See fn. 3, above.

22       <sup>9</sup> A bicuspid aortic valve is an aortic valve that contains only two cusps (or flaps) instead  
23 of three.

24       <sup>10</sup> Aortic insufficiency (also known as aortic regurgitation) is a heart condition that affects  
25 the aortic valve and the flow of blood through it to the heart. This condition develops when the  
26 aortic valve is damaged. If the cusps fail to close tightly, the result is a leaky aortic valve,  
27 causing aortic insufficiency. Instead of all the blood flowing out to the aorta and the body, some  
28 of the blood flows backward into the left ventricle. This means the left ventricle never quite  
empties of blood before the next load of blood arrives from the left atrium. As a result, the left  
ventricle must expand to accommodate the leftover blood and the new blood. The heart muscle  
also has to work extra hard to pump out the blood. The extra work strains the heart muscle and  
raises the blood pressure in the heart.

1       25. After this initial repair, the TEE demonstrated significantly decreased left ventricular  
2 function with new, significant, aortic insufficiency and mitral regurgitation.<sup>11</sup>

3       26. The suture was removed, and a separate subaortic graft anchoring suture thought to  
4 be tethering the mitral valve – thereby causing aortic insufficiency and mitral regurgitation – was  
5 removed. Following this correction, the TEE revealed a further decrease in biventricular function  
6 with continued severe aortic insufficiency and mitral regurgitation.

7       27. The aortic valve was then replaced with a mechanical valve. Afterward, the TEE  
8 revealed severe biventricular failure with an akinetic<sup>12</sup> left ventricle and a severely hypokinetic  
9 right ventricle with no aortic insufficiency and trace mitral regurgitation.

10      28. Possible causes of the biventricular failure were considered. An in-operating room  
11 discussion was held with an Interventional Cardiologist. This interaction was not dictated in the  
12 Operative Report by Respondent.

13      29. The left main coronary artery was probed with a right angle. Color flow Doppler  
14 ultrasound was performed to document flow in the coronary arteries and to probe the coronary  
15 arteries. Respondent did not document performance of the Doppler ultrasound or the direct  
16 probing of coronary artery ostia in Patient A's chart.

17      30. Respondent determined that both coronaries had flow in them. With patency and  
18 flow "proven," Respondent decided that a coronary angiogram<sup>13</sup> was unnecessary. An intra-  
19 aortic balloon pump (IABP<sup>14</sup>) was placed without significant improvement.

20      <sup>11</sup> The mitral valve helps blood flow in the correct direction between the left heart  
21 chambers: from the left atrium to the left ventricle. Mitral regurgitation is leakage of blood  
22 backward through the mitral valve each time the left ventricle contracts. Some blood flows from  
the ventricle through the aortic valve - as it should - and some blood flows back into the atrium.

23      <sup>12</sup> Akinesia means lack of movement or contraction of a region of the heart muscle.  
Hypokinesia means abnormally reduced movement or contraction of a segment of the heart  
24 muscle.

25      <sup>13</sup> Coronary angiography is a procedure that uses a special dye (contrast material) and x-  
rays to see how blood flows through the coronary arteries of the heart and to detect obstruction. It  
26 is considered the standard of care in evaluation of the coronary arteries.

27      <sup>14</sup> The intra-aortic balloon pump is a mechanical device that increases myocardial oxygen  
28 perfusion and indirectly increases cardiac output. It consists of a thin, flexible tube called a  
catheter that has a long balloon attached to its tip. The balloon is inserted into the aorta. The

1       31. Patient A was transitioned from cardiopulmonary bypass to VA-ECMO<sup>15</sup> using the  
2 arterial and venous cannulas already in place.

3       32. Respondent did not perform a coronary angiogram following placement of Patient A  
4 on VA-ECMO.

5       33. Following surgery, Patient A was managed in the ICU before being transferred to  
6 UCLA on IABP and VA-ECMO.

7       34. An angiogram performed at UCLA demonstrated ninety percent occlusion of the left  
8 main coronary artery and no flow in the circumflex artery.<sup>16</sup> The mechanical valve in the aortic  
9 position did not open. There was significant clot and associated sludge present in the left  
10 ventricular outflow tract, suggesting significant thrombosis of the valve.

11 **Patient B:**

12       35. Patient B, then an 83-year old male, was admitted to hospital on or about November  
13 7, 2019, with severe mitral regurgitation and single-vessel coronary artery disease.

14       36. On or about November 8, 2019, Respondent was consulted for Patient B's severe  
15 mitral regurgitation "of 4+ severity."

16       37. On or about November 11, 2019, Respondent performed a mitral valve  
17 repair/replacement, single coronary artery bypass grafting, and left atrial appendage ligation.

18       38. Respondent's operative report documents placement of a Swan-Ganz catheter:  
19       Swan ganz catheter placed through the Cordis with the tip in the main pulmonary  
20 artery as verified by pressure tracing.

21       other end of the catheter attaches to a computer console that has a mechanism for inflating and  
22 deflating the balloon at the proper time when the heart beats. An IABP allows blood to flow  
23 more easily into the coronary arteries and helps the heart pump more blood with each contraction.

24       <sup>15</sup> Extracorporeal membrane oxygenation (ECMO) pumps and oxygenates blood outside  
25 the body, providing prolonged cardiac and respiratory support to persons whose heart and lungs  
26 are unable to provide an adequate amount of gas exchange or perfusion to sustain life. ECMO is  
27 used for longer-term support ranging from three to ten days. Veno-arterial ECMO (VA-ECMO)  
28 supports both heart and lung function, as opposed to veno-venous ECMO (VV-ECMO) which  
supports lung function primarily.

29       <sup>16</sup> The circumflex artery is one of two branches of the left main coronary artery. It is  
30 responsible for the supply of oxygenated blood to the heart's left pumping chambers – the left  
31 atrium and the posterior-lateral aspect of the left ventricle.

1           39. According to Respondent's notes, the procedures were uneventful, and Patient B was  
2 transferred to intensive care after surgery.

3           40. When Respondent later evaluated Patient B in intensive care, he noted in his progress  
4 note:

5           This Swan-Ganz catheter is not functioning and we are unable to get any reading off  
6 of the catheter. I am concerned that this Swan-Ganz catheter may have entrapped in  
7 the heart and need removal under direct vision.

8           41. The same day, Patient B was returned to the operating room for removal of the  
9 catheter under direct vision.<sup>17</sup>

10          42. Respondent's second operative note includes the "pre-operative diagnosis" as  
11 "[m]alfunctioning Swan-Ganz catheter, inability to remove the catheter."

12          43. Respondent's second operative note includes the following description of the  
13 procedure:

14          An incision was made in the right atrium and extended toward the SVC [superior  
15 vena cava]. Swan-Ganz catheter was identified. It was entrapped in the fold of tissue  
16 between the right atrial and left atrial suture lines. Attempts in pulling the catheter  
17 were not successful. The catheter was then cut in the middle portion and both pieces  
18 were removed completely.

19          44. The following day, on or about November 12, 2019, Patient B was extubated and  
20 progressively improved.

21          45. On or about November 13, 2019, a chest X-ray revealed a retained Swan-Ganz  
22 catheter fragment measuring 2 cm at the caval atrial junction.

23          46. On or about November 14, 2019, computer tomography of the chest without contrast  
24 confirmed:

25          Retained catheter fragment at the caval atrial junction measuring 2 cm is  
26 redemonstrated and appears stable in positioning to 11/13/2019 x-ray.

27          47. On or about November 16, 2019, Patient B was discharged home with a piece of  
28 retained catheter in his heart.

29  
30          <sup>17</sup> Swan-Ganz catheterization is an important technique for monitoring perioperative and  
31 postoperative cardiac pressures during open heart surgery. Although a rare condition, resistance  
32 may be encountered while removing the catheter postoperatively and its removal must be  
33 accomplished through surgery.

## **FIRST CAUSE FOR DISCIPLINE**

### **(Gross Negligence)**

48. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patient B, as more fully set out in paragraphs 35 through 47, above, which are hereby realleged and incorporated by this reference as if fully set forth herein, and that includes, but is not limited to:

49. Respondent failed to ensure the complete removal of the Swan-Ganz catheter from Patient B.

## **SECOND CAUSE FOR DISCIPLINE**

### **(Repeated Acts of Negligence)**

50. Respondent is further subject 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 and Patient B that include, but are not limited to:

51. Paragraphs 11 through 49, above, are hereby realleged and incorporated by this reference as if fully set forth herein.

52. Respondent failed to document preoperative review of Patient A's echocardiogram prior to surgery.

53. Respondent failed to document an appropriate informed consent for Patient A's open-heart surgery.

54. Respondent failed to document performance of a Doppler ultrasound of Patient A's coronary arteries as well as direct probing of the coronary artery ostia.

55. Respondent failed to perform coronary angiography after Patient A's placement onto VA-ECMO to evaluate flow in the coronary arteries.

### **THIRD CAUSE FOR DISCIPLINE**

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

56. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate records

1 of his care and treatment of Patient A, as more particularly alleged in paragraphs 11 through 34,  
2 above, which are hereby realleged and incorporated by this reference as if fully set forth herein.

3 **FOURTH CAUSE FOR DISCIPLINE**

4 **(General Unprofessional Conduct)**

5 57. Respondent is further subject to disciplinary action under section 2234 of the Code in  
6 that he has engaged in conduct which breaches the rules or ethical code of the medical profession,  
7 or conduct that is unbecoming to a member in good standing of the medical profession, and which  
8 demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 11  
9 through 56, above, which are hereby realleged and incorporated by this reference as if fully set  
10 forth herein.

11 **DISCIPLINARY CONSIDERATIONS**

12 58. To determine the degree of discipline, if any, to be imposed on Respondent Reza  
13 Khodaverdian, M.D., Complainant alleges that on or about September 9, 2022, in a prior  
14 disciplinary action titled *In the Matter of the Accusation Against Reza Khodaverdian, M.D.*,  
15 before the Medical Board of California in Case Number 800-2018-043744, Respondent's license  
16 was Publicly Reprimanded for repeated negligent acts in his care and treatment of a single patient  
17 on or about or between May 1 and May 2, 2018. That decision is now final and is incorporated  
18 by reference as if fully set forth herein.

19 **PRAYER**

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

22 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 127413, issued  
23 to Respondent Reza Khodaverdian, M.D.;

24 2. Revoking, suspending or denying approval of Respondent Reza Khodaverdian,  
25 M.D.'s authority to supervise physician assistants and advanced practice nurses;

26 3. Ordering Respondent Reza Khodaverdian, M.D., to pay the Board the costs of the  
27 investigation and enforcement of this case, and if placed on probation, the costs of probation  
28 monitoring; and

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

2                   DATED: MAR 12 2024

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

3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28