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

In the Matter of the Accusation Against: Ramin Mirhashemi, M.D. Physician's and Surgeon's Certificate No. G 86713 Respondent.	Case No.: 800-2022-091830

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 February 25, 2026.

IT IS SO ORDERED: January 26, 2026.

MEDICAL BOARD OF CALIFORNIA

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

ROB BONTA
Attorney General of California
TESSA L. HEUNIS
Supervising Deputy Attorney General
MARSHA E. BARR-FERNANDEZ
Deputy Attorney General
State Bar No. 200896
300 South Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6249
Facsimile: (916) 731-2117
E-mail: Marsha.BarrFernandez@doj.ca.gov
Attorneys for Complainant

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

In the Matter of the Accusation Against: **RAMIN MIRHASHEMI, M.D.** **23600 Telo Ave, Ste 250** **Torrance, CA 90505** **Physician's and Surgeon's Certificate No. G 86713,** Respondent.	Case No. 800-2022-091830 OAH No. 2025050028 **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 Marsha E. Barr-Fernandez, Deputy Attorney General.

2. Respondent Ramin Mirhashemi, M.D. (Respondent) is represented in this proceeding by attorney Thomas F. McAndrews, Esq., whose address is: Reback, McAndrews & Blessey, LLP, 1230 Rosecrans Avenue, Suite 450, Manhattan Beach, CA 90266.

3. On or about November 20, 2002, the Board issued Physician's and Surgeon's Certificate No. G 86713 to Ramin Mirhashemi, 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 Accusation No. 800-2022-091830, and will expire on September 30, 2026, unless renewed.

JURISDICTION

4. On April 4, 2025, Accusation No. 800-2022-091830 was filed before the Board and is currently pending against Respondent. A true and correct copy of the Accusation and all other statutorily required documents were properly served on Respondent on April 4, 2025. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A true and correct copy of Accusation No. 800-2022-091830 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in Accusation No. 800-2022-091830. Respondent has also carefully read, fully discussed with his counsel, and fully 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.

CULPABILITY

9. Respondent admits the truth of each and every charge and allegation in Accusation No. 800-2022-091830.

10. Respondent acknowledges the Disciplinary Order below serves to protect the public interest.

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11. Respondent agrees that his Physician's and Surgeon's Certificate No. G 86713 is subject to discipline and 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.

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. 800-2022-091830 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. G 86713 issued to Respondent RAMIN MIRHASHEMI, 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 this Decision on the following terms and conditions:

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year or eleven-month period 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, will be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

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

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

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

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

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

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

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

6. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, in the amount of $33,500.00 (thirty-three thousand five hundred dollars). 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, including expert review costs (if applicable).

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

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

8. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

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

on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

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

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

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

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

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

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

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

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

15. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2022-091830 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, Thomas F. McAndrews, Esq. I fully understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. G 86713. Having the benefit of counsel, 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: 10/4/2025

RAMIN MIRHASHEMI, M.D.
Respondent

I have read and fully discussed with Respondent Ramin Mirhashemi, 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: 10/5/25

THOMAS F. MCANDREWS, 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: 10/6/2025

Respectfully submitted,

ROB BONTA
Attorney General of California
TESSA L. HEUNIS
Supervising Deputy Attorney General

MARSHA E. BARR-FERNANDEZ
Deputy Attorney General
Attorneys for Complainant

LA2024605193

Exhibit A

Accusation No. 800-2022-091830

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
MARSHA E. BARR-FERNANDEZ
Deputy Attorney General
State Bar No. 200896
300 South Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6249
Facsimile: (916) 731-2117
E-mail: Marsha.BarrFernandez@doj.ca.gov
Attorneys for Complainant

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

In the Matter of the Accusation Against: **Ramin Mirhashemi, M.D.** **23600 Telo Ave, Ste 250** **Torrance, CA 90505** **Physician's and Surgeon's Certificate No. G 86713,** Respondent.	Case No. 800-2022-091830 **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 November 20, 2002, the Board issued Physician's and Surgeon's Certificate Number G 86713 to Ramin Mirhashemi, 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 September 30, 2026, unless renewed.

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 2004 of the Code states:

The board shall have the responsibility for the following:

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

(b) The administration and hearing of disciplinary actions.

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

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

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

(f) Approving undergraduate and graduate medical education programs.

(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(h) Issuing licenses and certificates under the board's jurisdiction.

(i) Administering the board's continuing medical education program.

5. Section 2220 of the Code states:

Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. The board shall enforce and administer this 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 including, but not limited to:

(a) Investigating complaints from the public, from other licensees, from health care facilities, or from the board that a physician and surgeon may be guilty of unprofessional conduct. The board shall investigate the circumstances underlying a report received pursuant to Section 805 or 805.01 within 30 days to determine if an interim suspension order or temporary restraining order should be issued. The board shall otherwise provide timely disposition of the reports received pursuant to Section 805 and Section 805.01.

(b) Investigating the circumstances of practice of any physician and surgeon where there have been any judgments, settlements, or arbitration awards requiring the physician and surgeon or his or her professional liability insurer to pay an amount in damages in excess of a cumulative total of thirty thousand dollars ($30,000) with respect to any claim that injury or damage was proximately caused by the physician's and surgeon's error, negligence, or omission.

(c) Investigating the nature and causes of injuries from cases which shall be reported of a high number of judgments, settlements, or arbitration awards against a physician and surgeon.

6. Section 2227 of the Code states:

(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

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

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

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

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

(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

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

7. Section 2228 of the Code states:

The authority of the board or the California Board of Podiatric Medicine to discipline a licensee by placing him or her on probation includes, but is not limited to, the following:

(a) Requiring the licensee to obtain additional professional training and to pass an examination upon the completion of the training. The examination may be written or oral, or both, and may be a practical or clinical examination, or both, at the option of the board or the administrative law judge.

(b) Requiring the licensee to submit to a complete diagnostic examination by one or more physicians and surgeons appointed by the board. If an examination is ordered, the board shall receive and consider any other report of a complete diagnostic examination given by one or more physicians and surgeons of the licensee's choice.

(c) Restricting or limiting the extent, scope, or type of practice of the licensee, including requiring notice to applicable patients that the licensee is unable to perform the indicated treatment, where appropriate.

(d) Providing the option of alternative community service in cases other than violations relating to quality of care.

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STATUTORY PROVISIONS

8. 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.

9. Section 2261 of the Code states:

Knowingly making or signing any certificate or other document directly or indirectly related to the practice of medicine or podiatry which falsely represents the existence or nonexistence of a state of facts, constitutes unprofessional conduct.

10. Section 2262 of the Code states:

Altering or modifying the medical record of any person, with fraudulent intent, or creating any false medical record, with fraudulent intent, constitutes unprofessional conduct.

In addition to any other disciplinary action, the Division of Medical Quality or the California Board of Podiatric Medicine may impose a civil penalty of five hundred dollars ($500) for a violation of this section.

11. 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.

12. Unprofessional conduct under section 2234 of the Code is conduct which breaches the rules or ethical code of the medical profession or conduct which is unbecoming a member in good standing of the medical profession and which demonstrates an unfitness to practice medicine. (*Shea v. Bd. of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

COST RECOVERY

13. 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).

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(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.

FACTUAL ALLEGATIONS

14. Respondent Ramin Mirhashemi, M.D. is an obstetrician and gynecologist who specializes in gynecologic oncology, which is a medical specialty that focuses on the diagnosis and treatment of cancers of the female reproductive system.

15. On or about August 16, 2021, Patient 1[1] was a then 48-year-old woman who sought gynecological care for uterine bleeding from Dr. B.S. An ultrasound examination of the uterus performed by Dr. B.S. on that date revealed Patient 1 had multiple uterine fibroids and possible uterine polyps. Also on that date, Dr. B.S. ordered lab tests, including but not limited to, a hereditary cancer test for Patient 1 to identify risks for common hereditary cancer syndromes.

16. On or about August 28, 2021, Patient 1's hereditary cancer test results returned with a positive finding for a pathogenic variant in the BRCA2 gene and a variant of uncertain significance in the MSH6 gene. The finding of a pathogenic variant in the BRCA2 gene is

[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 herein.

associated with increased risks of certain cancers, including breast and ovarian cancer. A variant of uncertain significance means that a change in the DNA was detected, but there is not enough information to determine whether the change increases the risk of cancer. Variants of uncertain significance are common, and many represent normal human variation.

17. On or about September 9, 2021, Dr. B.S. referred Patient 1 to Respondent for consultation for "abnormal BRCA2 positive and abnormal uterine bleeding."

18. On or about September 28, 2021, Patient 1 presented to Respondent's office. Per the note authored by Respondent on that date, Respondent's impression was that Patient 1 had a "high risk for cancer with BRCA2 and MSH6+. [S]he also has menometrorrhagia[2] and uterine mass..." Respondent documented that he discussed with Patient 1 the risks of ovarian and endometrial cancer, and that "[s]ince she is BRCA 2 positive her risk of ovarian cancer will be significant in the 5th decade of life." The record does not include examination findings indicative of pelvic organ prolapse (POP)[3] or documentation of counseling regarding the options for POP or the indication for uterosacral ligament suspension (USLS).[4] Respondent noted that Patient 1 indicated "she would like to have another 2 years of estrogen prior to risk reducing bilateral salpingo-oophorectomy (BSO).[5] Respondent performed an in-office endometrial biopsy[6] on

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[2] Menometrorrhagia is abnormal uterine bleeding between monthly periods, prolonged bleeding, or an extremely heavy period. Possible causes include fibroids, polyps, hormone changes, and in some cases, cancer.

[3] Pelvic organ prolapse (POP) is a condition where weak muscles in the pelvis cause one or more organs (vagina, uterus, bladder and rectum) to drop from their typical positions.

[4] Uterosacral ligament suspension is a surgical procedure to restore the support of the top of the vagina after hysterectomy.

[5] Bilateral salpingo-oophorectomy is a surgical procedure in which both of the ovaries and the fallopian tubes are removed.

[6] An endometrial biopsy is a procedure used to diagnose endometrial cancer or find the cause of irregular bleeding. The tissue sample obtained during the biopsy is examined by a pathologist to check for abnormal cells and early cancer signs.

Patient 1. The treatment plan to address the BRCA 2 mutation and abnormal bleeding was for Patient 1 to undergo surgery, including but not limited to, a robot-assisted total laparoscopic hysterectomy,[7] bilateral salpingectomy,[8] and bilateral USLS. The surgery was scheduled to take place at Torrance Memorial Medical Center (TMMC or Hospital) on November 12, 2021. There is no documentation by Respondent in the office note of September 28, 2021, that an endometrial biopsy was performed. There also is no documentation that Respondent discussed and/or counseled Patient 1 regarding the indication for biopsy or the indication for USLS.

19. On or about October 4, 2021, the endometrial biopsy pathology report for the in-office biopsy of September 28, 2021, became available. The pathology report states the examination of the endometrial biopsy revealed "poorly differentiated carcinoma," with a comment that "[t]he above findings may fit with poorly differential (sic) endometrial carcinoma, figo (sic) grade 3."[9] The report includes a notation that Respondent's receptionist, R.Z., was informed of the results by the pathologist, Dr. S.V., on October 1, 2021, and that the "[r]eport will be faxed." A copy of the pathology report is not included in Respondent's medical chart for Patient 1.

20. Respondent's medical chart for Patient 1 includes a document generated by Respondent titled "Telephone Message" dated October 7, 2021, and timed at 5:45 p.m. That document indicates, among other things, that on October 7, 2021, Respondent spoke with Patient 1 and "patient informed on the biopsy done on 9/28. [S]he was told of the cancer diagnosis." Patient 1 denies that Respondent informed her of the cancer diagnosis as indicated in the note dated October 7, 2021.

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[7] Robot-assisted total laparoscopic hysterectomy is a minimally invasive surgery in which surgeons remove the uterus with the help of robotic arms. In this type of surgery, the surgeon makes small incisions in the abdomen and uses robotic arms to separate the uterus from its surroundings.

[8] Bilateral salpingectomy is the surgical removal of both fallopian tubes.

[9] FIGO is an acronym for the International Federation of Gynecology and Obstetrics. FIGO developed a system to stage cancers that affect the female reproductive system, such as cervical, ovarian, and endometrial cancer.

21. On or about November 12, 2021, at 7:26 a.m., the day of Patient 1's scheduled hysterectomy, Respondent authored and signed Patient 1's History & Physical (H&P), which is part of Patient 1's Hospital chart. The Chief Complaint on the H&P states, "[Patient 1] states she has fibroids with abnormal uterine bleeding." The "History of Present Illness" on the H&P states "Patient [1] With (sic) genetic predisposition to Cancer (sic) here for robotic [total laparoscopic hysterectomy bilateral salpingo-oophorectomy]." The H&P does not mention the known endometrial cancer diagnosis.

22. On or about November 12, 2021, Respondent performed a robot-assisted total laparoscopic hysterectomy and bilateral salpingectomy on Patient 1, without complication. The procedure note by Respondent documents Patient 1's preoperative and postoperative diagnoses as, among other things, "genetic predisposition to ovarian and uterine cancer." The preoperative and postoperative diagnoses do not include endometrial cancer. The cervix, uterus, and bilateral fallopian tubes removed by Respondent during surgery went to the TMMC pathology lab for histopathological examination.

23. On or about November 22, 2021, Respondent and Patient 1 had a post-operative telehealth visit. Respondent noted in the visit note of that date that, "[u]nfortunately the pathology is still not back during this telehealth visit." Respondent recommended that Patient 1 follow-up the following week "by which time the pathology should be back so we can discuss that path (sic) report."

24. On or about November 25, 2021, the TMMC surgical pathology report became available. The report by the TMMC pathologist indicates that the slides were sent to expert consultants from Brigham and Women's Hospital (BWH) in Boston, Massachusetts, and that the diagnosis was rendered by those experts. The report from BWH states that BWH received the tissue slides for consult on November 18, 2021, and that examination of the endomyometrium revealed a "poorly differentiated endometrial carcinoma," with tumor invading <50% of the myometrial thickness and lymphovascular space invasion (LVSI)[10] present.

[10] LVSI is the invasion of a cancer to the blood vessels and/or lymphatics. The finding is important because LVSI is a risk factor for metastasis and worse prognosis.

25. On or about December 2, 2021, Respondent and Patient 1 had another telehealth visit for "postop evaluation of her pathology which surprisingly did come back with endometrial adenocarcinoma." Respondent noted that "unfortunately this disease appears to be a grade 3 lesion with lymphovascular space invasion." Respondent noted that lymph node dissection[11] and oophorectomy[12] were not performed during the surgery of November 12, 2021. Respondent noted that he offered Patient 1 the option of going back to surgery for robotic staging with lymph node dissection and bilateral oophorectomy. Respondent also referred Patient 1 for radiation oncology consultation. Respondent's plan was to wait for Patient 1's decision on how she wished to proceed. There is no documentation that Respondent considered, discussed, or recommended to Patient 1 that she undergo imaging, including but not limited to, CT scan of the chest/abdomen/pelvis, for evaluation of metastatic disease for high-grade carcinoma.

26. On or about December 9, 2021, Patient 1 presented to radiation oncologist, Dr. C.S., for radiation oncology consultation. Dr. C.S. noted that Patient 1 was seen by Respondent to "discuss uterine treatment options," and that Patient 1 underwent a hysterectomy on November 12, 2021, at which time a lymph node dissection was not performed, and that "as far as I can tell, the patient actually did not have a known diagnosis of cancer." Per Dr. C.S.'s note of December 9, 2021, Dr. C.S. recommended Patient 1 undergo brachytherapy[13] and possibly whole-pelvis radiation "given high-grade disease and no lymph node dissection." Patient 1 indicated to Dr. C.S. that she "wished to maximally reduce her risk of locoregional recurrence and would like to proceed with pelvic radiation." Dr. C.S. also noted that "[Dr. C.S.] told [Patient 1] the additional benefit of pelvic radiation is probably modest, but she accepts this and would like to proceed in this manner."

27. On or about December 28, 2021, Patient 1 transferred care to physicians in Arizona and was not seen by Respondent again.

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[11] Lymph node dissection is the removal and dissection of lymph nodes to check for cancer spread.

[12] Oophorectomy is the surgical removal of the ovaries.

[13] Brachytherapy is a form of targeted radiation therapy, which in the case of uterine cancer, radiation treatment is delivered via a small cylinder placed in the vaginal canal.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

28. Respondent Ramin Mirhashemi, M.D. is subject to disciplinary action under section 2234, subdivision (b), of the Code in that Respondent was grossly negligent in the care and treatment of Patient 1. The circumstances are as follows:

29. The facts and allegations set forth in paragraphs 14 through 27, above, are realleged herein as if fully set forth.

30. The standard of care requires physicians to keep accurate and adequate medical records for each patient. Medical records serve as the repository of medical facts and clinical thinking and are a vehicle of communication about a patient's condition to those who access the health record. The primary purpose of the medical record is to document the care provided to a patient during a specific encounter. The record should include information about assessments, diagnoses, treatments, procedures performed, tests ordered, the clinical indication for tests or procedures ordered and/or performed, test results, treatment discussions and recommendations, and treatment plans. The standard of care also requires physicians to, among other things, promptly review test results, to accurately interpret and/or understand the clinical significance of test results, to communicate test results to patients, to counsel patients about test results, to discuss the clinical significance and implications of test results with patients, and to discuss recommendations for ongoing treatment with patients.

31. With respect to Patient 1's care and treatment, Respondent either did not review and/or did not discuss the September 28, 2021, in-office endometrial biopsy results with Patient 1 prior to the November 12, 2021 surgery, or Respondent discussed the September 28, 2021, endometrial biopsy results with Patient 1 but failed to adequately discuss the implications of foregoing oophorectomy and lymph node evaluation during the surgery of November 12, 2021, in the setting of a known endometrial cancer diagnosis if that was Patient 1's decision. Respondent's failure to review the endometrial biopsy results of September 28, 2021, and/or failure to communicate to Patient 1 the endometrial biopsy results of September 28, 2021, and/or failure to adequately discuss with Patient 1 before the surgery of November 12, 2021, the

implications of foregoing oophorectomy and lymph node evaluation in the setting of a known endometrial cancer diagnosis, was an extreme departure from the standard of care.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

32. Respondent Ramin Mirhashemi, M.D. is subject to disciplinary action under section 2234, subdivision (c), of the Code in that Respondent committed repeated negligent acts in his care and treatment of Patient 1. The circumstances are as follows:

33. The facts and allegations set forth in the First Cause for Discipline are incorporated herein by reference as if fully set forth. Each act of gross negligence is also a negligent act.

34. In Respondent's note of September 28, 2021, Respondent documents that Patient 1 was "high risk for cancer due to BRCA 2 and MSH6+." In the operative note of November 12, 2021, Respondent documented that Patient 1 had a genetic predisposition to ovarian and uterine cancer. In correspondence to the Board of November 28, 2022, Respondent indicated that he "did recommend that [Patient 1] remove her ovaries, fallopian tubes as well as her uterus given the abnormal bleeding and MSH6+." Respondent repeatedly described MSH6, a variant of uncertain significance, as a MSH6 mutation and made treatment recommendations based on that variant of uncertain significance. Respondent's reliance on a variant of uncertain significance to guide medical management is a simple departure from the standard of care.

35. Respondent's note of September 28, 2021, does not include any documentation of examination findings indicative of POP, including but not limited, a description of prolapse. The note also does not include documentation of counseling regarding the treatment options for POP and/or the indication for USLS. Respondent's failure to document the examination findings indicative of POP and/or counsel Patient 1 regarding the treatment options for POP and indication for USLS is a simple departure from the standard of care.

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THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

36. Respondent Ramin Mirhashemi, M.D. is subject to disciplinary action under section 2266 of the Code in that Respondent failed to maintain adequate and accurate records during his care and treatment of Patient 1. The circumstances are as follows:

37. The facts and allegations set forth in the First and Second Causes for Discipline are incorporated herein by reference as if fully set forth.

FOURTH CAUSE FOR DISCIPLINE

(Dishonest or Corrupt Acts)

38. Respondent Ramin Mirhashemi, M.D. is subject to disciplinary action under section 2234, subdivision (e), of the Code in Respondent committed acts involving dishonesty or corruption that are substantially related to the qualifications, functions, or duties of a physician and surgeon with respect to the care and treatment of Patient 1 and Respondent's documentation of the October 7, 2021, telephone message. The circumstances are as follows:

39. The facts and allegations set forth in the First, Second, and Third Causes for Discipline are incorporated herein by reference as if fully set forth.

FIFTH CAUSE FOR DISCIPLINE

(False Representation of Facts)

40. Respondent Ramin Mirhashemi, M.D. is subject to disciplinary action under section 2261 of the Code in that Respondent knowingly made or signed a document directly or indirectly related to the practice of medicine which falsely represents the existence or nonexistence of a state of facts with respect to the care and treatment of Patient 1, including but not limited to, Respondent's documentation of the October 7, 2021, telephone message. The circumstances are as follows:

41. The facts and allegations set forth in the First, Second, Third, and Fourth Causes for Discipline are incorporated herein by reference as if fully set forth.

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SIXTH CAUSE FOR DISCIPLINE

(Alteration of Medical Records)

42. Respondent Ramin Mirhashemi, M.D. is subject to disciplinary action under section 2262 of the Code in that Respondent altered or modified the medical record of Patient 1, with fraudulent intent, or created a false medical record, with fraudulent intent, with respect to the care and treatment of Patient 1, including but not limited to, Respondent's documentation of the October 7, 2021, telephone message. The circumstances are as follows:

43. The facts and allegations set forth in the First, Second, Third, Fourth, and Fifth Causes for Discipline are incorporated herein by reference as if fully set forth.

SEVENTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

44. Respondent Ramin Mirhashemi, M.D. is subject to disciplinary action under section 2234, subdivision (a), of the Code in that Respondent engaged in conduct that breached the rules or ethical code of the medical profession and/or which was unbecoming of a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. The circumstances are as follows:

45. The facts and allegations set forth in the First, Second, Third, Fourth, Fifth, and Sixth Causes for Discipline are incorporated herein by reference as if fully set forth.

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 Number G 86713, issued to Respondent Ramin Mirhashemi, M.D.;

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

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

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

DATED: APR 04 2025

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

LA2024605193