

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

**In the Matter of the Accusation** )  
**Against:** )  
 )  
 )  
**HRACH KHUDATYAN, M.D.** )  
 )  
**Physician's and Surgeon's** )  
**Certificate No. A 60871** )  
 )  
**Respondent** )  
\_\_\_\_\_ )

**Case No. 17-2010-211671**

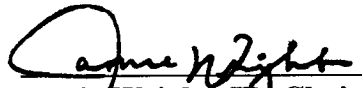
**DECISION**

**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 March 11, 2015.**

**IT IS SO ORDERED: February 9, 2015.**

**MEDICAL BOARD OF CALIFORNIA**

  
\_\_\_\_\_  
**Jamie Wright, JD, Chair  
Panel A**

1 KAMALA D. HARRIS  
Attorney General of California  
2 ROBERT MCKIM BELL  
Supervising Deputy Attorney General  
3 CINDY M. LOPEZ  
Deputy Attorney General  
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*Attorneys for Complainant*

7  
8 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
9 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

10 In the Matter of the Accusation Against:

Case No. 17-2010-211671

11 HRACH KHUDATYAN, M.D.  
12 134 N. Glendale Avenue  
Glendale, CA 91206  
13 Physician's and Surgeon's Certificate No. A  
60871

OAH No. 2014010084

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

14 Respondent.  
15

16  
17 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
18 entitled proceedings that the following matters are true:

19 PARTIES

20 1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical  
21 Board of California. She brought this action solely in her official capacity and is represented in  
22 this matter by Kamala D. Harris, Attorney General of the State of California, by Cindy M. Lopez,  
23 Deputy Attorney General.

24 2. Respondent Hrach Khudatyan M.D. ("Respondent") is represented in this proceeding  
25 by attorney Richard A. Moss, Esq., whose address is: 255 South Marengo Avenue  
26 Pasadena, CA 91101-2719

27 3. On or about September 12, 1996, the Medical Board of California issued Physician's  
28 and Surgeon's Certificate No. A 60871 to Respondent. The Physician's and Surgeon's Certificate

1 was in full force and effect at all times relevant to the charges brought in Accusation No. 17-  
2 2010-211671 and will expire on May 31, 2016, unless renewed.

3 JURISDICTION

4 4. Accusation No. 17-2010-211671 was filed before the Medical Board of California  
5 (Board), Department of Consumer Affairs, and is currently pending against Respondent. The  
6 Accusation and all other statutorily required documents were properly served on Respondent on  
7 May 16, 2013. Respondent timely filed his Notice of Defense contesting the Accusation.

8 5. A copy of Accusation No. 17-2010-211671 is attached as exhibit A and incorporated  
9 herein by reference.

10 ADVISEMENT AND WAIVERS

11 6. Respondent has carefully read, fully discussed with counsel, and understands the  
12 charges and allegations in Accusation No. 17-2010-211671. Respondent has also carefully read,  
13 fully discussed with counsel, and understands the effects of this Stipulated Settlement and  
14 Disciplinary Order.

15 7. Respondent is fully aware of his legal rights in this matter, including the right to a  
16 hearing on the charges and allegations in the Accusation; the right to be represented by counsel at  
17 his own expense; the right to confront and cross-examine the witnesses against him; the right to  
18 present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel  
19 the attendance of witnesses and the production of documents; the right to reconsideration and  
20 court review of an adverse decision; and all other rights accorded by the California  
21 Administrative Procedure Act and other applicable laws.

22 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and  
23 every right set forth above.

24 CULPABILITY

25 9. Respondent understands and agrees that the charges and allegations in Accusation  
26 No. 17-2010-211671, if proven at a hearing, constitute cause for imposing discipline upon his  
27 Physician's and Surgeon's Certificate.



1 stayed and Respondent is placed on probation for five (5) years on the following terms and  
2 conditions.

3 1. EDUCATION COURSE. Within 60 calendar days of the effective date of this  
4 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
5 for its prior approval educational program(s) or course(s) which shall not be less than 20 hours  
6 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at  
7 correcting any areas of deficient practice or knowledge and shall be Category I certified. The  
8 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to  
9 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
10 completion of each course, the Board or its designee may administer an examination to test  
11 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 45  
12 hours of CME of which 20 hours were in satisfaction of this condition.

13 2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
14 date of this Decision, Respondent shall enroll in a course in medical record keeping equivalent to  
15 the Medical Record Keeping Course offered by the Physician Assessment and Clinical Education  
16 Program, University of California, San Diego School of Medicine (Program), approved in  
17 advance by the Board or its designee. Respondent shall provide the program with any information  
18 and documents that the Program may deem pertinent. Respondent shall participate in and  
19 successfully complete the classroom component of the course not later than six (6) months after  
20 Respondent's initial enrollment. Respondent shall successfully complete any other component of  
21 the course within one (1) year of enrollment. The medical record keeping course shall be at  
22 Respondent's expense and shall be in addition to the Continuing Medical Education (CME)  
23 requirements for renewal of licensure.

24 A medical record keeping course taken after the acts that gave rise to the charges in the  
25 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
26 or its designee, be accepted towards the fulfillment of this condition if the course would have  
27 been approved by the Board or its designee had the course been taken after the effective date of  
28 this Decision.

1 Respondent shall submit a certification of successful completion to the Board or its  
2 designee not later than 15 calendar days after successfully completing the course, or not later than  
3 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

24 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective  
25 date of this Decision, Respondent shall receive a notification from the Board or its designee to  
26 cease the practice of medicine within three (3) calendar days after being so notified. Respondent  
27 shall cease the practice of medicine until a monitor is approved to provide monitoring  
28 responsibility.

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

7 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
8 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
9 name and qualifications of a replacement monitor who will be assuming that responsibility within  
10 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
11 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
12 notification from the Board or its designee to cease the practice of medicine within three (3)  
13 calendar days after being so notified Respondent shall cease the practice of medicine until a  
14 replacement monitor is approved and assumes monitoring responsibility.

15 In lieu of a monitor, Respondent may participate in a professional enhancement program  
16 equivalent to the one offered by the Physician Assessment and Clinical Education Program at the  
17 University of California, San Diego School of Medicine, that includes, at minimum, quarterly  
18 chart review, semi-annual practice assessment, and semi-annual review of professional growth  
19 and education. Respondent shall participate in the professional enhancement program at  
20 Respondent's expense during the term of probation.

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

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

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

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

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

10 7. GENERAL PROBATION REQUIREMENTS.

11 Compliance with Probation Unit

12 Respondent shall comply with the Board's probation unit and all terms and conditions of  
13 this Decision.

14 Address Changes

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

20 Place of Practice

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

24 License Renewal

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

27 Travel or Residence Outside California

28 Respondent shall immediately inform the Board or its designee, in writing, of travel to any



1 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
2 (30) calendar days.

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

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

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

20 In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
21 months, Respondent shall successfully complete a clinical training program that meets the criteria  
22 of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and  
23 Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

26 Periods of non-practice will relieve Respondent of the responsibility to comply with the  
27 probationary terms and conditions with the exception of this condition and the following terms  
28 and conditions of probation: Obey All Laws; and General Probation Requirements.

1           10. COMPLETION OF PROBATION. Respondent shall comply with all financial  
2 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
3 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
4 be fully restored.

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

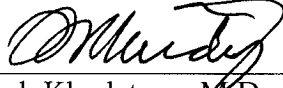
12           12. LICENSE SURRENDER. Following the effective date of this Decision, if  
13 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
14 the terms and conditions of probation, Respondent may request to surrender his or her license.  
15 The Board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

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

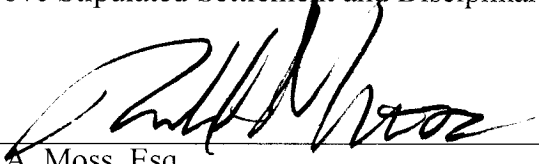
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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Richard A. Moss, Esq.. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 09/4/2014   
Hrach Khudatyan, M.D.  
Respondent

I have read and fully discussed with Respondent Hrach Khudatyan, 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: 9/15/14   
Richard A. Moss, Esq.  
Attorney for Respondent

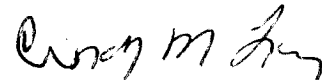
ENDORSEMENT

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

Dated: 12.30.2014

Respectfully submitted,

KAMALA D. HARRIS  
Attorney General of California  
ROBERT MCKIM BELL  
Supervising Deputy Attorney General



CINDY M. LOPEZ  
Deputy Attorney General  
*Attorneys for Complainant*

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EXHIBIT A

1 KAMALA D. HARRIS  
Attorney General of California  
2 ROBERT MCKIM BELL  
Supervising Deputy Attorney General  
3 CINDY M. LOPEZ  
Deputy Attorney General  
4 State Bar No. 119988  
California Department of Justice  
5 300 South Spring Street, Suite 1702  
Los Angeles, California 90013  
6 Telephone: (213) 897-7373  
Facsimile: (213) 897-9395  
7 *Attorneys for Complainant*

8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:  
12 HRACH KHUDATYAN, M.D.  
13 134 North Glendale Avenue  
14 Glendale, California 91206  
15 Physician's and Surgeon's Certificate A 60871,  
16 Respondent.

Case No. 17-2010-211671

**ACCUSATION**

18 Complainant alleges:

19 PARTIES

- 20 1. Linda K. Whitney (Complainant) brings this Accusation solely in her official capacity  
21 as the Executive Director of the Medical Board of California (Board).  
22 2. On or about September 12, 1996, the Board issued Physician's and Surgeon's  
23 Certificate number A 60871 to Hrach Khudatyan, M.D. (Respondent). That license was in full  
24 force and effect at all times relevant to the charges brought herein and will expire on May 31,  
25 2014, unless renewed.

26 //  
27 //  
28 //

JURISDICTION

1  
2       3.     This Accusation is brought before the Board under the authority of the following  
3 laws. All section references are to the Business and Professions Code unless otherwise indicated.

4       4.     Section 2227 of the Code provides that a licensee who is found guilty under the  
5 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed  
6 one year, placed on probation and required to pay the costs of probation monitoring, or such other  
7 action taken in relation to discipline as the Division deems proper.

8       5.     Section 2234 of the Code, states: <sup>1</sup>

9       "The board shall take action against any licensee who is charged with unprofessional  
10 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not  
11 limited to, the following:

12       "(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the  
13 violation of, or conspiring to violate any provision of this chapter.

14       "(b) Gross negligence.

15       "(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or  
16 omissions. An initial negligent act or omission followed by a separate and distinct departure from  
17 the applicable standard of care shall constitute repeated negligent acts.

18       "(1) An initial negligent diagnosis followed by an act or omission medically appropriate  
19 for that negligent diagnosis of the patient shall constitute a single negligent act.

20       "(2) When the standard of care requires a change in the diagnosis, act, or omission that  
21 constitutes the negligent act described in paragraph (1), including, but not limited to, a  
22 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the  
23 applicable standard of care, each departure constitutes a separate and distinct breach of the  
24 standard of care.

25 \_\_\_\_\_  
26       <sup>1</sup> California Business and Professions Code section 2002, as amended and effective  
27 January 1, 2008, provides that, unless otherwise expressly provided, the term "board" as used in  
28 the State Medical Practice Act (Bus. & Prof. Code § 2000, et seq.) means the "Medical Board of  
California," and references to the "Division of Medical Quality" and "Division of Licensing" in  
the Act or any other provision of law shall be deemed to refer to the Board.





1 2010); three echocardiograms (November 2006, October 2008, and November 2009); three  
2 abdominal ultrasounds (August 2007, August 2008, and September 2009); three renal ultrasounds  
3 (August 2007, June 2008, and August 2009); three pelvic ultrasounds (August 2007, June 2008,  
4 and September 2009); three aortic ultrasounds (August 07, August 2008, and September 2009)  
5 and three LE Venous Dopplers (March 2007, May 2008, and May 2009).<sup>2</sup>

6 B. On April 19, 2007, Respondent documented abdominal discomfort in his records.  
7 There was no differential diagnosis and no labs were ordered. He ordered an ultrasound of the  
8 abdomen, pelvis, aorta and a renal ultrasound. Less than four months later on August 6, 2007,  
9 there was similar documentation. On August 4, 2008, abdominal pain is briefly documented, but  
10 again no differential diagnosis is indicated nor were labs ordered. Respondent ordered an  
11 ultrasound of the abdominal aorta. On August 13, 2009, he documented abdominal pain. There  
12 was no differential diagnosis and no labs were ordered. Respondent only ordered an ultrasound  
13 of the abdomen and aorta.

14 C. On November 17, 2006, the patient presented with a complaint of chest pain and  
15 palpitations. Respondent ordered an echocardiogram but no EKG. He did not order a chest x-  
16 ray, lab tests or cardiac stress tests. On January 8, 2007, the chest pains and palpitations are  
17 documented again. There is a radiologist report on this patient for July 16, 2008 and June 30,  
18 2010 which suggests a cardiac stress test should be done, but none of this is addressed by  
19 Respondent.

20 Allegations of Gross Negligence:

21 D. Respondent misused ultrasounds to evaluate patient complaints. Respondent would  
22 document the same patient complaint each year and immediately proceed to an ultrasound.

23 E. Respondent committed an extreme departure from the standard of care for failing to  
24 take an adequate history, working up a differential diagnosis, and failing to order labs. Patients  
25 with persistent or ongoing abdominal pain should have a CT scan or endoscopy.

26  
27 <sup>2</sup> An echocardiogram is an ultrasound of the heart; LE Venous Doppler looks at the lower  
28 extremities, and veins in the legs.

1 F. Respondent committed an extreme departure from the standard of care for not  
2 appropriately evaluating chest pain.

3 9. Factual Allegations Regarding Patient S.K.:

4 A. Respondent saw the patient from March 27, 2001 through June 19, 2006, and he  
5 never referred her for any ultrasounds. Once he got his machine in November 2006, he did the  
6 following: four carotid ultrasounds (March 2007, February 2008, February 2009, and March  
7 2010); three abdominal ultrasounds (December 2006, November 2007, and June 2009); three  
8 renal ultrasounds (December 2006, November and June 2009); three pelvic ultrasounds  
9 (December 2006, November 2007, and June 2009); three aortic ultrasounds (December 2006,  
10 November 2007, and June 2009); and, three LE venous Dopplers (August 2006, July 2007, and  
11 July 2008).

12 B. On December 1, 2006, December 7, 2006, October 31, 2007, and June 29, 2009,  
13 Respondent documented abdominal pain. There was no differential diagnosis and no labs were  
14 ordered. On each date he ordered a group of four ultrasounds.

15 Allegations of Gross Negligence:

16 C. Respondent misused ultrasounds to evaluate patient complaints. Respondent would  
17 document the same patient complaint and immediately proceed to an ultrasound.

18 D. The Respondent committed an extreme departure from the standard of care by failing  
19 to take an adequate history, working up a differential diagnosis, and failing to order labs with  
20 regards to complaints of abdominal pain. Patients with persistent or ongoing abdominal pain  
21 should have a CT scan or endoscopy.

22 10. Factual Allegations re: Patient V.C.:

23 A. Respondent saw this patient from June 21, 2004 through Aug. 8, 2006, and he never  
24 referred her for any ultrasounds. Once he got his machine in November 2006, he did the  
25 following: three carotid ultrasounds (April 2007, July 2008, and May 2009) three  
26 echocardiograms (December 2007, and December 2008); three abdominal ultrasounds  
27 (September 2007, September 2008, and October 2009); three renal ultrasounds (September 2007,  
28 October 2008, and October 2009); three pelvic ultrasounds (September 2007, October 2008, and

1 October 2009); two aortic ultrasounds (September 2007 and September 2008); and two LE  
2 venous Dopplers (January 2007 and May 2008).

3 Allegations of Gross Negligence:

4 B. Respondent misused ultrasounds to evaluate patient complaints. Respondent would  
5 document the same patient complaint and immediately proceed to an ultrasound.

6 11. Factual Allegations re: Patient H.N.:

7 A. On May 28, 2008 and June 18, 2008, a renal cyst was identified. The cyst was  
8 identified as a simple cyst by ultrasound. Respondent did not comment on the cyst, he did not  
9 order a CT scan or any other imaging study to further evaluate it.

10 B. On March 15, 2007, April 28, 2008, September 30, 2010, and November 16, 2010,  
11 Respondent documented abdominal pain, but did not list a differential diagnosis, did not order lab  
12 tests, and there was minimal additional history.

13 Allegations of Gross Negligence:

14 C. The Respondent committed an extreme departure from the standard of care by failing  
15 to appropriately evaluate the renal cyst.

16 D. The Respondent committed an extreme departure from the standard of care by failing  
17 to take an adequate history, working up a differential diagnosis, and failing to order labs with  
18 regards to complaints of abdominal pain. Patients with persistent or ongoing abdominal pain  
19 should have a CT scan or endoscopy.

20 12. Factual Allegations re: Patient S.S.:

21 A. On April 21, 2009, a renal cyst was identified. Respondent did not comment on the  
22 cyst, he did not order a CT scan or any other imaging study to further evaluate it.

23 B. On May 26, 2009, Respondent documented abdominal discomfort. There was no  
24 differential diagnosis listed nor did Respondent order labs. He ordered an ultrasound only of the  
25 abdomen and aorta.

26 Allegations of Gross Negligence:

27 C. The Respondent committed an extreme departure from the standard of care by failing  
28 to appropriately evaluate the renal cyst.

1 D. The Respondent committed an extreme departure from the standard of care by failing  
2 to take an adequate history, working up a differential diagnosis, and failing to order labs to  
3 resolve the complaints of abdominal pain. Patients with persistent or ongoing abdominal pain  
4 should have a CT scan or endoscopy.

5 SECOND CAUSE FOR DISCIPLINE

6 (Repeated Negligent Acts- Patients M.S., S.K., V.C., H.N., and S.S.)

7 13. By reason of the facts set forth above in the First Cause for Discipline, Respondent is  
8 subject to disciplinary action for repeated negligent acts in his care and treatment of five patients,  
9 under section 2234, subdivision (c).

10 A. Patient M.S. On July 25, 2006, Respondent documented a complaint of dizziness. A  
11 carotid duplex was ordered. On January 14, 2009, he documented the same complaint but no  
12 further history. A carotid duplex was ordered even though the patient had one ordered on  
13 December 12, 2007. This was a simple departure for not appropriately evaluating dizziness.

14 B. Patient H.N. On August 30, 2006, the patient presented with episodes of dizziness.  
15 No neurologic exam is documented. A carotid duplex is ordered. On April 2, 2007, the patient  
16 presented for a follow up visit complaining of dizziness which had persisted since the visit on  
17 March 15, 2007. No neurologic exam is documented. This was a simple departure for not  
18 appropriately evaluating dizziness.

19 PRAYER

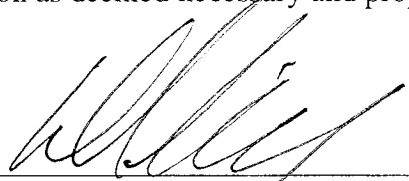
20 **WHEREFORE**, Complainant requests that a hearing be held on the matters herein alleged,  
21 and that following the hearing, the Medical Board of California issue a decision:

- 22 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 60871,  
23 issued to Respondent.
- 24 2. Revoking, suspending or denying approval of Respondent's authority to supervise  
25 physician assistants, pursuant to section 3527 of the Code;
- 26 3. If placed on probation, ordering him to pay the of probation monitoring;
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4. Taking such other and further action as deemed necessary and proper.

DATED: May 16, 2013



LINDA K. WHITNEY  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California

*Complainant*

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