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

In the Matter of the Accusation Against Alireza Pessaran, M.D. Physician's and Surgeon's Certificate No. A89855 Respondent.	Case No. 800-2016-024560

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 May 29, 2020.

IT IS SO ORDERED: April 30, 2020.

MEDICAL BOARD OF CALIFORNIA

Kristina Lawson

Kristina D. Lawson, J.D., Chair
Panel B

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Attorneys for Complainant

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

In the Matter of the Accusation Against:	Case No. 800-2016-024560
ALIREZA PESSARAN, M.D. **6437 Fair Oaks Blvd.** **Carmichael, CA 95608-1715** **Physician's and Surgeon's Certificate No. A 89855** Respondent.	OAH No. 2019090374 **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. Christine J. Lally[1] (Complainant) is the Interim Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Veronica Vo, Deputy Attorney General.

[1] Kimberly Kirchmeyer became the Director of the Department of Consumer Affairs on October 28, 2019. On that date, Ms. Lally became the Interim Executive Director of the Medical Board.

2. Respondent Alireza Pessaran, M.D. (Respondent) is represented in this proceeding by attorney Jeffrey S. Kravitz, Esq., whose address is: 1851 Heritage Lane, Suite 128, Sacramento, CA 95815

3. On or about January 12, 2005, the Board issued Physician's and Surgeon's Certificate No. A 89855 to Alireza Pessaran, 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. 800-2016-024560, and will expire on September 30, 2020, unless renewed.

JURISDICTION

4. Accusation No. 800-2016-024560 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on July 9, 2019. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2016-024560 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2016-024560. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

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CULPABILITY

9. Respondent admits that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-2016-024560, and agrees that he has thereby subjected his Physician's and Surgeon's Certificate No. A 89855 to disciplinary action.

10. Respondent further 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 Medical Board of California, all of the charges and allegations contained in Accusation No. 800-2016-024560 shall be deemed true, correct and fully admitted by Respondent for the purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California or elsewhere.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms 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. 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.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 89855 issued to Respondent Alireza Pessaran, M.D., is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years from the effective date of the Decision and Order on the following terms and conditions.

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices 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 prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A prescribing practices course taken after the acts that gave rise to the charges in the

Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

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

3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

4. 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 may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the program would have been approved by the Board or its designee had the program been taken after the effective date of this Decision.

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

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

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require Respondent's on-site participation for a minimum of three (3) and no more than five (5) days as determined by the program for the assessment and clinical education evaluation. Respondent shall pay all expenses associated with the clinical competence

assessment program.

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

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

If Respondent fails to enroll, participate in, or successfully complete the clinical competence assessment program within the designated time period, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The Respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical competence assessment program have been completed. If the Respondent did not successfully complete the clinical competence assessment program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.

Within 60 days after Respondent has successfully completed the clinical competence assessment program, Respondent shall participate in a professional enhancement program approved in advance by the Board or its designee, which shall include quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at Respondent's expense during the term of probation, or until the Board or its designee determines that further participation is no longer necessary.

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

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

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

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

The monitor(s) shall submit a quarterly written report to the Board or its designee which

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

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

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

7. 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.

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

9. 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.

10. 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.

11. 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(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.

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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.

12. 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.

13. 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's 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..

14. 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. Upon successful completion of probation, Respondent's certificate shall be fully restored.

15. 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.

16. 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.

17. 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.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Jeffrey S. Kravitz. 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: 3/18/20

ALIREZA PESSARAN, M.D.
Respondent

I have read and fully discussed with Respondent Alireza Pessaran, 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: 3-18-20

JEFFREY S. KRAVITZ, ESQ.
Attorney for Respondent

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ENDORSEMENT

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

DATED: 4/3/2020

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

Veronica Vo

VERONICA VO
Deputy Attorney General
Attorneys for Complainant

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO July 9 2019
BY: Patricia Lopez ANALYST

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

In the Matter of the Accusation Against: **ALIREZA PESSARAN, M.D.** 6437 Fair Oaks Blvd. Carmichael, CA 95608-1715 **Physician's and Surgeon's Certificate No. A 89855,** Respondent.	Case No. 800-2016-024560 **ACCUSATION**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about January 12, 2005, the Medical Board issued Physician's and Surgeon's Certificate No. A 89855 to Alireza Pessaran, 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, 2020, unless renewed.

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JURISDICTION

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

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

5. Section 2234 of the Code states, in pertinent part:

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

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

"(b) Gross negligence.

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

"(1) An initial negligent diagnosis followed by 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."

"..."

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6. Section 2266 of the Code states, in pertinent part:

"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."

7. Health and Safety Code Section 123110 states, in pertinent part:

"...Any adult patient of a health care provider, and any patient's personal representative shall be entitled to inspect patient records upon presenting to the health care provider a request for those records and upon payment of reasonable costs...A health care provider shall permit this inspection during business hours within five working days after receipt of the request. The inspection shall be conducted by the patient or patient's personal representative requesting the inspection, who may be accompanied by one other person of his or her choosing."

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

8. Respondent Alireza Pessaran, M.D., has subjected his Physician's and Surgeon's Certificate No. A 89855 to disciplinary action under sections 2227 and 2234, as defined by 2234, subdivision (b), of the Business and Professions Code, in that he was grossly negligent in his care and treatment of Patients A, B, C, and D[1] and in his practice of medicine, as more particularly alleged hereinafter:

BOARD'S INVESTIGATION

9. On or about July 19, 2016, the Board received a complaint alleging Respondent did not keep up-to-date medical records for patients, billed for services not provided, asked patients for money, and had cameras throughout his office.

10. On or about July 29, 2016, the Board received an 805 Report from S.I.P. (SIP) terminating Respondent's contract with SIP. During its investigation in 2016 of Respondent, SIP requested Respondent provide his medical charts for Patients A, B, C, and D. SIP also requested Respondent provide sign-in sheets for Patients A, B, C, and D. Respondent produced some of the medical records, but not all. Respondent claimed he could not obtain all of the patient records as

[1] To protect the privacy of the patients involved, the patient names have not been included in this pleading. Respondent is aware of the identity of the patients referred herein.

some of them had been stored in an electronic program he could not access. SIP provided the medical records they obtained from Respondent for Patients A, B, C, and D to the Board.

11. On or about August 31, 2016, a Division of Investigation Investigator (DOI Investigator) was assigned to investigate the complaints on behalf of the Board. On or about September 6, 2016, a DOI Investigator interviewed Dr. J.A., Chief Medical Officer for SIP. Dr. J.A. was contacted by a person alleging that Respondent only kept minimal notes for patient visits, and when charts were requested, he would have to create the charts from his minimal notes. The person also informed Dr. J.A. that Respondent left for a vacation and gave his medical assistant blank signed prescriptions with instructions to fill them out for patients who requested prescriptions. The person provided Dr. J.A. with the pre-signed prescriptions. When Dr. J.A. queried Respondent regarding the pre-signed blank prescriptions, Respondent response was, "I usually don't do that."

12. In or about February 2019, as part of the Board's investigation, a DOI Investigator requested that Respondent provide medical records for Patients A, B, C, and D by, on or about March 15, 2019. Respondent only provided records for Patient C prior to that deadline.

13. On or about March 20, 2019, Respondent finally provided the medical records for Patient B. Respondent's staff advised the medical records for Patient D would be available the following day.

14. On or about March 20, 2019, Respondent was asked to provide medical records for Patient A as soon as possible. Respondent was eventually given a deadline of April 4, 2019, to produce those records.

15. On or about March 21, 2019, Respondent's staff informed the DOI Investigator the medical records for Patient D were at Respondent's home. These records were not provided until hours later.

16. On or about April 8, 2019, Respondent had yet to provide the medical records for Patient A. Respondent's staff advised Patient A's medical records were at Respondent's home.

17. On or about April 9, 2019 Respondent finally provided Patient A's medical records.

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PATIENT A

18. Patient A was a patient with chronic pain from osteoarthritis, back surgery, peripheral vascular disease, and heart disease. Patient A was treated by Respondent from approximately 2015 through 2016.

19. On or about June 19, 2015. Patient A's insurance company was billed $415.30 for services rendered. The medical records that Respondent provided to SIP in 2016 did not include any chart notes for this date. The medical chart Respondent produced to the DOI Investigator on April 9, 2019, contained notes supporting the June 19, 2015 visit.

20. On or about July 24, 2015. Patient A's insurance company was billed $150 for services rendered. The medical records that Respondent provided to SIP in 2016 included a medical chart note with a recommendation for Norco without any other supporting documentation for that drug. The medical chart Respondent produced to the DOI Investigator on April 9, 2019, contained notes supporting the July 24, 2015, visit.

21. On or about September 23, 2015. Patient A's insurance company was billed $383 for services rendered. The medical records provided to SIP in 2016 included a medical chart note with a recommendation for Norco[2] and Soma[3] without any other supporting documentation for those drugs. Additionally, Respondent provided a patient sign-in sheet for September 23, 2015, and notably, Patient A's name was not on that sheet. The medical chart Respondent produced to the DOI Investigator on April 9, 2019, contained notes supporting the September 23, 2015, visit.

22. On or about November 12, 2015. Patient A's insurance company was billed $95 for services rendered. The medical records that Respondent provided to SIP in 2016 did not include a chart note for this date. Respondent has yet to provide the medical note supporting this service. Respondent provided a patient sign-in sheet for November 12, 2015, and notably, Patient A's name was not on that sheet.

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[2] Norco is a trade name for hydrocodone. It is a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022.

[3] Soma is a trade name for carisoprodol tablets. It is a Schedule IV controlled substance pursuant to Health and Safety Code 11057, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022.

23. On or about December 14, 2015, Patient A's insurance company was billed $150 for services rendered. The medical records that Respondent provided to SIP in 2016 included a medical chart note for Norco and Soma without any other supporting documentation for those drugs. Additionally, Respondent provided a patient sign-in sheet for December 14, 2015, and notably, Patient A's name was not on that sheet. The medical chart Respondent produced to the DOI Investigator on April 9, 2019, contained notes supporting the December 14, 2015, visit.

24. On or about January 20, 2016, Patient A's insurance company was billed $150 for services rendered. The medical records that Respondent provided to SIP in 2016 included a medical chart note for Norco and Soma without any other supporting documentation for those drugs. Additionally, Respondent provided a patient sign-in sheet for January 20, 2016, and notably, Patient A's name was not on that sheet. The medical chart Respondent produced to the DOI Investigator on April 9, 2019, contained notes supporting the January 20, 2016, visit.

25. On or about July 1, 2016, Patient A's insurance company was billed $300 for services rendered. The medical records that Respondent provided to SIP in 2016 had one small note "L hip (unintelligible)." This medical documentation was not included as part of Patient A's record that Respondent provided to the DOI Investigator on April 9, 2019.

26. Respondent committed gross negligence in his care and treatment of Patient A including, but not limited to, the following:

(a) Respondent's office visit notes for Patient A are either missing, illegible, disorganized and/or missing time annotations such that the chart notes do not support the level of services billed; and

(b) Respondent billed for office visits that are not documented.

PATIENT B

27. Patient B started seeing Respondent in 2013. Respondent provided the DOI Investigator 91 pages of medical records for Patient B, but only 27 pages pertain to Respondent's care and treatment of Patient B. The 27 pages consist of fairly illegible hand written notes.

28. On or about April 21, 2016, Patient B broke her wrist at work. As a result, Patient B opened a Worker's Compensation claim. Patient B's insurance company, Traveler's Insurance

Company, sent Patient B notice to provide them with her medical records in order to process the claim. Patient B attempted to obtain copies of medical records from Respondent for over a year. Patient B called and left messages at Respondent's office with no response. Patient B physically went to Respondent's office and Respondent's office staff repeatedly advised Patient B the records were not ready. Patient B even had a family member, an attorney, attempt to retrieve the records to no avail. After one year of failing to obtain medical records from Respondent, Patient B dropped her Worker's Compensation claim.

29. On or about March 6, 2015. Patient B's insurance company was billed $150 for services rendered. Respondent provided a patient sign-in sheet for that same date, and notably, Patient B's name was not on that sheet.

30. On or about May 9, 2016. Patient B's insurance company was billed $95 for services rendered. Patient B's medical chart did not reflect treatment on that date. Additionally, Respondent provided a patient sign-in sheet for that same date, and notably, Patient B's name was not on that sheet.

31. Respondent committed gross negligence in his care and treatment of Patient B including, but not limited to, the following:

(a) Respondent's office visit notes for Patient B are either missing, illegible, disorganized and/or missing time annotations such that the chart does not support the level of services billed;

(b) Respondent failed to provide Patient B with her medical chart after repeated requests by the patient; and

(c) Respondent billed for office visits that are not documented.

PATIENT C

32. Patient C was a patient with lymphoma and coronary artery disease who saw Respondent from, in or around, 2014 through 2018. Respondent provided the DOI Investigator approximately 300 pages of medical records for Patient C, but only approximately twelve (12) pages pertain to Respondent's care and treatment of Patient C. The twelve (12) pages consist of

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fairly illegible hand written notes and there were no office visits documented before December 2, 2016.

33. A 36 month Controlled Substance Utilization Review and Evaluation System (CURES) report was reviewed. The CURES report showed prescriptions from Respondent from January 6, 2014 through December 2, 2016 on a regular basis for controlled substances to Patient C. During this period, Respondent prescribed hydrocodone, lorazepam, temazepam, and Lyrica to Patient C. There are no medical records from Respondent supporting these prescriptions.

34. On or about March 19, 2015, Patient C's insurance company was billed $150. Patient C's medical chart simply reflects medications for Norco and Zetonna without any other supporting documentation for those drug recommendations. Additionally, Respondent provided a patient sign-in sheet for that same date, and notably, Patient C's name was not on that sheet.

35. On or about September 17, 2015, Patient C's insurance company was billed $150 for services rendered. Patient C's medical chart simply reflected "Req blood work" without any other supporting documentation for that request. Additionally, Respondent provided a patient sign-in sheet for that same date, and notably, Patient C's name was not on that sheet.

36. In or about March 2019, Respondent provided approximately 300 pages of medical records for Patient C to the DOI Investigator. The medical records only cover the periods between on or about December 2, 2016 through July 9, 2018. Of those 300 pages, only twelve (12) pages appear to contain Respondent's hand-written notes. Those twelve (12) pages documented six (6) visits in 2016, and none in 2014 and 2015. As a comparison, in the medical records for Patient C that Respondent provided to SIP in 2016, Patient C's medical chart showed Patient C being treated on September 17, 2015 and March 19, 2015. Respondent was not able to explain why or how the medical records he provided to SIP and to the DOI Investigator were different.

37. Respondent committed gross negligence in his care and treatment of Patient C, including, but not limited to, the following:

(a) Respondent's office visit notes for Patient C are either missing, illegible, disorganized and/or missing time annotations such that the chart does not support the level of services billed; and

(b) Respondent prescribed controlled medications over time without any corroborating medical chart notes.

PATIENT D

38. Patient D was a patient with chronic pain from osteoarthritis, degenerative disc disease, and polypharmacy who saw Respondent from, in or about, 2014 through 2017. Respondent provided the DOI Investigator approximately 73 pages of medical records for Patient D, but none of the pages pertain to Respondent's care and treatment of Patient D.

39. A 36 month Controlled Substance Utilization Review and Evaluation System (CURES) report was reviewed. The CURES report showed prescriptions from Respondent from January 2014 through March 2017 on a regular basis for lorazepam to Patient D. There are no medical records from Respondent supporting these prescriptions.

40. On or about February 24, 2015, Patient D's insurance company was billed $95. Respondent did not have an office visit documented to show treatment on the date in question. Additionally, Respondent provided a patient sign-in sheet for that same date, and notably, Patient D's name was not on that sheet.

41. On or about July 24, 2015, Patient D's insurance company was billed $95. Respondent did not have an office visit documented to show treatment on the date in question. Additionally, Respondent provided a patient sign-in sheet for that same date, and notably, Patient D's name was not on that sheet.

42. On or about October 2, 2015, Patient D's insurance company was billed $95. Respondent did not have an office visit documented to show treatment on the date in question. Additionally, Respondent provided a patient sign-in sheet for that same date, and notably, Patient D's name was not on that sheet.

43. On or about December 16, 2015, Patient D's insurance company was billed $95. Respondent did not have an office visit documented to show treatment on the date in question. Additionally, Respondent provided a patient sign-in sheet for that same date, and notably, Patient D's name was not on that sheet.

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44. Respondent committed gross negligence in his care and treatment of Patient D, including, but not limited to, the following:

(a) Respondent failed to maintain a medical chart for Patient D;

(b) Respondent prescribed controlled medications over time without any corroborating medical chart notes; and

(c) Respondent billed for office visits that are not documented.

PRE-SIGNED PRESCRIPTIONS

45. During the investigation by SIP and in Respondent's subject interview with a Board Investigator, Respondent admitted to pre-signing blank prescriptions that he left locked in his office. He had his Medical Assistants fill out the prescriptions under his direction because it was faster and more legible.

46. Respondent committed gross negligence by pre-signing blank prescriptions.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

47. Respondent Alireza Pessaran, M.D., has further subjected his Physician's and Surgeon's Certificate No. A 89855 to disciplinary action under sections 2227 and 2234, as defined in section 2234, subdivision (c), of the Code, in that Respondent committed repeated negligent acts in his care and treatment of Patients A, B, C, and D, as more particularly alleged hereinafter:

48. **Patient A:**

(a) Paragraphs 8 through 26, above are hereby incorporated by reference and realleged as if fully set forth herein.

49. **Patient B:**

(a) Paragraphs 8 through 17, and 27 through 31, above are hereby incorporated by reference and realleged as if fully set forth herein.

50. **Patient C:**

(a) Paragraphs 8 through 17, and 32 through 37, above are hereby incorporated by reference and realleged as if fully set forth herein.

51. **Patient D:**

(a) Paragraphs 8 through 17, and 38 through 44, above are hereby incorporated by reference and realleged as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

52. Respondent Alireza Pessaran, M.D., has further subjected his Physician's and Surgeon's Certificate No. A 89855 to disciplinary action under sections 2227 and 2234, as defined in section 2266, of the Business and Professions Code, in that Respondent failed to maintain adequate and accurate records in connection with his care and treatment of Patients A, B, C, and D, as more particularly alleged in Paragraphs 8 through 44, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Provide Medical Records)

53. Respondent Alireza Pessaran, M.D., has further subjected his Physician's and Surgeon's Certificate No. A 89855 to disciplinary action under sections 2227 and 2234, as defined in section 123110, of the Health and Safety Code, in that Respondent failed to provide patient records in connection with his care and treatment of Patient B, as more particularly alleged in Paragraphs 27 through 31, which are hereby incorporated by reference and realleged as if fully set forth herein.

FIFTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

54. Respondent Alireza Pessaran, M.D., has further subjected his Physician's and Surgeon's Certificate No. A 89855 to disciplinary action under sections 2227 and 2234 of the Code, in that Respondent has engaged in conduct which breached the rules or ethical code of the medical profession, or conduct which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 8 through 53 above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. A 89855, issued to Alireza Pessaran, M.D.;

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

3. Ordering Alireza Pessaran, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED:
July 9, 2019

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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