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9
10 **BEFORE THE**
11 **PODIATRIC MEDICAL BOARD**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
13 **STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:

Case No. 500-2018-000673

15 **KI JOON CHOE, D.P.M.**

16 9 La Flora
Irvine, CA 92614

17 **Podiatrist License No. E 4716**

18 Respondent.

19 **ACCUSATION**

20
21 **PARTIES**

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

24 2. On or about March 21, 2007, the Podiatric Medical Board issued Podiatrist License
25 No. E 4716 to Ki Joon Choe, D.P.M. (Respondent). The Podiatrist License expired on August
26 31, 2018, and is presently in delinquent status as the license has not been renewed.

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1 **JURISDICTION**

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

5 4. Section 2222 of the Code states:

6 “The California Board of Podiatric Medicine shall enforce and administer this article as to
7 doctors of podiatric medicine. Any acts of unprofessional conduct or other violations proscribed
8 by this chapter are applicable to licensed doctors of podiatric medicine and wherever the Medical
9 Quality Hearing Panel established under Section 11371 of the Government Code is vested with
10 the authority to enforce and carry out this chapter as to licensed physicians and surgeons, the
11 Medical Quality Hearing Panel also possesses that same authority as to licensed doctors of
12 podiatric medicine.

13 “The California Board of Podiatric Medicine may order the denial of an application or issue
14 a certificate subject to conditions as set forth in Section 2221, or order the revocation, suspension,
15 or other restriction of, or the modification of that penalty, and the reinstatement of any certificate
16 of a doctor of podiatric medicine within its authority as granted by this chapter and in conjunction
17 with the administrative hearing procedures established pursuant to Sections 11371, 11372, 11373,
18 and 11529 of the Government Code. For these purposes, the California Board of Podiatric
19 Medicine shall exercise the powers granted and be governed by the procedures set forth in this
20 chapter.”

21 5. Section 2497 of the Code states:

22 “(a) The board may order the denial of an application for, or the suspension of, or the
23 revocation of, or the imposition of probationary conditions upon, a certificate to practice podiatric
24 medicine for any of the causes set forth in Article 12 (commencing with Section 2220) in
25 accordance with Section 2222.

26 “(b) The board may hear all matters, including but not limited to, any contested case or may
27 assign any such matters to an administrative law judge. The proceedings shall be held in
28 accordance with Section 2230. If a contested case is heard by the board itself, the administrative

1 law judge who presided at the hearing shall be present during the board's consideration of the
2 case and shall assist and advise the board."

3 6. Section 2234 requires that the Board take action against any licensee charged with
4 unprofessional conduct, which includes, but is not limited to:

5 ""

6 "(c) Repeated negligent acts.

7 ""

8 7. Section 2266 of the Code provides that failure to maintain adequate and accurate
9 medical records pertaining to patient care provided by the licensee constitutes unprofessional
10 conduct.

11 COST RECOVERY

12 8. Section 2497.5 of the Code states:

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

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

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

25 "(d) In any judicial action for the recovery of costs, proof of the board's decision shall be
26 conclusive proof of the validity of the order of payment and the terms for payment.

27 "(e)(1) Except as provided in paragraph (2), the board shall not renew or reinstate the
28 license of any licensee who has failed to pay all of the costs ordered under this section.

1 office visits prior to Patient A's right foot surgery on or about June 3, 2016.⁵ Many of the notes
2 do not include which medications the patient was presently taking, and include cut and paste
3 statements from previous notes that bear no relation to the current office visit.

4 11. On several office visits throughout 2015, Respondent discussed extensive right foot
5 surgery with Patient A for a painful sub-second metatarsal phalangeal joint that did not probe to
6 the bone. Respondent noted that the patient had a full thickness ulcer of the right second
7 metatarsal phalangeal joint of the right foot. It was noted that Respondent had recommended on
8 several occasions a nephrology⁶ and cardiology consultation, but neither was accomplished prior
9 to surgery.

10 12. On or about May 18, 2016, an extensive right forefoot reconstructive surgery was
11 planned for Patient A, which would include resection of the second metatarsal head, rotation skin
12 flap, and hammertoe second repair with arthrodesis.⁷ It was advised that Patient A should stop
13 Plavix and aspirin for seven days prior to surgery and should have cardiac clearance, EKG, chest
14 X-ray, and a stress test. Patient A obtained medical clearance for surgery from his primary care
15 physician on or about June 1, 2016, who noted that Patient A had poorly controlled diabetes;
16 however, Patient A was not referred to an internist to focus on better controlling the
17 hyperglycemia. There was no documentation that Respondent obtained and reviewed an X-ray.⁸
18 Similarly, there was no record that Respondent ordered an MRI of the right foot to define osseous
19 and soft tissue pathology. There was no record that Respondent discussed informed consent with
20 Patient A, including the nature and purpose for surgery, the risks and benefits of surgery, and

21 ⁵ Patient A had a total of 11 recorded office visits with Respondent between January 19,
22 2015, and May 18, 2016.

23 ⁶ Nephrology is a specialty of medicine focusing on the kidneys, specifically normal
24 kidney function and kidney disease. Patient A was taking a number of immunosuppressive drugs
for a prior kidney transplant.

25 ⁷ Arthrodesis is the surgical immobilization of a joint by fusion of the adjacent bones and
intended to relieve intractable pain.

26 ⁸ An X-ray should have been obtained when the pre-ulcer lesion had significantly
27 worsened, as noted in the office visit on or about July 10, 2015; an X-ray should have also been
28 read when the surgery was scheduled and at the post-operative visit on or about June 9, 2016.

1 alternatives to surgery and the risks to those alternatives. There was no consent form contained in
2 the patient's record.⁹

3 13. On or about June 3, 2016, Respondent performed right forefoot reconstructive
4 surgery on Patient A, including hammertoe repair of the second digit with K-wire, second
5 metatarsal head resection with rotational skin plasty, and excision of the ulceration. There is no
6 record that Patient A was prescribed antibiotics either before or just after surgery even though that
7 may have reduced the risk of infection and complications given Patient A was an
8 immunocompromised patient, had multiple comorbidities, as well as a non-healing ulcer. Several
9 days following surgery, Patient A developed fever and chills, as well as cellulitis.¹⁰ Patient A's
10 foot pain continued to worsen and he noticed discoloration extending from his foot to below his
11 knee.

12 14. On or about June 9, 2016, Patient A attended his scheduled post-operative visit with
13 Respondent. Respondent suspected cellulitis and prescribed Patient A an antibiotic with
14 instructions to go the emergency room the following day if there was no significant improvement.
15 Patient A was admitted to Cedars Sinai Hospital on or about June 10, 2016, with cellulitis and
16 suspected ischemia¹¹ of the second digit of the right foot. During the hospital stay, Patient A
17 underwent a number of incision and drainage procedures. However, internists and infectious
18 disease specialists who managed Patient A ultimately determined right foot second toe
19 amputation was necessary due to cellulitis and osteomyelitis,¹² and amputation was subsequently
20 performed.¹³ On or about June 30, 2016, Patient A was discharged from Cedars Sinai Hospital.

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23 ⁹ The surgery center obtained a consent form from Patient A only at the time of surgery;
24 instead, a consent form for an elective surgery should be obtained at the pre-operative visit so that
25 the patient has time to contemplate the surgery and plan accordingly.

26 ¹⁰ Cellulitis is a common and sometimes painful bacterial skin infection.

27 ¹¹ Ischemia is an inadequate blood supply to an organ or part of the body.

28 ¹² Osteomyelitis is an infection in a bone.

¹³ Respondent did not care for Patient A while at Cedars Sinai Hospital due to not having hospital privileges.

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

DATED: AUG 28 2020



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

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