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

In the Matter of the Accusation Against: Kamran Matin, M.D. Physician's and Surgeon's Certificate No. A 66711 Respondent.	Case No.: 800-2017-029436

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 October 1, 2021.

IT IS SO ORDERED: September 2, 2021.

MEDICAL BOARD OF CALIFORNIA

Alejandra Campoverdi, Vice Chair
Panel B

MATTHEW RODRIQUEZ
Acting Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General
COLLEEN M. MCGURRIN
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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. 800-2017-029436
KAMRAN MATIN, M.D. **4201 Torrance Blvd., Suite 790** **Torrance, CA 90503-4561**	OAH No. 2020100654
Physician's and Surgeon's Certificate Number A 66711	**STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**
Respondent.	

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

PARTIES

1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). Christine C. Lally, brought this action solely in her prior official capacity as the Interim Executive Director of the Board and the current Executive Director is represented in this matter by Matthew Rodriquez, Acting Attorney General of the State of California, by Colleen M. McGurrin, Deputy Attorney General.

2. Respondent Kamran Matin, M.D. (Respondent) is represented in this proceeding by attorney Gary Wittenberg of Baranov & Wittenberg, LLP, whose address is: 1901 Avenue of the

Stars, Suite 1750, Los Angeles, CA 90067.

3. On or about October 8, 1998, the Board issued Physician's and Surgeon's Certificate Number A 66711 to Kamran Matin, 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. 800-2017-029436, and will expire on April 30, 2022, unless renewed.

JURISDICTION

4. Accusation No. 800-2017-029436 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 January 7, 2020. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2017-029436 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. 800-2017-029436. Respondent has also carefully read, fully discussed with his 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 him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

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

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CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2017-029436, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case and factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2017-029436, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate Number A 66711 to disciplinary action.

12. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CIRCUMSTANCES IN MITIGATION

13. Respondent Kamran Matin, M.D. has never been the subject of any disciplinary actions by the Board and has entered into this stipulation at an early stage in the proceedings.

CONTINGENCY

14. 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.

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

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

DISCIPLINARY ORDER

A. **PUBLIC REPRIMAND**

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate Number A 66711 issued to Respondent KAMRAN MATIN, M.D., shall be and is hereby Publicly Reprimanded pursuant to Business and Professions Code section 2227, subdivision (a)(4). This Public Reprimand, which is issued in connection with Respondent's care and treatment of Patient A as set forth in Accusation No. 800-2017-029436, is as follows and on the following conditions:

1. On or about August 25, 2014 through August 26, 2014, in caring for Patient A, you failed to adequately document the events that occurred in the heart catheterization laboratory on August 25, 2014 where the patient's cardiac catheterization procedure was aborted until the following morning and failed to follow-up on the STAT ECG you ordered for the patient in violation of Business and Professions Code sections 2234, subdivision (c), and 2266.

B. 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.

C. VIOLATION OF PUBLIC REPRIMAND. Failure to fully comply with any term or condition of this public reprimand is a violation of this stipulation. If Respondent violates the provisions of this stipulation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may take further disciplinary charges against Respondent. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during the public reprimand, the Board shall have continuing jurisdiction until the matter is final, and the period of this public reprimand shall be extended until the matter is final.

D. 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 this public reprimand, Respondent may request to surrender his 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 this public reprimand. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

E. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health

care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2017-029436 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Gary Wittenberg. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate Number A 66711. I enter into this Stipulated Settlement and Disciplinary Order freely, voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 3/30/21

KAMRAN MATIN, M.D.
Respondent

I have read and fully discussed with Respondent Kamran Matin, 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: 3-30-21

GARY WITTENBERG, 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: March 30, 2021

Respectfully submitted,

MATTHEW RODRIQUEZ
Acting Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

Colleen M. McGurrin

COLLEEN M. MCGURRIN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2017-029436

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO January 7 2020
BY: Shari Wilkie ANALYST

XAVIER BECERRA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General
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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: **Kamran Matin, M.D.** **4201 Torrance Blvd., Suite 790** **Torrance, CA 90503-4561** **Physician's and Surgeon's Certificate Number A 66711,** Respondent.	Case No. 800-2017-029436 **ACCUSATION**

PARTIES

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

2. On or about October 8, 1998, the Medical Board issued Physician's and Surgeon's Certificate Number A 66711 to Kamran Matin, M.D. (Respondent). Said 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 April 30, 2020, unless renewed.

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JURISDICTION

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

4. Section 2220 of the Code provides, in pertinent part:

"Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. The board shall enforce and administer this article as to physician and surgeon certificate holders, . . . the board shall have all the powers granted in this chapter for these purposes including, but not limited to:

"(a) . . .

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

"(c) . . . ."

5. Section 2227 of the Code provides, in pertinent part:

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

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

"(2) . . . .

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

"(4) Be publicly reprimanded by the board. . . [which] may include a requirement that the licensee complete relevant educational courses approved by the board.

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

"(b) . . . ."

6. Section 2228 of the Code provides, in pertinent part:

"The authority of the board . . . to discipline a licensee by placing him . . . on probation includes, but is not limited to, the following:

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

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

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

"(d) . . . ."

STATUTORY PROVISIONS

7. Section 2234 of the Code, provides, 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, . . . any provision of this chapter.

"(b) Gross negligence.

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

the applicable standard of care shall constitute repeated negligent acts.

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

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

"(d) . . . (h)."

8. Section 2266 of the Code provides that the failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services rendered to their patients constitutes unprofessional conduct.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

9. Respondent Kamran Matin, M.D. is subject to disciplinary action under section 2234, subdivision (b), in that he committed acts and omissions of gross negligence in his care and treatment of Patient A.[1] The circumstances are as follows:

10. On or about August 22, 2014, Patient A, a then 77-year old female, presented to Southern California Permanente Medical Group (SCPMG or Kaiser) emergency department complaining of intense right-sided chest pain radiating into her mid-sternum, which she rated as an 8 out of 10, and was unable to catch her breath and sweating. She reported experiencing intermittent chest pain over the prior two weeks with shortness of breath upon regular activities, but her pain was now constant and crushing. Serial electrocardiograms[2] (ECG or EKG) were

[1] For privacy, the patient is identified as Patient A. The patient's full name will be disclosed to Respondent upon a timely request for discovery pursuant to Government Code section 11507.6.

[2] Electrocardiogram, abbreviated as ECG or EKG, is a recording of the electrical activity of the heart and is a simple, noninvasive procedure. Electrodes are placed on the skin of the chest and connected in a specific order to a machine that, when turned on, measures electrical activity all over the heart.

concerning for dynamic changes and the Kaiser emergency room physician's impression was that the patient had unstable angina,[3] an acute non-ST elevation myocardial infarction,[4] and chest pain. The cardiologist at Kaiser determined the patient required a heart catheterization;[5] however, their facility could not accommodate the patient for this procedure in a timely manner. As a result, she was transferred to Southern California Hospital – Culver City (SCHCC or Brotman) for further care and heart catheterization, which should be performed within seventy-two hours of patient presentation.

11. On or about August 23, 2014, at approximately 4:17 p.m., Patient A was admitted to the Intensive Care Unit (ICU) at SCHCC by admitting/attending physician, JN, and was seen by his Physician's Assistant (PA), and was subsequently placed in the Coronary Care Unit (CCU). Upon assessment, she was noted to be free of chest pain, but had diminished bilateral breathing sounds, and was on a heparin[6] drip. The PA's assessment was NSTEMI with T-wave inversion.[7] His plan was to follow the ECG results, and have the patient evaluated by a cardiologist for possible cardiac catheterization, among other things. At 7 p.m., Patient A's blood pressure was

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[3] Angina is pain, "discomfort," or pressure localized in the chest that is caused by an insufficient supply of blood (ischemia) to the heart muscle. It is also sometimes characterized by a feeling of choking, suffocation, or crushing heaviness. This condition is also called angina pectoris.

[4] Non-ST-elevation myocardial infarction, abbreviated as NSTEMI or non-STEMI, is a type of a myocardial infarction (heart attack). ST refers to the ST segment, which is part of the ECG.

[5] Heart catheterization is a procedure used to diagnose and treat certain cardiovascular conditions. During cardiac catheterization, a long thin tube called a catheter is inserted in an artery or vein in your groin, neck or arm and threaded through your blood vessels to your heart.

[6] Heparin is an anticoagulant (anti-clotting) medication which is useful in preventing thromboembolic complications (clots that travel from their site of origin through the blood stream to clog up another vessel), and is also used in the early treatment of blood clots in the lungs (pulmonary embolisms).

[7] The T-wave is the ECG manifestation of ventricular repolarization of the cardiac electrical cycle. Inverted T-wave is considered abnormal if inversion is deeper than 1.0 mm. Inverted T-waves found in leads other than the V1 to V4 leads is associated with increased cardiac deaths. Inverted T-waves associated with cardiac signs and symptoms (chest pain and cardiac murmur) are highly suggestive of myocardial ischemia (an inadequate blood supply to an organ or part of the body, especially the heart muscles).

116/61, with a heart rate of 72 beats per minute (bpm), and a respiratory rate of 18. At approximately 7:20 p.m., Respondent ordered a STAT ECG, which showed sinus rhythm with mild ST wave changes from V2 to V6; however, he did not physically see or examine the patient that day. At approximately 11 p.m., her blood pressure was low at 80/47, but subsequently returned to normal.

12. On or about August 24, 2014, at approximately 9:05 a.m., the PA ordered a STAT echocardiogram,[8] which revealed that the left ventricular wall was normal, the left ventricular filling pattern was consistent with diastolic dysfunction,[9] mild concentric hypertrophy,[10] aortic valve calcification, mild mitral regurgitation,[11] mild tricuspid regurgitation,[12] and mildly increased pulmonary artery systolic pressure (PASP).[13] Respondent did not physically see or examine the patient this day. At around 8 p.m. that evening, the patient's blood pressure was low at 94/32, and at 9 p.m., it was 96/47, but subsequently returned to normal.

13. On or about August 25, 2014, at approximately midnight, the patient's blood pressure was low at 108/43, and by 7 a.m., it was 100/39. At approximately 8:45 a.m., Respondent saw the patient for a cardiology consultation. At that time, her blood pressure was 125/49, and her heart rate was 77. Chest x-rays show no acute cardiovascular disease and an ECG showed sinus

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[8] Echocardiogram is a test of the action of the heart using ultrasound waves to produce a visual display, used for the diagnosis or monitoring of heart disease.

[9] Diastolic dysfunction refers to the decline in performance of one (usually the left ventricle) or both (left and right) ventricles during diastole which is the cardiac cycle phase during which the heart is relaxing and filling with incoming blood that is being returned from the body through the inferior (IVC) and superior (SVC) venae cavae to the right atrium and from lungs through pulmonary veins to the left atrium.

[10] Concentric hypertrophy is a thickening of the walls of the heart or any cavity with apparent diminution of the capacity of the cavity.

[11] Mitral regurgitation is the backflow of blood from the left ventricle into the left atrium, owing to insufficiency of the mitral valve.

[12] Tricuspid regurgitation backflow of blood from the right ventricle into the right atrium, owing to imperfect functioning (insufficiency) of the tricuspid valve.

[13] Pulmonary artery systolic pressure (PASP) is a strong predictor for mortality in patients with heart failure (HF).

rhythm and rate with ST segment depression,[14] incomplete right bundle branch block,[15] and T-wave inversions, but no evidence of ST elevations. Respondent's assessment was NSTEMI, and he placed orders to start metoprolol,[16] continue the heparin drip, aspirin and atorvastatin,[17] and continue the benazepril.[18] Respondent's plan was to perform a left heart catheterization and possible angioplasty[19] and stent[20] placement the next day once the patient was stable.[21] He also wanted to obtain the patient's ECG results. According to Respondent, his hospital privileges allowed him to perform angiography[22]/angiograms,[23] but he did not have privileges to insert

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[14] ST segment depression refers to a finding on an electrocardiogram, wherein the trace in the ST segment is abnormally low below the baseline.

[15] Bundle branch block, abbreviated as BBB, is a condition in which there is a delay or blockage along the pathway that electrical impulses travel to make the heart beat. The delay or blockage can occur on the pathway that sends electrical impulses either to the left or the right side of the bottom chambers (ventricles) of the heart.

[16] Metoprolol is a beta-blocking drug related to propranolol, used to treat hypertension and angina.

[17] Atorvastatin is used along with a proper diet to help lower "bad" cholesterol and fats (such as LDL, triglycerides) and raise "good" cholesterol (HDL) in the blood. It belongs to a group of drugs known as "statins" and it works by reducing the amount of cholesterol made by the liver.

[18] Benazepril is a nonsulfhydryl ACE inhibitor and antihypertensive medication used to manage congestive heart failure and chronic renal failure in patients with renal disease.

[19] Angioplasty is a surgical repair or unblocking of a blood vessel, especially a coronary artery, which involves temporarily inserting and inflating a tiny balloon where the artery is clogged to help widen the artery. Angioplasty is often combined with the permanent placement of a small wire mesh tube called a stent to help prop the artery open and decrease its chance of narrowing again.

[20] A stent is a tubular support placed temporarily inside a blood vessel, canal, or duct to aid healing or relieve an obstruction.

[21] According to Respondent's summary of care and interview, he stated that the patient's condition was stable when he conducted his cardiology consultation that morning, so it is unclear why his plan was to perform the procedure the following day.

[22] Angiography is an examination by X-ray of blood or lymph vessels, carried out after introduction of a radiopaque substance.

[23] Angiogram is a procedure that uses X-ray imaging to see the heart's blood vessels and is generally performed to see if there is a restriction in blood flow going to the heart. Coronary angiograms are part of a general group of procedures known as heart (cardiac) catheterizations.

stents. Respondent subsequently placed a STAT order for Troponin,[24] a 12-lead ECG, among other labs, and that that patient should have "nothing by mouth" (NPO)[25] due to the scheduled heart catheterization later that day. Respondent, however, failed to document in the chart the reason for the change in his plans to perform the procedure, which was to be scheduled the following day, on August 26, 2014.

14. That day, on August 25, 2014, at approximately 4:20 p.m., Patient A was transported to the heart catheterization lab. While in the lab, Respondent stated he was informed by the lab personnel that hospital's new policy required that an interventional cardiologist be on the premises during the diagnostic catheterization, but one was not available at that time. Respondent, however, failed to document this conversation in the patient's chart, and failed to document with whom he spoke or the reasons why the catheterization was not performed at that time. At approximately 7:00 p.m., Patient A was returned to her room and the procedure was rescheduled for the next morning, August 26, 2014, at 8:00 a.m.

15. At approximately 9:00 p.m. that evening, an ECG noted sinus tachycardia[26] changes and her blood pressure dropped to 78/46, and she had shallow breathing. According to the chart, at approximately 9:20 p.m., the nursing staff notified Respondent that the patient was complaining of intense chest pain, and that the ST segments were more depressed, and she had been hypotensive. Respondent ordered a STAT ECG, which was markedly ischemic, showing ST segment depression of up to 5 mm. According to Respondent, he did not hear back from the nursing staff regarding the ECG results nor the patient's condition; however, the chart reflects that Respondent was notified of the ECG results and that the patient's chest pain remained

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[24] Troponins are a group of proteins found in skeletal and heart (cardiac) muscle fibers that regulate muscular contraction. Troponin tests measure the level of cardiac-specific troponin in the blood to help detect heart injury.

[25] Nothing by mouth, also known as nil per os (npo or NPO), is a medical instruction meaning to withhold food and fluids.

[26] Sinus tachycardia (also colloquially known as sinus tach or sinus tachy) is an elevated sinus rhythm characterized by an increase in the rate of electrical impulses arising from the sinoatrial node. In adults, sinus tachycardia is defined as a heart rate greater than 100 beats/min (bpm).

unchanged around 9:35 p.m. During his interview, Respondent stated that he did not call or follow-up regarding the ECG he had ordered because he presumed that everything was ok and that the attending physician, JN, probably dealt with the patient's condition. According to the chart, however, at approximately 9:47 p.m. Respondent ordered morphine, Plavix,[27] and Troponin. At approximately 10:00 p.m., the patient's chest pain was an 8 out of 10, and she was administered some medications.

16. On or about August 26, 2014, at approximately midnight, Patient A's chest pain was unchanged, but her blood pressure was low at 68/38, and she was vomiting. According to the chart, the nurse spoke with Respondent at that time and advised him of the patient's condition.[28] At approximately 12:08 a.m., the chart reflects that Respondent placed an order for Levophed,[29] Zofran,[30] and sodium chloride. By 1:45 a.m., the patient's blood pressure had dropped to 68/26 and her heart rate was 119 bpm. At 2:30 a.m., the nurse recorded that the equipment could not pick up the patient's blood pressure. At approximately 2:45 a.m., the patient's blood pressure was 77/47, and her heart rate was 113 bpm. Fifteen minutes later, at approximately 3 a.m., her blood pressure was 32/14, and her respiratory rate was high at 32. At approximately 3:15 a.m., her blood pressure was 64/33 and her heart rate was 122 bpm. At 3:30 a.m., the patient's blood pressure was high at 132/93, and her heart rate was 115 bpm.

17. By 4:00 a.m., that morning Patient A's condition had changed. She was anxious,

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[27] Plavix (clopidogrel bisulfate) is a thienopyridine class of drug that inhibits platelet aggregation and thus inhibits aspects of blood clotting used to treat patients with acute coronary syndrome, myocardial infarction (MI), peripheral vascular disease and some stroke (ischemic type) patients.

[28] In Respondent's summary of his care and interview, he stated that he was not notified of the patient's condition at this time, and did not hear from anyone from the hospital until approximately 4 a.m. that morning; however, this is inconsistent with the chart entries.

[29] Levophed (norepinephrine bitartrate) is a vasoconstrictor, similar to adrenaline, used to treat life-threatening low blood pressure (hypotension) that can occur with certain medical conditions or surgical procedures, and is often used during or after CPR (cardio-pulmonary resuscitation).

[30] Zofran is an antiemetic and selective 5-HT3 receptor antagonist prescribed for the treatment of nausea and vomiting.

complaining of chest pain, and was still vomiting. She was noted to be in atrial fibrillation,[31] with a bundle branch block noted along with widening of the QRS[32] on ECG. Her blood pressure was 92/45, and her respiratory rate was 33. According to the chart, Respondent was paged at approximately 4:10 a.m. regarding the patient's condition, and the nurse noted that they were awaiting his call back.[33] At 4:15 a.m., the patient's blood pressure could not be auscultated manually. By 4:45 a.m., her blood pressure was 76/41, and her heart rate was 126 bpm. Around 5 a.m., her blood pressure was 95/61, her heart rate was 125 bpm, and respiratory rate was 34. At 5:15 a.m., the patient's blood pressure was not detected and her heart rate was 132 bpm. According to the chart, at around 5:40 a.m., Respondent was notified that the patient was in Afib, that bundle branch block was noted with QRS widening and right axis deviation,[34] and was very hypotensive. He ordered Amiodarone[35] NS bolus.[36] At approximately 5:45 a.m., the patient's blood pressure was 113/83 and her heart rate was 51 bpm. At approximately 5:58 a.m., Respondent was contacted again and informed that the patient was bradycardic.[37] He stated he

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[31] Atrial fibrillation (also called AFib or AF) is a quivering or irregular heartbeat (arrhythmia) that can lead to blood clots, stroke, heart failure and other heart-related complications.

[32] Widening of the QRS complex is related to slower spread of ventricular depolarization, either due to disease of the His-Purkinje network and/or reliance on slower, muscle-to-muscle spread of depolarization.

[33] According to the chart, there is no entry that Respondent ever responded to this page and the nurse subsequently notified the attending physician's PA of the patient's condition at 4:35 a.m. The PA subsequently notified the attending physician JN, who placed orders shortly thereafter.

[34] Right axis deviation occurs when the QRS axis is shifted between 90 and 180 degrees. A number of things can result in right axis deviation which include lung disease, right sided heart strain, right bundle branch block, and right ventricular hypertrophy.

[35] Amiodarone is known as an anti-arrhythmic drug and is used to treat certain types of serious (possibly fatal) irregular heartbeat (such as persistent ventricular fibrillation/tachycardia). It is used to restore normal heart rhythm and maintain a regular, steady heartbeat.

[36] NS bolus means a relatively large dose of a drug or test substance given intravenously and rapidly to hasten or magnify a response.

[37] Bradycardia is a slower than normal heart rate. The hearts of adults at rest usually beat between 60 and 100 times a minute, but in bradycardia, the heart beats fewer than 60 times a minute, which can be a serious problem if the heart does not pump enough oxygen-rich blood to the body.

was on his way to the hospital.[38] During that conversation, at approximately 6 a.m., a code blue[39] was called and the patient reportedly had no vital signs. Cardiopulmonary resuscitation (CPR)[40] was attempted by another physician, but unfortunately the patient expired at approximately 6:15 a.m. from cardiac arrest.

18. Respondent was grossly negligent in his care and treatment of Patient A when he failed to adequately follow up on the electrocardiogram ordered, failed to recognize re-infarction and cardiogenic shock,[41] and failed to provide adequate treatment by performing a cardiac catheterization and a percutaneous coronary intervention (PCI),[42] or to transfer the patient to a facility where the care could be timely provided.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

19. Respondent Kamran Matin, M.D. is subject to disciplinary action under section 2234, subdivision (c), in that he committed acts and omissions in his care and treatment of Patient A. The circumstances are as follows:

20. Paragraphs 10 through 17, above are incorporated by reference as if fully set forth herein.

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[38] This chart entry is inconsistent with Respondent's summary of his care where he stated that he "immediately left for the hospital" after receiving a call at 4:06 a.m. and arrived around 5 a.m.

[39] Code blue is an emergency situation announced in a hospital or institution in which a patient is in cardiopulmonary arrest, requiring a team of providers (sometimes called a "code team) to rush to the specific location and begin immediate resuscitative efforts.

[40] Cardiopulmonary resuscitation, commonly referred to as CPR, is an emergency life-saving procedure that is performed when someone's breathing or heartbeat has stopped, and combines rescue breathing and chest compressions.

[41] Cardiogenic shock, abbreviated as CS, is a medical emergency resulting from inadequate blood flow due to the dysfunction of the heart ventricles and is defined by sustained low blood pressure with tissue hypoperfusion despite adequate left ventricular filling pressure and is a medical emergency resulting from inadequate blood flow due to the dysfunction of the ventricles of the heart.

[42] Percutaneous Coronary Intervention (PCI, formerly known as angioplasty with stent) is a non-surgical procedure that uses a catheter (a thin flexible tube) to place a small structure called a stent to open up blood vessels in the heart that have been narrowed by plaque buildup, a condition known as atherosclerosis.

21. Respondent's acts and omissions were repeatedly negligent when he:

A. Failed to adequately follow up on the electrocardiogram he ordered;

B. Failed to recognize re-infarction and cardiogenic shock; and

C. Failed to provide adequate treatment by performing cardiac catheterization and PCI or to transfer the patient to a facility where the care could be timely provided.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

22. Respondent Kamran Matin, M.D. is subject to disciplinary action under section 2266, in that he failed to maintain adequate and accurate records in his care and treatment of Patient A. The circumstances are as follows:

23. Paragraphs 10 through 17, above are incorporated by reference as if fully set forth herein.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 66711, issued to Kamran Matin, M.D.;

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

3. Ordering Kamran Matin, 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: January 7, 2020

CHRISTINE J. LALLY
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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