

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

**In the Matter of the Accusation  
Against:**

**Michael John Rensink, M.D.**

**Physician's and Surgeon's  
Certificate No. G 20200**

**Respondent.**

**Case No. 800-2018-045064**

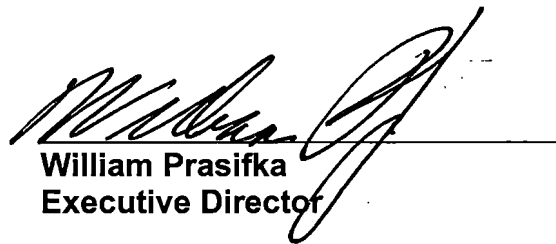
**DECISION**

**The attached Stipulated Surrender of License 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 January 13, 2022.**

**IT IS SO ORDERED January 6, 2022.**

**MEDICAL BOARD OF CALIFORNIA**

  
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**William Prasifka  
Executive Director**

1 ROB BONTA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 KEITH C. SHAW  
Deputy Attorney General  
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8 *Attorneys for Complainant*

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

In the Matter of the Accusation Against:  
**MICHAEL JOHN RENSINK, M.D.**  
765 Medical Center Ct., Ste. 210  
Chula Vista, CA 91911-6600  
**Physician's and Surgeon's Certificate No.  
G 20200**  
Respondent.

Case No. 800-2018-045064  
OAH No. 2021030319  
**STIPULATED SURRENDER OF  
LICENSE 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. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Keith C. Shaw, Deputy Attorney General.

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1 **CULPABILITY**

2 8. Respondent understands that the charges and allegations in Accusation No. 800-2018-  
3 045064, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and  
4 Surgeon's Certificate.

5 9. For the purpose of resolving the Accusation without the expense and uncertainty of  
6 further proceedings, Respondent gives up his right to contest that, at a hearing, Complainant  
7 could establish a *prima facie* case with respect to the charges and allegations contained in the  
8 Accusation.

9 10. Respondent understands that by signing this stipulation he enables the Board to issue  
10 an order accepting the surrender of his Physician's and Surgeon's Certificate without further  
11 process.

12 **CONTINGENCY**

13 11. Business and Professions Code section 2224, subdivision (b), provides, in pertinent  
14 part, that the Medical Board "shall delegate to its executive director the authority to adopt a . . .  
15 stipulation for surrender of a license."

16 12. This Stipulated Surrender of License and Disciplinary Order shall be subject to  
17 approval of the Executive Director on behalf of the Medical Board. The parties agree that this  
18 Stipulated Surrender of License and Disciplinary Order shall be submitted to the Executive  
19 Director for his consideration in the above-entitled matter and, further, that the Executive Director  
20 shall have a reasonable period of time in which to consider and act on this Stipulated Surrender of  
21 License and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully  
22 understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation  
23 prior to the time the Executive Director, on behalf of the Medical Board, considers and acts upon  
24 it.

25 13. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall  
26 be null and void and not binding upon the parties unless approved and adopted by the Executive  
27 Director on behalf of the Board, except for this paragraph, which shall remain in full force and  
28 effect. Respondent fully understands and agrees that in deciding whether or not to approve and

1 adopt this Stipulated Surrender of License, the Executive Director and/or the Board may receive  
2 oral and written communications from its staff and/or the Attorney General's Office.  
3 Communications pursuant to this paragraph shall not disqualify the Executive Director, the Board,  
4 any member thereof, and/or any other person from future participation in this or any other matter  
5 affecting or involving respondent. In the event that the Executive Director on behalf of the Board  
6 does not, in his discretion, approve and adopt this Stipulated Surrender of License, with the  
7 exception of this paragraph, it shall not become effective, shall be of no evidentiary value  
8 whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party  
9 hereto. Respondent further agrees that should this Stipulated Surrender of License and Disciplinary  
10 Order be rejected for any reason by the Executive Director on behalf of the Board, Respondent will  
11 assert no claim that the Executive Director, the Board, or any member thereof, was prejudiced by  
12 its/his review, discussion and/or consideration of this Stipulated Surrender of License and  
13 Disciplinary Order, or of any matter or matters related hereto.

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

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

20 **ORDER**

21 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 20200, issued  
22 to Respondent Michael John Rensink, M.D., is surrendered and accepted by the Board.

23 1. The surrender of Respondent's Physician's and Surgeon's Certificate and the  
24 acceptance of the surrendered license by the Board shall constitute the imposition of discipline  
25 against Respondent. This stipulation constitutes a record of the discipline and shall become a part  
26 of Respondent's license history with the Board.

27 2. Respondent shall lose all rights and privileges as a physician and surgeon in  
28 California as of the effective date of the Board's Decision and Order.

1 3. Respondent shall cause to be delivered to the Board his pocket license and, if one was  
2 issued, his wall certificate on or before the effective date of the Decision and Order.

3 4. If Respondent ever files an application for licensure or a petition for reinstatement in  
4 the State of California, the Board shall treat it as a petition for reinstatement. Respondent must  
5 comply with all the laws, regulations and procedures for reinstatement of a revoked or  
6 surrendered license in effect at the time the petition is filed, and all of the charges and allegations  
7 contained in Accusation No. 800-2018-045064 shall be deemed to be true, correct and admitted  
8 by Respondent when the Board determines whether to grant or deny the petition.

9 5. If Respondent should ever apply or reapply for a new license or certification, or  
10 petition for reinstatement of a license, by any other health care licensing agency in the State of  
11 California, all of the charges and allegations contained in Accusation No. 800-2018-045064 shall  
12 be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of  
13 Issues or any other proceeding seeking to deny or restrict licensure.

14 **ACCEPTANCE**

15 I have carefully read the above Stipulated Surrender of License and Order and have fully  
16 discussed it with my attorney, Robert W. Frank, Esq. I understand the stipulation and the effect it  
17 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of  
18 License and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound  
19 by the Decision and Order of the Medical Board of California.

20 DATED: 15 December 2021 Michael John Rensink M.D.  
21 MICHAEL JOHN RENSINK, M.D.  
22 Respondent

23 I have read and fully discussed with Respondent Michael John Rensink, M.D., the terms  
24 and conditions and other matters contained in this Stipulated Surrender of License and  
25 Disciplinary Order. I approve its form and content.

26 DATED: 12-16-21 Robert W. Frank  
27 ROBERT W. FRANK, ESQ.  
28 Attorney for Respondent

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**ENDORSEMENT**

The foregoing Stipulated Surrender of License and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: December 16, 2021

Respectfully submitted,

ROB BONTA  
Attorney General of California  
ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General



KEITH C. SHAW  
Deputy Attorney General  
*Attorneys for Complainant*

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83172367.docx

**Exhibit A**

**Accusation No. 800-2018-045064**



1 XAVIER BECERRA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 KEITH C. SHAW  
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8 *Attorneys for Complainant*

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

14 In the Matter of the Accusation Against:

Case No. 800-2018-045064

15 **MICHAEL JOHN RENSINK, M.D.**

**A C C U S A T I O N**

16 **765 Medical Center Ct., Ste. 210**  
17 **Chula Vista, CA 91911-6600**

18 **Physician's and Surgeon's Certificate**  
19 **No. G 20200**

Respondent.

20  
21 **PARTIES**

22 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity  
23 as the Executive Director of the Medical Board of California, Department of Consumer Affairs  
24 (Board).

25 2. On or about April 8, 1971, the Medical Board issued Physician's and Surgeon's  
26 Certificate No. G 20200 to Michael John Rensink, M.D. (Respondent). The Physician's and  
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
28 herein and will expire on June 30, 2022, unless renewed.

**JURISDICTION**

1  
2       3.    This Accusation is brought before the Medical Board of California, Department of  
3 Consumer Affairs, under the authority of the following laws. All section references are to the  
4 Business and Professions Code (Code) unless otherwise indicated.

5       4.    Section 2227 of the Code states:

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

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

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

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

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

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

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

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5. Section 2234 of the Code, states:

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

“... ”

“(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.

“... ”

6. Section 2266 of the Code states:

“The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.”

7. Section 2229 of the Code states that the protection of the public shall be the highest priority for the Board in exercising their disciplinary authority. While attempts to rehabilitate a licensee should be made when possible, Section 2229, subdivision (c), states that when rehabilitation and protection are inconsistent, protection shall be paramount.

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1 FIRST CAUSE FOR DISCIPLINE

2 (Gross Negligence)

3 8. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined  
4 by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care  
5 and treatment of Patient A,<sup>1</sup> as more particularly alleged hereinafter:

6 9. Respondent, an otolaryngologist,<sup>2</sup> began treatment with Patient A, a then 68-year-old  
7 female, on or about June 5, 2015, for a painful left tongue lesion. Respondent noted that Patient  
8 A's lesion had been biopsied six months earlier, which found dysplasia<sup>3</sup> with no indication of  
9 invasive carcinoma, and was treated with steroid injections. The biopsy was actually performed  
10 on or about April 16, 2014, over one year prior. Respondent recorded that the lesion was  
11 superficial without induration,<sup>4</sup> but failed to document any reference to the tongue lesion in the  
12 physical examination portion of his notes. Respondent treated the lesion with a topical steroid  
13 and pain medication.

14 10. On or about June 17, 2015, Patient A returned for an office visit and indicated that  
15 she had not experienced any improvement. Respondent noted that the lesion appeared less red or  
16 rough and continued the current medication regimen. The next visit occurred on or about August  
17 18, 2015, at which time Patient A conveyed the severity of the lesion had slightly improved.  
18 Respondent noted that the lesion appeared smaller and less red. He recommended continuation of  
19 the current treatment.

20 11. On or about October 19, 2015, Respondent saw the patient and commented that the  
21 lesion continued to improve. He suggested that the tongue lesion may be the result of irritation  
22 from an adjacent dental crown and replacement of the crown may be required. Respondent

23 <sup>1</sup> The patient listed in this document is unnamed to protect her privacy. Respondent  
24 knows the name of the patient and can confirm her identity through discovery.

25 <sup>2</sup> Otolaryngologists are physicians that specialize in treatment of the ear, nose and throat.

26 <sup>3</sup> Dysplasia is the presence of abnormal cells within a tissue or organ. Dysplasia is not  
27 cancer, but it may sometimes become cancer.

28 <sup>4</sup> Induration is the localized hardening of normally soft tissue.

1 instructed the patient to continue the steroid paste. Patient A returned for a check-up on or about  
2 December 17, 2015, and Respondent again commented that the lesion appeared to be slightly  
3 improving.<sup>5</sup> Patient A reported that the lesion was still hurting and that she was experiencing  
4 pain in her jaw and had a coated tongue. She was continued on steroid paste and started an  
5 antifungal medication. The next follow-up visit occurred on or about February 17, 2016, with  
6 unchanged findings. Patient A reported that she was still experiencing persistent pain.  
7 Respondent noted that the gold crown was the likely cause of the chronic tongue irritation and it  
8 was going to be replaced.

9       12. Patient A was not seen by Respondent until one year later on or about February 17,  
10 2017. By that time, there was a 1 cm painful raised mass on the tongue at the previous location of  
11 the ulcer. The mass was noted to be quite large and likely to bleed profusely. Respondent  
12 recommended a biopsy because he suspected the lesion could be a tumor. One week later,  
13 Respondent performed a biopsy and diagnosed the patient with squamous cell carcinoma.<sup>6</sup> The  
14 pathology report indicated that the cancer was not completely removed by biopsy and it invaded  
15 into the tongue muscle by a depth of at least 3 mm. On or about March 3, 2017, Respondent  
16 recommended additional surgery to remove the remaining tongue cancer. He noted that Patient A  
17 had adenopathy (swollen lymph nodes), but later indicated it should have read "no" adenopathy.

18       13. On or about March 14, 2017, Patient A was taken to the operating room and  
19 underwent a wide local excision of the squamous cell carcinoma by Respondent. Respondent  
20 used a 4 mm margin to clear the tumor. The final pathology report confirmed that the tongue  
21 cancer was completely removed during the procedure. At Patient A's follow-up appointments on  
22 or about March 20, 2017, and April 4, 2017, Respondent noted that the tongue was healing  
23 appropriately.

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25       <sup>5</sup> Respondent's description for the tongue lesion often lacked important details, including  
26 whether ulceration was present and the approximate dimensions, in order to objectively determine  
whether the lesion was getting smaller and improving.

27       <sup>6</sup> Squamous cells are thin, flat cells that line the mouth and other organs. Squamous cell  
28 carcinoma can be easily treated when caught early.

1           14. On or about May 11, 2017, during a follow-up visit, Respondent discovered a 2 cm  
2 left upper neck mass. Patient A had lost 20 pounds since surgery and had been experiencing a  
3 sore throat recently. Respondent noted that he was unsure of the etiology of the neck mass and  
4 ordered a CT scan to assess it. He commented that fine needle aspiration biopsy may be  
5 necessary.

6           15. The CT scan was not completed for nearly one month, on or about June 9, 2017, even  
7 though there should have been a high level of suspicion that the mass was a cancerous lymph  
8 node.<sup>7</sup> The CT scan revealed a 2.7 cm partially necrotic mass (suspicious for cancer). Based on  
9 the results, Respondent ordered image guided needle biopsy,<sup>8</sup> which was performed six weeks  
10 later on or about July 18, 2017. The pathology result showed metastatic<sup>9</sup> squamous cell  
11 carcinoma of the left lymph node. Patient A's follow-up appointment occurred on or about July  
12 20, 2017, at which time the left upper neck mass had grown significantly to 5 cm. Respondent  
13 noted that he would refer Patient A for further therapy. Respondent did not see Patient A  
14 following this visit.

15           16. Subsequently, Patient A had a consult with Oncology on or about July 27, 2017, and  
16 was treated with chemotherapy. However, the disease progressed and metastasized throughout  
17 the neck and hypopharynx. Patient A eventually developed lung metastasis and ultimately  
18 succumbed to her disease.

19           17. During the time Patient A was under Respondent's care, he treated her regularly for  
20 approximately eight months from June 2015 to February 2016 while she had a persistent, painful,

21           <sup>7</sup> A sizeable neck mass in a patient with a recent history of tongue cancer should be  
22 presumed malignant until proven otherwise.

23           <sup>8</sup> Instead of ordering a biopsy at the time the neck mass was found, Respondent waited  
24 until after the CT scan was performed. Even then, Respondent elected to order an image guided  
25 biopsy (using radiographic imaging to direct the biopsy) when a needle biopsy could have been  
26 performed just as easily and timelier. The choice in ordering an image guided biopsy contributed  
27 to a six-week delay from the time of the CT scan to the time of the image guided biopsy. During  
28 the period of time that the neck mass was found to the time the diagnosis of cancerous lymph  
node was made (approximately 70 days), the neck mass had increased in size from 2 cm to 5 cm.

<sup>9</sup> Metastatic cancer is cancer that spreads from its site of origin to another part of the  
body.

1 and non-healing ulcer without obtaining a biopsy, despite a previous biopsy in April 2014 that  
2 showed moderate dysplasia. There was a lack of follow-up with Patient A until she presented one  
3 year later in February 2017 with an obvious mass that appeared cancerous.

4 18. Despite Patient A being at an elevated risk for the spread of tongue cancer to the  
5 lymph nodes given the depth of the tongue mass,<sup>10</sup> Respondent did not perform any imaging or  
6 appropriate assessment of the lymph nodes once the diagnosis of tongue cancer was established.  
7 No documented discussion was provided to Patient A regarding the risk of cancer spreading to the  
8 lymph nodes, or offering her potential assessment and treatment options, including imaging, neck  
9 dissection (removal of potentially cancerous lymph nodes) or sentinel lymph node biopsy (sample  
10 of neck lymph nodes to look for cancer spread). There lacks any documentation that Respondent  
11 considered presenting Patient A's case to the tumor board or referring her case to oncology for  
12 treatment once she was diagnosed with tongue carcinoma.

13 19. During an interview on or about July 23, 2020, Respondent indicated that he did not  
14 know why it took six weeks to obtain the CT scan of the neck mass. Respondent admitted that in  
15 hindsight, he could have referred Patient A to oncology earlier than he did.

16 20. Respondent committed gross negligence in his care and treatment of Patient A which  
17 included, but was not limited to, the following:

- 18 (a) Respondent failed to biopsy a persistent tongue ulcer in a timely  
19 manner;  
20 (b) Respondent failed to assess the neck for potential cancer lymph nodes  
21 prior to the initial surgical treatment of tongue cancer; and  
22 (c) Respondent failed to timely establish the diagnosis of cancer in the  
23 lymph nodes once a neck mass developed.

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28 <sup>10</sup> Squamous cell carcinoma of the tongue is associated with a high incidence of lymph  
node metastasis.






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

DATED: FEB 04 2021

  
\_\_\_\_\_  
WILLIAM PRASIFKA  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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