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

In the Matter of the Accusation Against: **Muhammad Salman Chaudhri, M.D.** **Physician's and Surgeon's Certificate No. C 53484** **Respondent.**	**Case No.: 800-2017-030538**

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 20, 2022.

IT IS SO ORDERED: April 21, 2022.

MEDICAL BOARD OF CALIFORNIA

Laurie Rose Lubiano, J.D., Chair
Panel A

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
MICHAEL C. BRUMMEL
Deputy Attorney General
State Bar No. 236116
California Department of Justice
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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: **MUHAMMAD SALMAN CHAUDHRI, M.D.** **119 S. Locust Street, Suite A** **Visalia, CA 93291** **Physician's and Surgeon's Certificate No. C 53484** Respondent.	Case No. 800-2017-030538 OAH No. 2020100086 **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. 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 Michael C. Brummel, Deputy Attorney General.

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2. Respondent Muhammad Salman Chaudhri, M.D. (Respondent) is represented in this proceeding by attorney Dennis R. Thelen, Esq., whose address is: P.O. Box 12092, Bakersfield, CA 93389-2092.

3. On or about October 29, 2008, the Board issued Physician's and Surgeon's Certificate No. C 53484 to Muhammad Salman Chaudhri, 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. 800-2017-030538, and will expire on October 31, 2022, unless renewed.

JURISDICTION

4. Accusation No. 800-2017-030538 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 February 20, 2020. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2017-030538 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. 800-2017-030538. 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 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. 800-2017-030538, 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 or factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

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. Respondent 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 Board, all of the charges and allegations contained in Accusation No. 800-2017-030538 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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14. 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.

15. 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

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C 53484 issued to Respondent Muhammad Salman Chaudhri, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years 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. 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.

3. PROHIBITED PRACTICE. During probation, Respondent is prohibited from performing cosmetic surgery or cosmetic procedures, or utilizing intravenous conscious sedation. Respondent is not prohibited from using oral conscious sedation in the practice setting of interventional radiology. After the effective date of this Decision, all patients being treated by the Respondent shall be notified that the Respondent is prohibited from utilizing intravenous conscious sedation, or using oral conscious sedation outside of the practice setting of interventional radiology. Any new patients must be provided this notification at the time of their initial appointment.

Respondent shall maintain a log of all patients to whom the required oral notification was made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's medical record number, if available; 3) the full name of the person making the notification; 4) the date the notification was made; and 5) a description of the notification given. Respondent shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the log for the entire term of probation.

4. 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.

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

6. 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.

7. 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.

8. 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, subdivision (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.

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.

9. 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.

10. 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' 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..

11. 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.

12. 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.

13. 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.

14. 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.

15. 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. 800-2017-030538 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.

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ACCEPTANCE

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

DATED: _____ _____
MUHAMMAD SALMAN CHAUDHRI, M.D.
Respondent

I have read and fully discussed with Respondent Muhammad Salman Chaudhri, 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: _____ _____
DENNIS R. THELEN, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: March 11, 2022

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

MICHAEL C. BRUMMEL
Deputy Attorney General
Attorneys for Complainant

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ACCEPTANCE

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

DATED: 3-11-22

MUHAMMAD SALMAN CHAUDHRI, M.D.
Respondent

I have read and fully discussed with Respondent Muhammad Salman Chaudhri, 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: 3-11-22

DENNIS R. THELEN, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

MICHAEL C. BRUMMEL
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2017-030538

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Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Feb 20 2020
BY [illegible] ANALYST

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

In the Matter of the Accusation Against:	Case No. 800-2017-030538
Muhammad Salman Chaudhri, M.D. **PO BOX 350** **Visalia, CA 93279** **Physician's and Surgeon's Certificate No. C 53484** Respondent.	**A C C U S A T I O N**

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 29, 2008, the Medical Board issued Physician's and Surgeon's Certificate No. C 53484 to Muhammad Salman Chaudhri, 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 October 31, 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.

STATUTORY PROVISIONS

4. 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:
>
> (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 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) Incompetence.
>
> (e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.
>
> (f) Any action or conduct which would have warranted the denial of a certificate.
>
> (g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

5. 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.

DEFINITIONS

6. Abdominoplasty, commonly known as a tummy tuck, is a cosmetic procedure used to remove excess fat and skin from the abdomen. In an abdominoplasty, loose skin in the middle and lower abdominal regions can be removed by performing a panniculectomy. Subsequently, abdominal muscles can be tightened, and remaining skin is reattached. A full tummy tuck is frequently combined with liposuction.

7. American Society of Anesthesiologists (ASA) Guidelines are published by the ASA to allow clinicians to provide patients with the benefits of sedation/analgesia, while minimizing risk. The guidelines apply to all practitioners providing anesthesia to patients. The guidelines for moderate sedation requirements include a pre-procedure evaluation consisting of a relevant history and focused physical examination that includes the heart, lungs, and airway conducted immediately prior to sedation; pre-procedure fasting; monitoring and recording of data at appropriate intervals before, during and after a procedure; presence of personnel consisting of a designated individual, other than the practitioner performing the procedure present to monitor the patient throughout the procedure.

8. Mini-abdominoplasty, commonly known as a mini-tummy tuck, is a cosmetic procedure that involves the removal of the skin below the belly button, and tightening of the underlying muscles.

9. Suction lipectomy is a surgical procedure that involves the removal of fatty tissue by making a small incision in the skin, loosening the fat layer, and withdrawing it by suction. Suction lipectomy is a type of liposuction. It is not a weight-loss tool, but a cosmetic procedure with subtle effects.

10. Epinephrine (Adrenalin) is a chemical that narrows blood vessels and opens airways in the lungs.

11. Tumescent fluid is a dilute mixture of lidocaine and epinephrine in normal saline, commonly used during cosmetic and dermatologic procedures to produce anesthesia, swelling, and firmness in targeted areas.

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12. Versed (midazolam) is a benzodiazepine sedative. Versed is used to sedate a person who is having minor surgery, dental work, or other medical procedure. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

13. Lidocaine is a local anesthetic that works by blocking nerve signals. It is used to numb an area of the body to reduce pain or discomfort caused by invasive medical procedures such as surgery, needle punctures, or insertion of a catheter or breathing tube.

14. Flumazenil (Romazicon) reverses the effects of benzodiazepine sedatives such as Valium, Versed, Xanax, Tranxene, and others. Benzodiazepines are sometimes used as sedatives before surgery or other medical procedures. Flumazenil is used to reverse benzodiazepine sedation to help the patient wake up after a medical procedure.

15. Naloxone (Evzio) blocks or reverses the effects of opioid medication, including extreme drowsiness, slowed breathing, or loss of consciousness. Naloxone injection is used to treat a narcotic overdose in an emergency situation.

16. Fentanyl is an opioid medication, sometimes called a narcotic, used to treat moderate or severe pain. Fentanyl can slow or stop breathing. It is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022.

FACTUAL ALLEGATIONS

CIRCUMSTANCES RELATED TO PATIENT A[1]

17. On or about July 22, 2013, Patient A first presented to Respondent complaining of an abdominal deformity. Respondent conducted a physical examination that identified moderate fat in the back, abdomen, hips, and flanks. The neurological examination stated that Patient A was awake and oriented times four. Respondent recommended that Patient A undergo liposuction, as an in office procedure.

18. On or about August 22, 2013 at 10:00, Patient A returned to Respondent's office for a suction lipectomy surgical procedure. Respondent began the procedure at approximately 10:34,

[1] To protect the privacy of patients, the Accusation does not identify individual names.

with the aid of a single medical assistant. Respondent was solely responsible for administering intravenous sedation, monitoring the sedated patient, and performing the surgery. Respondent infiltrated 2.4 mg/Kg lidocaine into subcutaneous fat, then administered 300 μg of fentanyl, and 7 mg of Versed intravenously. Respondent utilized a laser during the procedure, but did not identify the type, power level, or endpoints in the medical records. At the conclusion of the procedure, Respondent administered fentanyl at approximately 13:50, and Narcan at approximately 13:51. Respondent provided Patient A with 3L of fluids during the procedure, and terminated the IV at the end the procedure. Respondent's records state that he successfully completed the suction lipectomy, removing 1.6 L of melted adipose tissue with tumescent fluid; however, a picture in the Patient A's records suggests that the amount of fluid was only 1.175 L. While the precise end time of the procedure was not documented in the records, Respondent estimates that at approximately 14:00 to 14:30, he terminated IV fluids, and moved Patient A to a recovery area.

19. Patient A was monitored in the recovery area by a medical assistant, but not by Respondent or a post-anesthesia care unit nurse. At approximately 16:20, Respondent administered 1 mg of cefazolin, an antibiotic, to Patient A. At approximately 17:00, Patient A was taken by wheelchair to the restroom. Respondent states that Patient A began making grunting noises while in the restroom, and lost consciousness. Patient A's jaw was clenched, but she was breathing continuously. Respondent placed Patient A in her bed, initiated a six parameter monitor, and noted a normal EKG. Patient A regained consciousness, but was uncontrollably shaking her head from left to right, and required supplemental oxygen. Respondent administered reversal drugs at 17:05, and again at 17:15. Respondent provided 2L of oxygen, then weaned her off of oxygen by .5L/min over about ten minutes. Respondent terminated supplemental oxygen when Patient A's saturation was at 99% on room air. Patient A was breathing on room oxygen, but was unable to control her head movement, and was shaking her head from left to right.

20. Nearly two hours later, at approximately 19:10, 911 emergency services were called. Prior to the arrival of the ambulance, Respondent reports administering 0.2mg Flumazenil, and

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0.8mg Naloxone[2]. At approximately 19:14, the ambulance arrived, and Patient A had a GCS[3] 3 with posturing, and a blood sugar of 171. Patient A's heart rate was 122, blood pressure was 100/0, and her respiration rate was labored at 24/minute. The ambulance technicians initiated large bore IV fluid resuscitation, provided high flow oxygen, and transported Patient A to the hospital. Patient A was admitted to the intensive care unit, and regained consciousness while she was being prepared for endotracheal intubation in the emergency room. Patient A was discharged from the hospital five days later. Upon release, she was referred to a neurologist. The neurological examination revealed a watershed infarction in her brain, and she continues to suffer from neurologic deficits. Patient A complains of numbness and a near loss of mobility in her left pinky finger and right big toe, and a pins and needles pain felt from her incision site down to her toes.

21. On or about September 24, 2013, Respondent signed the medical records from Patient A's August 22, 2013 procedure.

22. On or about August 2, 2019, Respondent participated in a subject interview with investigators working on behalf of the Board. Respondent stated that he personally administered all of the medications and monitored all of Patient A's vital signs, while he was performing the liposuction procedure. Respondent admitted that the only other person with him was a medical assistant, whose sole role was to document events in the medical record during the procedure. Respondent states that Patient A's complications did not present until 2 to 3 hours after the procedure was completed. Despite the ambulance records that state Patient A was unconscious when they arrived, Respondent claims that Patient A had regained consciousness prior to the arrival of the ambulance.

23. During the interview, Respondent described his training and experience, which included a residency in general surgery, and board certification in radiology. Respondent's primary area of practice is interventional radiology. Respondent stated that he participated in six

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[2] The amount and combination of Naloxone and Flumazenil given to Patient A, are consistent with what is provided to a patient as a recovery agent after they have stopped breathing.

[3] Glasgow Coma Scale, clenched jaw, decerebrate posturing on the left side, right side flaccid, negative Babinski reflexes bilaterally, left eye medial deviation.

months of plastic surgery in rotation as a junior resident or intern as a part of his general surgery residency, but he has never participated in a residency in plastic or cosmetic surgery. Respondent explained that he worked with another physician in Michigan who performed superficial liposuction at a medical spa for about eight months. Respondent did not identify any formal educational courses or training in liposuction, but states that he had performed 20 to 30 liposuction procedures prior to Patient A. Respondent stated that he typically records his dictation for patient procedures the same day or the day immediately following a procedure, but in this case he did not sign the procedure notes until a month later when he learned of a potential lawsuit. Respondent stated that he does not have any strips or printouts of Patient A's vitals signs during and following her procedure, and that they must have been misplaced.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

24. Respondent's Physician's and Surgeon's Certificate No. C 53484 is subject to disciplinary action under section 2227, as defined by section 2234, subdivision (b), in that he committed act(s) and/or omission(s) constituting gross negligence. The factual circumstances set forth above in paragraphs 17 through 23 relating to Patient A, are hereby incorporated by reference as if set forth fully herein. Additional circumstances are as follows:

Departures

25. Respondent did not perform and/or document performing a pre-procedure focused physical examination that included examination of Patient A's heart, lung and airway prior to administering sedation. Respondent did not perform or document performing a risk assessment related to the suction lipectomy procedure, or for the use of intravenous sedation on Patient A. Patient A's height and weight were either inconsistent or missing from the medical records. Respondent failed to perform and/or document performing a pre-procedure focused physical examination, which constitutes gross negligence.

26. During the procedure, Respondent was simultaneously responsible for administering all medications, monitoring Patient A's vital signs, monitoring Patient A's airway, and actually performing the suction lipectomy to her abdomen. Respondent administered anesthesia, and

performed the procedure, despite the lack of a designated individual other than the practitioner present to monitor the patient throughout the procedure. Respondent failed to utilize a dedicated person, other than Respondent, to monitor Patient A during her procedure, which constitutes gross negligence.

27. Respondent did not perform a pre-procedure focused physical examination of Patient A, did not consistently monitor her vital signs during and after her procedure, and did not ensure proper monitoring of Patient A by a dedicated person other than Respondent. Respondent administered intraoperative moderate sedation to Patient A for an elective procedure, but did not follow the ASA guidelines for patient sedation. Respondent failed to comply with the ASA guidelines applicable to Patient A's procedure, which constitutes gross negligence.

28. Respondent stated in the medical records that he administered 180 mL of Lidocaine to Patient A during her procedure intravenously. Respondent stated that Patient A's weight was 84 kg, which would amount to 21.4 mg/kg of Lidocaine administered to Patient A. Respondent incorrectly stated that he administered 2.1 mg/kg of Lidocaine to Patient A. Respondent did not document whether the Lidocaine provided to Patient A also included epinephrine. While lower doses of lidocaine are typically used for other cosmetic procedures, fat liposuction procedures typically require lidocaine combined with epinephrine. Respondent failed to administer a medically safe dose of lidocaine and/or adequately document the administration of lidocaine with or without epinephrine in the treatment of Patient A, which constitutes gross negligence.

29. Respondent failed to obtain and/or document providing informed consent to Patient A relating to the use of a medical laser in a suction lipectomy procedure. Respondent did not document the laser type, brand of laser, or power settings used during Patient A's procedures. Despite the risk of abdominal perforation, burns, seroma, and skin necrosis associated with the use of a surgical laser during invasive surgery, Respondent did not provide or document providing any discussion of informed consent with Patient A related to the use of the laser. Respondent's use and documentation of the use of a laser in Patient A's procedure constitutes an extreme departure from the standard of care.

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30. Respondent performed suction lipectomy on Patient A, absent any documentation of an informed consent relating to the discussion of alternative procedures, including abdominoplasty. Respondent did not document a physical examination with positive or negative findings of abdominal hernias, or discuss the possibility of a mini-abdominoplasty or abdominoplasty with Patient A as an alternative to suction lipectomy. Respondent failed to adequately provide Patient A informed consent related to the surgical procedure performed, which constitutes gross negligence.

31. Respondent failed to demonstrate that he has the education, training, experience and demonstrated competency to perform suction lipectomy. Respondent admitted that he has not had any formal training in liposuction procedures. Respondent did not provide any information about completion of education coursework in cosmetic surgery, plastic surgery, or liposuction. Respondent stated that he performed some cosmetic procedures during his residency in general surgery, but none of them included open surgeries. Respondent completed a fellowship in interventional radiology, is not board certified in plastic surgery, and has not participated in a residency in plastic surgery or cosmetic surgery. Respondent stated that he worked with a physician for 7 to 8 months in Michigan that performed cosmetic surgeries, but none of them involved liposuction. Respondent performed outpatient suction lipectomy at his office on Patient A, but did not provide any liability insurance for the procedure. Referring to the suction lipectomy procedure performed on Patient A, Respondent stated that his malpractice insurer advised him that he "may not have coverage of any kind because cosmetic surgery was excluded" from his policy. Respondent lacked the required experience, training, specific education, and demonstrated competency in suction lipectomy prior to performing the procedure on Patient A, which constitutes gross negligence.

32. Respondent provided intravenous sedation to Patient A, and performed a surgical procedure known as a suction lipectomy in his outpatient office. Respondent did not perform the surgery in a hospital or accredited acute care surgery center. Respondent did not provide any evidence that he maintained adequate security or liability insurance for the procedure performed on Patient A, and stated that his insurance carrier advised him that the procedure was outside of

his scope of practice and likely not covered by his policy. Respondent performed a surgical procedure outside of a general acute care hospital without adequate security for claims by Patient A, which constitutes gross negligence.

33. Respondent did not maintain adequate medical records related to the treatment of Patient A as set forth below:

A. Respondent performed the initial consultation with Patient A on July 22, 2013, but did not sign the note until September 24, 2013. Respondent's entire chart for Patient A was not signed until thirty days after the Patient's procedure and complications. Respondent performed a cosmetic surgery, but did not take any before and after photos of Patient A.

B. Respondent's intraoperative and post-operative records for Patient A failed to consistently report Patient A's vital signs during and after her surgery.

C. Respondent's medical records state that the patient was given fentanyl at 13:50, and a Naloxone, a reversal agent, at approximately 13:51. Respondent stated that his protocol was to provide reversal agents in the operating room at the conclusion of a surgical procedure, prior to transferring a patient to the recovery area. Patient A received the recovery agent, and was transferred to the recovery room at approximately 14:00. The medical records do not contain any documentation of Patient A's level of consciousness from 14:00 through 17:00, immediately prior to her recovery event and the administration of additional recovery agents. Patient A was unable to walk or speak, and required additional reversal agents at 17:05. Respondent administered Flumazenil and Narcan, but failed to adequately document her condition and progress during the following two hours before the ambulance was called. Respondent stated that while waiting for the ambulance, he administered 0.2mg Flumanezil, and 0.8mg Naloxone intravenously, but this was not documented on the anesthesia chart; it was only included in the notes signed one month after the procedure.

D. Respondent failed to document the safe disposal of waste narcotics.

E. Respondent did not describe the laser type, power levels, or endpoints in the medical records.

F. Respondent did not identify whether epinephrine was included in the tumescent solution administered to Patient A.

G. Respondent did not document the type of IV fluids provided to Patient A during the procedure.

H. The amount of bloody aspirate removed from Patient A was inconsistent between his statement in the medical record, and the photo of the actual bloody aspirate contained in the medical records.

Respondent failed to maintain adequate records as set forth above, which constitutes gross negligence.

34. Respondent's records related to Patient A's procedure contain no definitive waste of drugs to prevent diversion. Respondent failed to adequately dispose of and/or document the safe disposal of waste narcotics, which constitutes gross negligence.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

35. Respondent has subjected his Physician's and Surgeon's Certificate No. C 53484 to disciplinary action under section 2227, as defined by section 2234, subdivision (c), of the Code, in that he committed multiple acts and/or omissions constituting negligence. The circumstances are set forth in paragraphs 17 through 34 which are hereby incorporated by reference as if fully set forth herein. Additional circumstances are as follows:

36. Respondent's monitoring and recording of vitals signs was inconsistent. Respondent did not monitor and/or document Patient A's vitals signs at five minute intervals intraoperatively, and fifteen minute intervals postoperatively. Despite spending nearly five hours in recovery, Respondent did not provide direct supervision of Patient A, did not assess her consciousness upon arrival to the recovery room, and did not provide monitoring at routine intervals. Respondent's documentation of Patient A's vital signs intraoperatively, and during recovery, were inconsistent and sparse. The medical records for Patient A's procedure do not contain a print out of vital signs. Respondent failed to consistently monitor and/or document consistent monitoring of Patient A's vital signs constitutes negligence.

37. Respondent did not administer antibiotics to Patient A prior initiating the incision for the surgical procedure. Respondent did not administer antibiotics until several hours after the surgical procedures completion. Respondent failed to administer antibiotics to Patient A prior to initiating an incision for the surgical procedure, which constitutes negligence.

THIRD CAUSE FOR DISCIPLINE

(Incompetence)

38. Respondent has subjected his Physician's and Surgeon's Certificate License No. C 53484 to disciplinary action under section 2227, as defined by section 2234, subdivision (d), of the Code, in that he lacked the qualification, ability, or fitness, as more particularly alleged in paragraphs 17 through 37, which are hereby incorporated by reference as if fully set forth herein, which demonstrated incompetence.

39. Respondent stated that the maximum safe dosage for use with Patient A was 4.5mg/kg, and that he only used 2.1 mg/kg for Patient A's safety. While 35 mg/kg is the standard for lidocaine administration in tumescent solution used during suction lipectomy, it is unclear if Respondent administered any epinephrine to Patient A with the tumescent solution. Respondent failed to administer a medically safe dose of lidocaine and/or adequately document the administration of lidocaine in the treatment of Patient A. Respondent's lack of knowledge of the safe use of lidocaine in tumescent solution related to Patient A's procedure, demonstrated incompetence.

40. Respondent lacked the required experience, training, specific education, and demonstrated competency in suction lipectomy prior to performing the procedure on Patient A, which demonstrated incompetence.

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FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

41. Respondent has subjected his Physician's and Surgeon's Certificate No. C 53484 to disciplinary action under section 2227, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate records in connection with his care and treatment of Patient A, as more particularly alleged in paragraphs 17 through 40, which are hereby 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:

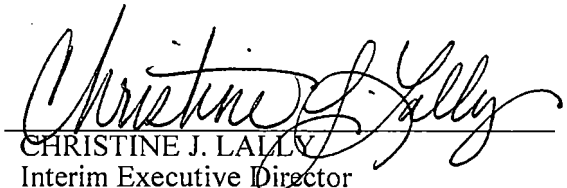
1. Revoking or suspending Physician's and Surgeon's Certificate No. C 53484, issued to Muhammad Salman Chaudhri, M.D.;

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

3. Ordering Muhammad Salman Chaudhri, 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: FEB 20 2020



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

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