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

In the Matter of the First Amended Accusation Against: Mahendra Jagjivandas Panchal, M.D. Physician's and Surgeon's Certificate No. A 89996 Respondent.	Case No.: 800-2019-057415

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 August 24, 2022.

IT IS SO ORDERED: July 25, 2022.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorp, M.D., Chair
Panel B

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

In the Matter of the First Amended Accusation Against: **MAHENDRA JAGJIVANDAS PANCHAL, M.D.** **9886 Humphrey Road** **Cincinnati, OH 45242** **Physician's and Surgeon's Certificate No. A 89996** Respondent.	Case No. 800-2019-057415 OAH No. 2021080750 **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 Jason J. Ahn, Deputy Attorney General.

2. Respondent Mahendra Jagjivandas Panchal, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, whose address is: 5440 Trabuco Road Irvine, CA 92620.

3. On or about January 28, 2005, the Board issued Physician's and Surgeon's Certificate No. A 89996 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2019-057415, and will expire on September 30, 2022, unless renewed.

JURISDICTION

4. On April 14, 2021, Accusation No. 800-2019-057415 was filed before the Board. The Accusation and all other statutorily required documents were properly served on Respondent on or about April 14, 2021. Respondent timely filed his Notice of Defense contesting the Accusation. On January 31, 2022, First Amended Accusation No. 800-2019-057415 was filed before the Board. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on or about January 31, 2022. A copy of First Amended Accusation No. 800-2019-057415 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in First Amended Accusation No. 800-2019-057415. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. 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.

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

CULPABILITY

8. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in First Amended Accusation No. 800-2019-057415, a copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate No. A 89996 to disciplinary action.

9. Respondent agrees that if an accusation is ever filed against him before the Medical Board of California, all of the charges and allegations contained in First Amended Accusation No. 800-2019-057415 shall be deemed true, correct, and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

10. Respondent agrees that his Physician's and Surgeon's Certificate No. A 89996 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. Disciplinary Order below.

CONTINGENCY

11. 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.

12. 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 First Amended Accusation No. 800-2019-

057415 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.

ADDITIONAL PROVISIONS

13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final, and exclusive embodiment of the agreements of the parties in the above-entitled matter.

14. The parties agree that copies of this Stipulated Settlement and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 89996 issued to Respondent MAHENDRA JAGJIVANDAS PANCHAL, M.D. is revoked. However, the revocations are 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.

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

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

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

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

The monitor(s) shall submit a quarterly written report to the Board or its designee which includes an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of medicine and whether Respondent is practicing medicine

safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within 10 calendar days after the end of the preceding quarter.

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

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

3. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice where: 1) Respondent merely shares office space with another physician but is not affiliated for purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that location.

If Respondent fails to establish a practice with another physician or secure employment in an appropriate practice setting within 60 calendar days of the effective date of this Decision, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The Respondent shall not resume practice until an appropriate practice setting is established.

If, during the course of the probation, the Respondent's practice setting changes and the Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent

shall notify the Board or its designee within five (5) calendar days of the practice setting change. If Respondent fails to establish a practice with another physician or secure employment in an appropriate practice setting within 60 calendar days of the practice setting change, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The Respondent shall not resume practice until an appropriate practice setting is established.

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. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, amended accusation, legal reviews, in the amount of $10,048.75 (ten thousand forty-eight dollars and seventy-five cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

Any and all requests for a payment plan shall be submitted in writing by respondent to the Board.

The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to repay investigation and enforcement costs, including expert review costs.

8. 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.

9. 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.

10. 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.

11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event Respondent's period of non-practice while on probation exceeds 18 calendar months, Respondent shall successfully complete the Federation of State Medical Boards's Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

Respondent's period of non-practice while on probation shall not exceed two (2) years.

Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the

exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations.

12. 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.

13. 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.

14. 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.

15. 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.

16. 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 First Amended Accusation No. 800-2019-057415 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, Raymond J. McMahon. I fully understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated bound by the Decision and Order of the Medical Board of California.

DATED: 05/09/2022

MAHENDRA JAGJIVANDAS PANCHAL, M.D.
Respondent

I have read and fully discussed with Respondent Mahendra Jagjivandas Panchal, 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: May 10, 2022

RAYMOND J. MCMAHON
Attorney for Respondent

ENDORSEMENT

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

DATED: May 11, 2022

Respectfully submitted,

ROB BONTA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General

JASON J. AHN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2019-057415

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

In the Matter of the First Amended Accusation Against: **MAHENDRA JAGJIVANDAS PANCHAL, M.D.** **9886 Humphrey Road** **Cincinnati, OH 45242-5445** **Physician's and Surgeon's Certificate No. A 89996,** Respondent.	Case No. 800-2019-057415 **FIRST AMENDED ACCUSATION**

PARTIES

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

2. On or about January 28, 2005, the Board issued Physician's and Surgeon's Certificate No. A 89996 to Mahendra Jagjivandas Panchal, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on September 30, 2022, unless renewed.

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JURISDICTION

3. This First Amended Accusation, which supersedes Accusation No. 800-2019-057415, filed on April 14, 2021, in the above-entitled matter, is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2004 of the Code provides that the Board shall have the responsibility for the enforcement of the disciplinary provisions of the Medical Practice Act.

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

6. Section 2234 of the Code states, in part:

> The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:
>
> (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.
>
> (b) Gross negligence.
>
> (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
>
> (1) An initial negligent diagnosis followed by 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 that is substantially related to the qualifications, functions, or duties of a physician and surgeon.
>
> (f) Any action or conduct that would have warranted the denial of a certificate.

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(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.

7. 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.

8. Unprofessional conduct under Business and Professions Code section 2234 is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

COST RECOVERY

9. Section 125.3 of the Code states:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board upon request of the entity bringing the proceeding, the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

(b) In the case of a disciplined licentiate that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights

the board may have as to any licensee to pay costs.

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

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

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

(h) All costs recovered under this section shall be considered a reimbursement for costs incurred and shall be deposited in the fund of the board recovering the costs to be available upon appropriation by the Legislature.

(i) Nothing in this section shall preclude a board from including the recovery of the costs of investigation and enforcement of a case in any stipulated settlement.

(j) This section does not apply to any board if a specific statutory provision in that board's licensing act provides for recovery of costs in an administrative disciplinary proceeding.

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

10. Respondent's license is subject to disciplinary action under Code section 2234, subdivision (c), in that he committed repeated negligent acts during the care and treatment of Patients A, B, C, D, and E.[1] The circumstances are as follows:

11. Respondent is a physician and surgeon, board certified in radiology. In early December 2018, Respondent began employment as a staff radiologist for MemorialCare Medical Group (MCMG), working at the MemorialCare Medical Center in Long Beach, California. In or around January 2019, Respondent's colleagues began making complaints concerning the accuracy of Respondent's interpretations of medical image studies. In particular, physicians and surgeons in the Emergency Department raised concerns about Respondent's ability to evaluate medical image studies for trauma patients. They cited examples of patients being sent to the ICU unnecessarily because Respondent had misread images as showing spinal fractures when there were none, as well as other "overcalls [that] compromise[d] patient care."

[1] Patient names are omitted to protect privacy. They will be provided in discovery.

12. Respondent's superiors at MCMG met with him on two occasions to address the concerns about the accuracy of his reports. They advised Respondent that his cases would be sent for a focused review. On or about February 18, 2019, Respondent also received written notice that his cases of concern were going through the peer review process. As part of the review process, Respondent received inquiries from the Medicine Multi-Specialty Physician Excellence Committee (MPEC), seeking explanations regarding his reports for several patients. In addition, Respondent's superiors advised him that he would not be on-call for the Emergency Department or read trauma cases during the MPEC's review.

13. On or about April 1, 2019, during the pendency of the peer review, Respondent submitted his notice of resignation to MCMG.

14. On or about July 5, 2019, the Board received a Health Facility/Peer Review Reporting Form from MCMG pursuant to Code section 805, stating that Respondent had resigned during a pending panel review of Respondent's cases. The Board conducted a subsequent investigation related to Respondent's care and treatment of several patients during Respondent's brief employment at MCMG, revealing several instances of substandard care, as more particularly alleged below.

Patient A

15. Patient A is a 74-year-old male who presented to the Emergency Department at MemorialCare Long Beach Medical Center on or about December 12, 2018. Patient A complained of abdominal pain, and provided a history of acute deep vein thrombosis, hypertension, hyperlipidemia, and bowel obstruction.

16. On the day of Patient A's admission, the hospital performed a CT scan of Patient A's abdomen/pelvis. Respondent's report states there is sigmoid colon mild wall thickening with contrast enhancement that may suggest colitis. There is no evidence, however, of sigmoid colon wall thickening or abnormal contrast enhancement. Rather, the CT scan shows a dilated terminal ileum[2] with air fluid levels and mucosal hyperenhancement and caliber transition at the ileocecal

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[2] The ileum is the third portion of the small intestine, between the jejunum and the cecum.

valve (small bowel obstruction). The ileocecal valve has hyperenhancement, and there is also cecum mucosal hyperenhancement. The appendix is slightly dilated and has hyperenhancement.

17. As part of the peer review process, the MPEC asked, "In hindsight, were the small bowel obstruction and terminal ileitis[3] evident on the 12/12/18 CT Abdomen/Pelvis?" On or about March 26, 2019, Respondent submitted an email response, stating, "In hindsight and further review of the study and patient's chart, I definitely agree to the findings of terminal ileitis and partial distal small bowel obstruction. I think of [sic] mistook the dilated distal ileum in the lower pelvis on the right side to be part of the sigmoid colon. In hindsight, more thorough review of the patient's chart and the prior study would be very helpful and would have helped to avoid the miss."

18. During an interview with Board investigators on June 3, 2020 (the "Board Interview"), Respondent admitted that he did not interpret the images correctly in his report, noting that he had misidentified the sigmoid colon which led him to raise incorrectly the possibility of colitis. As Respondent further noted, "fortunately for the patient and everybody," another provider made a diagnosis of ileitis and the patient recovered and was discharged.

19. Respondent's care and treatment of Patient A departed from the standard of care in that he missed a finding in his report interpreting Patient A's abdomen/pelvis CT scan, as more particularly described above.

Patient B

20. Patient B is a 44-year-old female who arrived by ambulance at the Emergency Department at MemorialCare Long Beach Medical Center on or about January 2, 2019. She had experienced right-sided facial droop, right arm drift, and aphasia. The documented reason for admission was acute cerebrovascular accident (stroke).

21. On or about January 3, 2019, the hospital performed an unenhanced brain MRI scan. Respondent's report states, "No acute intracranial abnormality seen. No evidence of acute ischemic infarction or intracranial hemorrhage seen." Contrary to the report, however, the

[3] Terminal ileitis is an inflammatory condition of the terminal portion of the ileum that may occur acutely with right lower quadrant pain followed or not by diarrhea, or exhibit chronic obstructive symptoms and bleeding. It is associated with Crohn's disease.

diffusion weighted images show hyperintensity in the left parietal and temporal lobes as well as corresponding slight hyperintensity on the T2 weighted series. There is corresponding slight hypointensity on the ADC map. These findings are compatible with cerebral infarction.

22. As part of the peer review process, the MPEC asked, "In hindsight, was the L MCA infarct evident on the MRI dated 1/3/19?" On or about February 26, 2019, Respondent submitted an email response, stating:

> In hindsight, there is a left MCA territory cortical ischemic infarction evident in the MRI Brain dated 1/3/19. The reason for the missed finding is the misperception of subtle low SI on ADC map. I was aware of the patients earlier CT, CTA & Neuro IR procedure findings and was mentally focused to evaluate any interval changes on the existing ischemic findings in the area and did not perceive any interval worsening. Hence the misinterpretation and miscommunication.

23. During the Board Interview, Respondent acknowledged that his report inaccurately stated that "the infarct is not there." Subsequently, an "experienced neuroradiologist" brought the error to Respondent's attention, which Respondent corrected with an addendum. The medical records show that, on January 7, 2019, Respondent entered an addendum stating, "Further review of the study, shows presence of focal mild localized restricted diffusion in the left posterior parietal/temporal cortex with suggestion of smaller cortical area slight loss of signal on ADC map suggesting cortical infarction in the vascular distribution of left MCA territory."

24. Respondent's care and treatment of Patient B departed from the standard of care in that he missed a finding in his report interpreting Patient B's brain MRI scan, as more particularly described above.

Patient C

25. Patient C is a 56-year-old female who presented to the Emergency Department at MemorialCare Long Beach Medical Center on or about February 6, 2019. Patient C complained of abdominal pain in the right lower quadrant.

26. On the day of Patient C's admission, the hospital performed a CT scan of Patient C's abdomen/pelvis. Respondent's report contains numerous errors, including:

- The report states that the "[a]ppendix is not identified." However, there is a tubular structure inseparable from the cecum and containing small high attenuation findings

(appendicoliths) as well as adjacent haziness of the fat; these findings are most compatible with acute appendicitis.

- The CT scan also shows—but the report does not mention—a hazy appearance of mesenteric fat in the pelvis and lower abdomen. There is a tiny amount of free pelvic fluid.

27. As part of the peer review process, the MPEC noted that, following Respondent's summary of the CT scan, Patient C was discharged. Two days later, Patient C "re-presented to the ER" and required "emergent laparoscopic appendectomy for perforated acute appendicitis with generalized peritonitis and abscess." The MPEC asked, "Did you consider acute appendicitis as a possible diagnosis on the 2/6/19 CT Abdomen/Pelvis?" Although Respondent did not believe the appendix could be visualized in the CT scan, the MPEC concluded that there was sufficient evidence of acute appendicitis on the CT scan and considered Respondent's care to be a "significant improvement opportunity."

28. Respondent's care and treatment of Patient C departed from the standard of care in that he misinterpreted Patient C's abdomen/pelvis CT scan, as more particularly described above.

Patient D

29. Patient D is an 83-year-old female who arrived by paramedic at the Emergency Department at MemorialCare Long Beach Medical Center on or about January 22, 2019. She presented with a traumatic head injury.

30. On the day of Patient D's admission, the hospital performed a CT scan of Patient D's cervical spine. Respondent's report states:

> Grade 1/2 anterior listhesis[4] seen at C7-T1 likely due to perched facets, possibly chronic. Grade 1 4 mm retrolisthesis[5] seen at C4-C5 and C3-C4. Suspected incomplete fracture of the left superior facet of C5. Mild is displaced fracture of the tip of the posterior spinous bifid process of C4. Atlantoaxial articulation appears unremarkable. There is localized widening of the left dental space at C1-C2 articulation with likely hyperdense soft tissue swelling on the lateral and proximal

[4] Anterior listhesis, or anterolisthesis, is the forward displacement of a vertebral body with respect to the vertebral body immediately below it, due to congenital anomaly, degenerative change, or trauma.

[5] Retrolisthesis is the backward displacement of a vertebral body with respect to the vertebral body immediately below it, due to congenital anomaly, degenerative change, or trauma.

posterior aspect of the odontoid process. This is suspicious for a hematoma. The report also describes moderate degenerative changes of cervical spondylosis[6] from C3-C4 through T2-T3 level.

31. Contrary to the report, there is no evidence of acute fracture on the CT scan. The high attenuation findings near the dens are calcifications (most likely from calcium pyrophosphate deposition disease). The described spine subluxations,[7] including at C7-T1, likely are degenerative and not post-traumatic. There is asymmetry of the para-odontoid spaces that does not appear to be acute.

32. As part of the peer review process, the MPEC asked, "Was the CT C-spine dated 1/22/19 read correctly?" On or about April 8, 2019, Respondent submitted an email response, stating, "I believe, I did so based on my visual perception," explaining that on the sagittal scan he "saw a linear focal lucency suggesting an incomplete undisplaced fracture of the superior facet of C5. This was not seen on axial or coronal scans. This is possibly a subtle hairline fracture of uncertain clinical significance. I thought it would help to bring it to the clinician's attention." The MPEC concluded that Respondent's reading represented a "significant improvement opportunity."

33. Respondent's care and treatment of Patient D departed from the standard of care in that he misinterpreted Patient D's cervical spine CT scan, as more particularly described above.

Patient E

34. Patient E is a 32-year-old female who arrived by paramedic at the Emergency Department at MemorialCare Long Beach Medical Center on or about January 29, 2019. She presented to the hospital as a trauma patient following a motor vehicle accident.

35. On the day of Patient E's admission, the hospital performed a CT scan of Patient E's cervical spine. Respondent's report states, "Incomplete undisplaced hairline fractures of the left lateral mass of C1, body of C2, body of T1 and T2." Contrary to the report, there is no evidence of acute fracture on this study.

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[6] Spondylosis is the degeneration or deficient development of a portion of the vertebra.
[7] A spinal subluxation refers to a vertebrae misaligned from its normal position within the spine.

36. As part of the peer review process, the MPEC asked, "Was the CT C-spine dated 1/29/19 read correctly?" On or about April 4, 2019, Respondent submitted an email response, stating, "In the clinical context of H/o Trauma, attention to minute details resulted in observation of subtle CT findings of reformatted scans in 3 planes. These were of incomplete, undisplaced fracture suggested due to small focus of cortical step off, cortical discontinuity and hairline linear lucency of the concerned vertebrae." Respondent continued, "In hindsight and with introspection, some of these are probably due to overcall and likely false positive. This is a good learning point for the future and an important experience and to be avoided." The MPEC concluded that Respondent's reading represented a "significant improvement opportunity."

37. Respondent's care and treatment of Patient E departed from the standard of care in that he misinterpreted Patient E's cervical spine CT scan, as more particularly described above.

SECOND CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

38. Respondent's license is subject to disciplinary action under sections 2227 and 2234 of the Code in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 9 through 37, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. A 89996, issued to Respondent Mahendra Jagjivandas Panchal, M.D.;

2. Revoking, suspending or denying approval of Respondent Mahendra Jagjivandas Panchal, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Mahendra Jagjivandas Panchal, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: JAN 31 2022

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

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