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

In the Matter of the Accusation Against: Gary Royce Wisner, M.D. Physician's and Surgeon's Certificate No. A 41236 Respondent.	Case No. 800-2015-016673

DECISION

The attached Stipulated Surrender of License and 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 JAN 30 2023.

IT IS SO ORDERED JAN 23 2023.

MEDICAL BOARD OF CALIFORNIA

Reji Varghese
Deputy Director

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **GARY ROYCE WISNER, M.D.** **16246 N. LOCUST TREE RD.** **LODI, CA 95240-9311** **X-3085640 2E214A** **Sacramento County Jail** **651 I Street** **Sacramento, California 95814** **Physician's and Surgeon's Certificate No. A 41236** Respondent.	Case No. 800-2015-016673 OAH No. 2022080426 **STIPULATED SURRENDER OF LICENSE AND 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 Jannsen Tan, Deputy Attorney General.

2. Gary Royce Wisner, M.D. (Respondent) is represented in this proceeding by attorney, Robert J. Sullivan, Esq., whose address is: 765 University Avenue, Sacramento, CA 95825.

3. On or about October 1, 1984, the Board issued Physician's and Surgeon's Certificate No. A 41236 to Gary Royce Wisner, 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. 800-2015-016673. On September 2, 2022, Respondent's Physician's and Surgeon's Certificate was suspended after his conviction in a criminal proceeding before the Superior Court of California, County of Sacramento, Case No. 18FE01203.

JURISDICTION

4. Accusation No. 800-2015-016673 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 July 23, 2018. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2015-016673 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2015-016673. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and 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.

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

CULPABILITY

8. Respondent understands that the charges and allegations in Accusation No. 800-2015-016673, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation and that those charges constitute cause for discipline. Respondent hereby gives up his right to contest that cause for discipline exists based on those charges.

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

RESERVATION

11. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Medical Board of California or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

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

13. Respondent understands that, by signing this stipulation, he enables the Executive Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his Physician's and Surgeon's Certificate No. A 41236 without further notice to, or opportunity to be heard by, Respondent.

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

15. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Executive Director on behalf of the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive Director and/or the Board may receive oral and written communications from its staff and/or the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the Executive Director, the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving respondent. In the event that the Executive Director on behalf of the Board does not, in his discretion, approve and adopt this Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason by the Executive Director on behalf of the Board, Respondent will assert no claim that the Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or of any matter or matters related hereto.

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ADDITIONAL PROVISIONS

16. This Stipulated Surrender of License 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.

17. The parties agree that copies of this Stipulated Surrender of License 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.

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

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 41236, issued to Respondent Gary Royce Wisner, M.D., is surrendered and accepted by the Board.

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

2. Respondent shall lose all rights and privileges as a Physician and Surgeon in California as of the effective date of the Board's Decision and Order.

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

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2015-016673 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

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5. Respondent shall pay the agency its costs of investigation and enforcement in the amount of $28,696.25 prior to issuance of a new or reinstated license.

ACCEPTANCE

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

DATED: 12/12/2022

GARY ROYCE WISNER, M.D.
Respondent

I have read and fully discussed with Respondent Gary Royce Wisner, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 12/8/22

ROBERT J. SULLIVAN, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: 12/27/2022

Respectfully submitted,

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

Jannsen Tan

JANNSEN TAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2015-016673

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO July 23 2018
BY K. Voong ANALYST

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

In the Matter of the Accusation Against: **Gary Royce Wisner, M.D.** **621 S. Ham Lane, Suite A** **Lodi, CA 95242** **Physician's and Surgeon's Certificate No. A 41236,** Respondent.	Case No. 800-2015-016673 **A C C U S A T I O N**

Complainant alleges:

PARTIES

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

2. On or about October 1, 1984, the Medical Board issued Physician's and Surgeon's Certificate Number A 41236 to Gary Royce Wisner, 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 July 31, 2020, unless renewed.

JURISDICTION

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

4. Section 2227 of the Code states:

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

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

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

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

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

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

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

5. Section 2234 of the Code states:

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"The board shall take action against any licensee who is charged with unprofessional conduct[1]. 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 practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

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[1] Unprofessional conduct under California 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.)

"(h) The repeated 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."

6. Section 2266 of the Code states:

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

FIRST CAUSE FOR DISCIPLINE
(Gross Negligence Patient A)

7. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the code, in that he committed gross negligence in his care and treatment of Patient A[2], as more particularly alleged hereinafter.

8. Respondent is a physician and surgeon board certified in Orthopedic Surgery, who at all times alleged herein practiced medicine under the name and style of Gary R. Wisner M.D., Orthopedics Sports & Workers' Medical Group, Inc. in Lodi, California.

9. On or about October 29, 2015, Respondent saw Patient A for an office visit. Patient A was a 54-year-old male patient who complained of hip pain. Respondent documented the "nature of injury" as left hip pain. Respondent documented the chief complaint as "CTL spine, left hip." Respondent documented, "patient states that he has had left hip pain for about a year... Getting worse, especially with activity and prolonged walking." Respondent ordered x-rays of the cervical spine, thoracic spine, lumbar spine, pelvis, left and right hips, left femur, and right femur.

10. On or about November 12, 2015, Respondent saw Patient A for an office visit. Respondent documented the chief complaint as "CTL spine, left hip, left knee, right foot/ankle." Respondent documented "... Left hip has more mobility with therapy... Pain radiates into his knee/ankles..." Respondent ordered x-rays of the cervical spine, thoracic spine, a scoliosis film, left knee, left femur, left tibia, right tibia, right foot, right ankle, and right calcaneus.

[2] Patient names have been redacted to protect patient confidentiality.

Respondent's plan was to obtain an MRI of the cervical spine, thoracic spine, and lumbar spine to "rule out HNP." He also planned MRI's of both hips and pelvis, to "rule out AVN."

11. On or about November 17, 2015, Respondent obtained an MRI of Patient A's left hip which revealed "moderate osteoarthritic changes left hip... Milder osteoarthritic changes right hip..." An MRI of the lumbar spine was done that same day reportedly showing "mild discopathy L1/2 - L4/5, mild L4/5 central stenosis." Respondent's request for a thoracic spine MRI was denied by insurance for lack of symptoms.

12. On or about November 30, 2015, Respondent saw Patient A for an office visit. Respondent documented the chief complaint as "CTL-spine left hip, right knee, both feet." Respondent documented "his back is doing good-most pain is in left hip." Respondent also documented "back pain radiates into his knees at times." Respondent ordered x-rays of Patient A's right knee, right femur, right tibia, left tibia, left foot, left ankle, and left calcaneus. Respondent's plan was to obtain an MRI of the cervical and thoracic spine to "rule out HNP" and to obtain an MRI of the right hip and pelvis to "rule out AVN."

13. On or about December 8, 2015, Respondent obtained an MRI of Patient A's cervical spine for "neck pain." The report of the study showed "disc bulges at C4/5, C5/6, C6/7. Right-sided foraminal stenosis at C5/6, C6/7 with potential compression of right C6 and C7 nerve roots."

14. On or about January 4, 2016, Respondent saw Patient A for an office visit. Respondent documented Patient A's chief complaint as "CTL spine, left hip, both knees, both shoulders, both feet/ankles." Respondent documented "CTL-spine has been doing okay-most pain is in left hip still... C-spine pain radiates into his shoulders, and low back pain goes into his feet/knee." Respondent ordered x-rays that included a scoliosis film, a full-length left lower extremity x-ray, x-rays of Patient A's ankles, right shoulder, right humerus, left shoulder, and left humerus. The chart notation states the review of the x-rays revealed "OA." Respondent's plan was to obtain an MRI of the thoracic spine and an MRI of the right hip and pelvis. Respondent documented, left total hip replacement was suggested "if/when he is ready." "Second opinion encouraged."

15. Respondent committed gross negligence in his care and treatment of Patient A in that Respondent obtained excessive, non-medically necessary and repeated x-rays of areas outside of Patient A's complaint.

SECOND CAUSE FOR DISCIPLINE
(Gross Negligence Patient B)

16. On or about May 20, 2010[3], Respondent saw Patient B for an office visit. Patient B was a 58-year-old male, who presented with complaints of left knee pain from a work-related injury that had occurred on or about March 13, 2007. Respondent documented that Patient B had "twisted his left knee coming down some stairs at work." Respondent ordered x-rays of Patient B's left knee, left femur, and left tibia.

17. On or about June 24, 2010, Respondent saw Patient B for a follow up visit. Respondent ordered full length x-rays of Patient B's left lower extremity during this visit.

18. On or about August 17, 2010, Respondent saw Patient B for a follow up visit. Respondent ordered an MRI study of Patient B's left knee showing a "recurrent medial meniscus tear... chondromalacia."

19. On or about September 14, 2010, Respondent ordered x-rays of Patient B's left femur, left knee, and left tibia. On or about September 21, 2010, Respondent ordered additional x-rays of Patient B's left knee. On or about November 8, 2010, Respondent also ordered x-rays of Patient B's right knee and a full-length study of the right lower extremity.

20. On or about December 6, 2010, Respondent ordered x-rays of Patient B's left femur, left knee, and left tibia as part of the preoperative examination for a planned left knee arthroscopy.

21. On or about December 16, 2010, Patient B had an arthroscopic procedure on his left knee, a partial medial meniscectomy, a partial lateral meniscectomy, and a microfracture chondroplasty.

[3] Conduct occurring prior to July, 2011, is for informational purposes only, and is not alleged as a basis for disciplinary action.

22. On or about December 28, 2010, Respondent saw Patient B for a post-operation visit. Respondent ordered x-rays of Patient B's left femur, left knee, left tibia, and full-length left lower extremity.

23. During the period of January 2011 to December 2011, Respondent saw Patient B monthly for office visits. At each of these visits, Respondent ordered x-rays of Patient B's left femur, left knee, and left tibia.

24. During the period of January 2012 to December 2012, Respondent saw Patient B multiple times for office visits. On or about March 16, 2012, Respondent ordered x-rays of Patient B's left femur, left knee, and left tibia. On or about April 20, 2012, Respondent ordered x-rays of Patient B's right and left lower extremities, full length. On or about August 1, 2012, Respondent ordered x-rays of Patient B's left femur, left, knee, and left tibia. On or about November 12, 2010, Respondent ordered x-rays of Patient B's right and left lower extremities, full length.

25. During the period of January 2013 to December 2013, Respondent saw Patient B, multiple times for office visits. On or about January 16, 2013, Respondent ordered repeat MRIs of Patient B's left knee, showing osteoarthritis and a small medial meniscus tear. On or about January 22, 2013, Respondent ordered x-rays of Patient B's left femur, left knee, and left tibia. On or about March 5, 2013, Respondent ordered x-rays of Patient B's left femur, left knee, and left tibia. On or about April 2, 2013, Respondent ordered x-rays of Patient B's right and left lower extremities, full length. On or about May 3, 2013, Respondent ordered x-rays of Patient B's left tibia, left calcaneus, left foot, and left ankle. Respondent failed to document any medical indication of any foot or ankle complaints. On or about June 28, 2013, Respondent ordered x-rays of Patient B's left femur, left knee, and left tibia. On or about October 10, 2013, Respondent ordered repeat full-length lower extremity x-rays of Patient B's right and left legs. On or about December 5, 2013, Respondent ordered x-rays of Patient B's left femur, left knee, and left tibia. On or about December 27, 2013, Respondent ordered x-rays Patient B's left tibia, left calcaneus, left foot, and left ankle.

26. During the period of January 2014 to December 2014, Respondent saw Patient B multiple times for office visits. On or about January 3, 2014, Respondent ordered a repeat MRI of Patient B's left knee showing an "altered medial meniscus, not clearly torn, patellofemoral and medial compartment osteoarthritis." On or about January 29, 2014, Respondent ordered x-rays of Patient B's thoracic spine, lumbosacral spine, pelvis, and both hips. On or about February 19, 2014, Respondent ordered x-rays of Patient B's lumbosacral spine and a full-length spine x-ray, which he documented as "scoliosis."

27. On or about March 12, April 9, May 13, June 20, 2014, Respondent saw Patient B for follow up visits. During these visits, Respondent ordered x-rays of Patient B's left femur, left knee, left tibia, left calcaneus, left foot, and left ankle, with additional x-rays taken of the full length of the spine. During the March 12, 2014, and June 20, 2014 visits, Respondent documented "scoliosis."

28. On or about July 25, August 29, November 10, December 1 and December 22, 2014, Respondent saw Patient B for follow up visits. During these visits, Respondent ordered x-rays of Patient B's left femur, left knee, and left tibia at each visit. Respondent also ordered x-rays of Patient B's thoracic spine and lumbar spine. During the August 29, 2014 visit, Respondent ordered a full-length study of both lower extremities, lumbosacral spine series and a full-length spine x-ray. During the November 10, 2014, and December 1 and 22, 2014 visits, Respondent ordered x-rays of Patient B's left foot, left calcaneus, and left ankle. During the December 22, 2014 visit, Respondent ordered a repeat full-length spine x-ray and x-rays of the cervical spine.

29. On or about January 15, 2014, Respondent saw Patient B for a right knee injury that Patient B sustained on or about May 11, 2013. On or about January 15, 2014, and September 22, 2014, Respondent ordered x-rays of Patient B's right knee, right femur, right tibia and a full-length x-ray of the entire right lower extremity. On or about October 6, 2014, and October 20, 2014, Respondent ordered x-rays of Patient B's right knee, right femur, right tibia, right foot, right ankle, and right calcaneus.

30. During the period of January 2015 to September 2015, Respondent saw Patient B multiple times for office visits. On or about January 12, 2015, Respondent saw Patient B for "pain radiating to the back." Respondent ordered x-rays of Patient B's cervical, thoracic and lumbar spine, pelvis, and hips. On or about February 17, 2015, Respondent ordered x-rays of Patient B's left femur, left knee, left tibia, as well as cervical and lumbosacral spine x-rays, and a full-length or "scoliosis" x-ray. On or about March 10, 2015, Respondent saw Patient B for complaints of "pain into the back on occasion." Respondent ordered full-length x-rays of Patient B's spine, and lower extremities. On or about March 25, 2015, April 15, 2015, and May 12, 2015, Respondent ordered x-rays of Patient B's left femur, left knee, left tibia, left calcaneus, left foot, and left ankle. On or about July 24, 2015, Respondent ordered x-rays of Patient B's cervical, thoracic and lumbosacral spine, pelvis and both hips.

31. On or about February 2, February 23, March 16, April 6, April 27, June 16, July 3, August 21, and September 25, 2015, Respondent saw Patient B for an office visit involving Patient B's prior right knee injury. During these visits, Respondent ordered x-rays of Patient B's right knee, right femur, right tibia, right foot, right ankle, and right calcaneus.

32. On or about October 1, 2015, Patient B had an arthroscopic procedure for his right knee, an arthroscopic debridement, partial medial meniscectomy, microfracture chondroplasty, and lateral release. Respondent saw Patient B six times post-operatively and at each of these visits he had x-rays taken of the right knee, right femur, right tibia, right foot, right ankle, and right calcaneus. Respondent also ordered an additional x-ray of Patient B's left lower extremity a day after surgery.

33. During the period of January 2016 to December 2016, Respondent saw Patient B multiple times for office visits. On or about January 8 and 29, 2016, Respondent ordered x-rays of Patient B's right knee, right femur, right tibia, right foot, right ankle, and right calcaneus. On or about February 19, 2016, Respondent ordered x-rays of Patient B's right knee, right femur, and right tibia. On or about March 11, 2016, Respondent ordered x-rays of Patient B's right foot, right ankle, and right calcaneus. On or about April 1, April 22, 2016 and May 19, 2016, Respondent ordered x-rays of Patient B's right knee, right femur, right tibia, right foot, right

ankle, and right calcaneus. On or about June 9 and July 11, 2016, Respondent ordered x-rays of Patient B's right femur, right knee, and right tibia. On or about June 29, 2016, Respondent ordered x-rays of Patient B's left lower extremity. On or about July 29, 2016, Respondent ordered x-rays of Patient B's right tibia, right calcaneus, right foot, and right ankle. On or about October, 21, 2016, Respondent ordered x-rays of Patient B's right femur, right knee, and right tibia.

34. On or about August 18, 2016, Respondent saw Patient B for a qualified medical examination for Patient B's knees. On or about December 2, 2016, Respondent ordered x-rays of Patient B's left knee, left femur, and left tibia. On or about December 30, 2016, Respondent ordered a full length x-ray of Patient B's left lower extremity.

35. On or about January 27, 2017, Respondent ordered x-rays of left tibia, left foot, left ankle. On or about January 20 and February 17, 2017, Respondent ordered x-rays of Patient B's right femur, right knee, and right tibia.

36. Respondent committed gross negligence in his care and treatment of Patient B in that Respondent obtained excessive, non-medically necessary and repeated x-rays of Patient B's knees, lower extremities, and spine, with no documented change in Patient B's complaints or documented additional trauma.

THIRD CAUSE FOR DISCIPLINE
(Gross Negligence Patient C)

37. On or about January 12, 2004[4], Respondent saw Patient C for an office visit. Patient C was a 55-year-old female who presented with a chief complaint of left knee pain arising from a work related injury she sustained on or about November 13, 2003. Respondent ordered x-rays of Patient C's left knee during this visit. On or about March 22, 2004, Respondent saw Patient C for a preoperative examination. During this visit, Respondent ordered x-rays of Patient C's left knee.

[4] Conduct occurring prior to July, 2011, is for informational purposes only, and is not alleged as a basis for disciplinary action.

38. On or about March 25, 2004, Patient C had an arthroscopic procedure on her left knee, an arthroscopic debridement, partial medial meniscectomy, partial lateral meniscectomy, and a microfracture chondroplasty of the trochlea and medial femoral condyle. During the surgery, Patient C was found to have an absent or deficient anterior cruciate ligament. Respondent saw Patient C post-operatively 3 times, with x-rays being taken on each visit.

39. On June 30, 2004, Respondent saw Patient C for a for preoperative examination for another left knee surgery. During this visit, Respondent ordered x-rays of Patient C's left knee.

40. On or about July 8, 2004, Patient C had another procedure on the left knee, another arthroscopic debridement, partial medial meniscectomy, partial lateral meniscectomy, microfracture chondroplasty of the trochlea, medial femoral condyle, lateral femoral condyle, and an allograft anterior cruciate ligament reconstruction. Respondent saw Patient C on or about July 23, August 19, October 1, November 8 and December 31, 2004. Respondent ordered x-rays of Patient C's left knee at every visit.

41. During the period of February to August, 2005, Respondent ordered x-rays of Patient C' left knee on April 1, and August 10, 2005.

42. During the period February to December 2005, Respondent also saw Patient C for upper extremity complaints arising from an injury on or about December 31, 2004. Respondent ordered x-rays of both of Patient C's wrists on February 2, and April 25, 2005. On or about April 28, 2005, Respondent performed a right carpal tunnel release. On or about May 13, 2005, Respondent ordered an x-ray of Patient C's right wrist during a postoperative visit. On or about December 9, 2005, Respondent saw Patient C. Respondent documented, "bilateral wrist... left greater than right due to using crutches..." During this visit Respondent ordered x-rays of Patient C's hands and wrists.

43. On or about February 6, 2006 Respondent saw Patient C for a preoperative visit. During this visit, Respondent ordered x-rays of Patient C's left wrist. On or about February 9, 2006 Respondent performed a left carpal tunnel release. On or about February 24, April 28, 2006, Respondent ordered x-rays of Patient C's left wrist. On or about July 6, 2006,

Respondent documented that Patient C was "happy with results." Respondent ordered x-rays of Patient C's wrists.

44. On or about May 3, and September 8, 2006, Respondent ordered x-rays of Patient C's left knee.

45. During the period of 2007 through 2011, Respondent ordered multiple x-rays of Patient C's left knee and upper extremities

46. During the period of January to November 2012, Respondent saw Patient C multiple times for office visits. On or about January 25, 2012, Respondent ordered full length x-rays of Patient C's lower extremities. On or about July 30, and November 19, 2012, Respondent ordered x-rays of Patient C's left knee, left femur, and left tibia. Respondent ordered an additional full length x-ray of Patient C's lower extremities during the November 19, 2012 visit.

47. Respondent also saw Patient C for upper extremity complaints. On or about April 10, 2012, Respondent ordered x-rays of Patient C's wrists, hands, and elbows. On or about August 2, 2012, Respondent documented "left elbow flare into left hand... Right elbow occasional pain, right hand occasionally numb." During this visit, Respondent ordered x-rays of both forearms. On or about October 25, 2012, Respondent documented "right long and ring fingers stuck." During this visit, Respondent ordered x-rays of Patient C's wrists and hands. On or about December 17, 2012, Respondent documented "pain right hand, finger gets stuck, left hand okay." During this visit, Respondent ordered x-rays of Patient C's left and right humerus, elbows, and forearms.

48. During the period of January to October, 2013, Respondent saw Patient C multiple times for office visits. On or about January 30, March 1 and March 18, 2013, Respondent ordered x-rays of Patient C's left knee, left femur, and left tibia. On or about March 28, 2013, Patient C had another left knee surgery, an arthroscopic debridement with a partial medial meniscectomy and partial lateral meniscectomy, finding absent anterior cruciate ligament. On or about March 29, April 5, April 12, April 29, May 21, June 10, July 29, and September 18, 2013, Respondent saw Patient C postoperatively. During these visits, Respondent ordered x-rays of Patient C's left knee, left femur, and left tibia. On or about September 24, 2013, Patient C had another left knee

surgery, an arthroscopic debridement with a partial medial meniscectomy and partial lateral meniscectomy, a microfracture chondroplasty of the medial femoral condyle and an allograft revision anterior cruciate ligament reconstruction. Following this surgery, Respondent saw Patient C on or about September 27, October 7, October 14, October 28, November 4, and November 18, 2013. During these visits, Respondent ordered x-rays of the left knee, left femur, and left tibia. On or about September 27, 2013, Respondent ordered a full length x-ray of Patient C's left lower extremity.

49. Respondent also saw Patient C for upper extremity complaints. On or about January 28, June 17, July 8, August 19, 2013, Respondent documented triggering of fingers of the right hand. On or about January 28, 2013, Respondent ordered x-rays of Patient C's wrists. On or about June 17, 2013, Respondent ordered x-rays of Patient C's humeri, elbows, and forearms. On or about July 17, 2013, Respondent ordered x-rays of Patient C's forearms, wrists, and hands. On or about August 19, 2013, Respondent ordered x-rays of both wrists.

50. During the period of January to December 2014, Respondent saw Patient C multiple times for office visits. On or about January 6, January 20, March 5, March 31, April 28, May 21, July 9, July 30, September 3, October 17, November 20, 2014, Respondent ordered x-rays of Patient C's left knee, left femur, and left tibia. On or about January 6, January 20, March 31, April 28, May 21, July 9, July 30, September 3, October 17, November 20, 2014, Respondent also ordered x-rays of Patient C's left calcaneus, left foot, and left ankle. Respondent also ordered full length x-rays of Patient C's lower extremity. Respondent documented that Patient C complained of pain in the foot and ankle on or about January 20, March 31, April 28, May 21, July 30, and November 20, 2014.

51. Respondent also saw Patient C for upper extremity complaints. On or about January 8, 2014, Respondent ordered x-rays of Patient C's humeri, both elbows, and both forearms. On or about June 11, 2014, Respondent ordered x-rays of Patient C's forearms, wrists, and hands. On or about July 16, 2014, Respondent ordered x-rays of Patient C's humeri, elbows, and forearms. On or about October 1, 2014, Respondent ordered x-rays of Patient C's forearms, wrists, and hands. On or about November 13, 2014, Respondent documented Patient C's

complaints, "hands equal to last visit, increased pain and stiffness." Respondent ordered x-rays of Patient C's wrists.

52. During the period of January to December 2015, Respondent saw Patient multiple times for office visits. On or about February 2, February 9, February 13, March 12, April 14, June 1, July 15, November 16, and December 7, 2015, Respondent ordered x-rays of Patient C's left knee, left femur, and left tibia. On or about February 2, February 9, February 13, March 12, June 1, July 15, November 16, and December 7, 2015, Respondent ordered x-rays of Patient C's left calcaneus, left foot, and left ankle. On or about March 12, April 14, and June 1, 2015, Respondent documented Patient C complained of back pain. During these visits, Respondent ordered x-rays of Patient C's spine.

53. Respondent also saw Patient C for upper extremity complaints. On or about January 14, 2015, Respondent ordered x-rays of Patient C's humeri, forearms, and elbows. On or about February 11, 2015, Respondent ordered x-rays of Patient C's forearms, wrists, and hands. On or about May 12, 2015, Respondent ordered x-rays of Patient C's humeri, elbows, forearms, and wrists. On or about June 17, 2015, Respondent ordered x-rays of Patient C's forearms, wrists, and hands. On or about July 16, 2015, Respondent ordered x-rays of Patient C's humeri, elbows, and forearms. On or about October 6, 2015, Respondent ordered x-rays of Patient C's right forearm, right wrist, and right hand. On or about November 13, 2015, Respondent ordered x-rays of Patient C's left forearm, left wrist, and left hand. Respondent documented Patient C's complaints for each of these visits as, "referred primarily to painful triggering of fingers in the right hand."

54. During the period of January to December 2016, Respondent saw Patient C multiple times for office visits. On or about January 19 and February 9, 2016, Respondent saw Patient C for an office visit with a chief complaint of left knee pain. During these visits, Respondent ordered x-rays of Patient C's left knee, left femur, and left tibia. On or about February 9, 2016, Respondent also ordered x-rays of Patient C's left calcaneus, left foot, and left ankle. On or about February 18, 2016, Patient C had another arthroscopic procedure on her left knee, an arthroscopic debridement with partial medial meniscectomy, a partial lateral

meniscectomy, and a microfracture chondroplasty of the patellofemoral joint, medial femoral condyle, and medial tibial plateau. On or about February 19, 2016, Respondent ordered a postoperative full length x-ray of Patient C's lower extremity. On or about February 19, March 1, March 7, March 29, March 25, June 15, July 11, 2016, Respondent saw Patient C postoperatively. During these visits, Respondent ordered x-rays of Patient C's left knee, left femur, left tibia, left calcaneus, left foot, and left ankle. Respondent documented that Patient C was improved or "doing good."

55. Respondent also saw Patient C for upper extremity complaints. On or about January 27, 2016, Respondent ordered x-rays of Patient C's humeri, elbows, and forearms. On or about March 22, 2016, Respondent ordered x-rays of Patient C's wrists. On or about July 27, 2016, Respondent ordered x-rays of Patient C's shoulders, forearms, and elbows. On or about November 2, 2016, Respondent ordered x-rays of both wrists. Respondent documented that Patient C had complained of some shoulder pain during the March and July visits, as well as elbow pain during the July visit.

56. On or about January 9, 2017, Respondent saw Patient C for an office visit. Respondent ordered full length x-rays of Patient C's lower extremity.

57. Respondent also saw Patient C for upper extremity complaints. On or about January 18, and February 13, 2017, Respondent ordered x-rays of Patient C's humeri, elbows and forearms. Respondent also ordered additional x-rays of Patient C's wrists and hands during the February 13 visit. On or about February 23, 2017, Patient C had hand surgery. Respondent failed to document an operative report with respect to this procedure. On or about February 24, March 6 and March 16, 2017, Respondent ordered x-rays of Patient C's humeri, elbows, forearms, wrists, and hands.

58. Respondent committed gross negligence in his care and treatment of Patient C in that Respondent obtained excessive, non-medically necessary and repeated x-rays of Patient C's left lower extremity, both upper extremities, and spine.

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FOURTH CAUSE FOR DISCIPLINE
(Gross Negligence Patient D)

59. On or about January 7, 2005[5], Respondent first saw Patient D for an office visit. Patient D was a 77-year-old female who presented with a chief complaint of left knee pain arising from a work related injury she sustained on or about September 22, 2004. A prior MRI study revealed a left medial meniscus tear. During this visit, Respondent decided to proceed with an arthroscopic surgery for her left knee.

60. On or about March 10, 2005, Respondent saw Patient D for a preoperative examination and x-ray of Patient D's left knee. On or about March 17, 2005, Patient D had surgery on her left knee, an arthroscopic partial medial meniscectomy, lateral release, and microfracture chondroplasty.

61. On or about April 1, 2005, Respondent saw Patient D for a postoperative exam. Respondent ordered x-rays of Patient D's left knee. On or about May 13, 2005, Respondent saw Patient D for another postoperative visit. During this visit, Respondent ordered x-rays of Patient D's left knee.

62. During the period of June 2005 to 2009, Respondent saw Patient D multiple times for office visits. During this period, Respondent ordered multiple x-rays of Patient D's left knee.

63. On or about July 24, 2006, Respondent also saw Patient D for lower back pain. Respondent ordered x-rays of Patient D's lumbosacral spine, pelvis, and both hips. Respondent documented Patient D's chief complaint as, "low back pain and bilateral leg pain." On or about August 17, 2006, Respondent ordered an MRI study, which revealed degenerative disc disease and lumbosacral spine and mild to moderate spinal stenosis at the L4/5 level.

64. During the period of February to December 2009, Respondent saw Patient D multiple times for office visits. On or about May 1, 2009, Respondent ordered exploratory x-rays of Patient D's left knee and both full length extremities. On or about September 4, 2009, Respondent ordered x-rays of Patient D's left knee.

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[5] Conduct occurring prior to July, 2011, is for informational purposes only, and is not alleged as a basis for disciplinary action.

65. On or about September 25, 2009, Respondent saw Patient D for complaints with respect to Patient D's left ankle, left hand, and right elbow, having fallen 2 days earlier. During this visit, Respondent ordered x-rays of Patient D's left calcaneus, left foot, left ankle, right elbow, both wrists, and both hands. On or about October 9, 2009, Respondent ordered x-rays of Patient D's right elbow, right wrist, and right hand.

66. During the period of January to December 2010, Respondent saw Patient D for multiple office visits. During these visits, Respondent ordered x-rays of Patient D's left knee, left femur, and left tibia.

67. During the period of January to December 2011, Respondent saw Patient D for multiple office visits. On or about January 22, 2011, Respondent ordered full-length x-rays of Patient D's lower extremity. On or about April 28, 2011, Respondent ordered x-rays of Patient D's left knee, left femur, and left tibia. On or about August 31, 2011, Respondent ordered full-length x-rays of Patient D's lower extremities. On or about October 12, 2011, Respondent ordered x-rays of Patient D's left femur, left knee, and left tibia.

68. During the period of January to December 2012, Respondent saw Patient D for multiple office visits. On or about January 18, 2012, Respondent ordered full length x-rays taken of Patient D's lower extremities. On or about April 9, 2012, Respondent ordered x-rays of Patient D's left knee, left femur, and left tibia. On or about August 30, 2012, Respondent ordered full-length x-rays of Patient D's lower extremities. On or about October 18, 2012, Respondent ordered x-rays of Patient D's left femur, left knee, and left tibia.

69. On or about May 2, 2012, Patient D underwent another MRI of the lumbosacral spine, upon orders of a third party physician. The MRI scan revealed L4/5 spinal stenosis. Respondent saw Patient D on or about November 12, 2012 with a chief complaint of "TL spine... Low back pain radiating into left leg." Respondent ordered x-rays of Patient D's lumbosacral spine, pelvis, both hips, and the thoracic spine.

70. On or about December 5, 2012, Patient D had another MRI of her thoracic spine and both hips. The spinal MRI revealed degenerative disc disease, and the hip study showed no

avascular necrosis. Respondent saw Patient D on or about December 13, 2012 with a complaint of "TL spine" and had x-rays of the lumbosacral spine, left femur, and a scoliosis study.

71. During the period of January to December 2013, Respondent saw Patient D for multiple office visits. On or about February 4, 2013, Respondent ordered full-length x- rays of Patient D's lower extremities. On or about April 11, 2013, Respondent ordered x-rays of Patient D's left femur, left knee, and left tibia. On or about August 30, 2013, Respondent ordered full length x-rays of Patient D's lower extremities. On or about October 23, 2013, Respondent ordered x-rays of the Patient D's left femur, left knee, and left tibia. On or about December 19, 2013, Respondent ordered x-rays of Patient D's left tibia, left calcaneus, left foot, and left ankle.

72. During the period of January to December 2013, Respondent also saw Patient D multiple times for back pain. On or about January 31, 2013, Respondent ordered x-rays of Patient D's cervical spine, right humerus, right elbow, right forearm, left tibia, left calcaneus, left foot, and left ankle. On or about February 5, 2013 Respondent ordered an MRI study of Patient D's cervical spine, which revealed degenerative disc disease. On or about February 14, 2013, Respondent documented complaints of "CTL spine, left sciatica" and ordered x-rays of Patient D's cervical spine, a full-length right lower extremity x-ray, x-rays of Patient D's left forearm, wrists, and hands. On or about March 14, 2013, Respondent documented complaints of "CTL spine, left sciatica, right hand, left and right ankle begin." Respondent ordered x-rays Patient D's right tibia, right calcaneus, right foot, and right ankle. On or about May 2, 2013, Respondent documented complaints of "CTL spine, right hand, both ankles." Respondent ordered x-rays of Patient D's left foot, and left ankle. On or about May 20, 2013, Respondent documented complaints of "CTL spine, both ankles." Respondent ordered x-rays of Patient D's cervical spine and lumbosacral spine. Respondent's chart notation for that day stated "CTL spine good." On or about May 28, 2013 Respondent ordered an MRI study of Patient D's cervical, thoracic, and lumbar spine, which revealed degenerative disc disease. On or about June 28, 2013, Respondent documented complaints of "CTL spine, both ankles." Respondent ordered a scoliosis x-ray, x-rays of Patient D's pelvis and both hips. On or about the July 26, 2013, Respondent documented complaints of "CTL spine, both feet." Respondent ordered x-rays of Patient D's cervical spine,

and a scoliosis study. Respondent documented "CTL spine okay." On or about August 30, 2013, Respondent ordered an MRI of Patient D's left ankle and left foot, which revealed left midfoot osteoarthritis. On the same day, Patient D had an MRI of her chest showing left sternoclavicular osteoarthritis. On or about September 6. 2013, Respondent documented a chief complaint of "CTL spine, both feet." Respondent ordered an x-ray of Patient D's left ankle and sternum, with a chart notation that stated "chest bump."

73. On or about October 15, 2013, Respondent saw Patient D for her 2009 fall and complaints of the left ankle, left hand, and right elbow pain. Respondent ordered x-rays of Patient D's right elbow, right wrist, right hand, left calcaneus, left foot, and left ankle.

74. During the period of January to December 2014, Respondent saw Patient D for multiple office visits. On or about January 16, 2014, Respondent ordered full length x-rays of Patient D's lower extremities. On or about February 11, 2014, Respondent documented Patient D's chief complaint of "left knee and CTL-spine." During this visit, Respondent ordered x-rays of Patient D's thoracic spine, lumbosacral spine, pelvis, and both hips. On or about March 4, 2014, Respondent documented a chief complaint of "left knee" and a notation stating "pain radiating into [Patient D's] back." During this visit, Respondent ordered x-rays of Patient D's lumbosacral spine and a full-length scoliosis film. On or about April 1, 2014, Respondent documented a chief complaint of "left knee pain radiating into the back." Respondent ordered x-rays of Patient D's left femur, left knee, left tibia, and another full-length scoliosis x-ray. On or about May 6, 2014, Respondent documented a chief complaint of "knee pain radiating into the lower back and into both feet and ankles." Respondent ordered x-rays of Patient D's left tibia, left calcaneus, left foot, and left ankle. On or about July 28, 2014, Respondent documented a chief complaint of "left knee pain radiating into the left foot and ankle." Respondent ordered full length x-rays taken of Patient D's lower extremities. On or about August 22, and September 12, 2014, Respondent ordered x-rays of Patient D's left femur, left knee, and left tibia. On or about October 10, 2014, Respondent documented a chief complaint of "left knee, CTL-spine." Respondent ordered x-rays of Patient D's thoracic spine, lumbosacral spine, pelvis, and both hips. On or about November 7, 2014, Respondent documented a chief complaint of "left knee, CTL-

spine... knee pain radiating into back." Respondent ordered x-rays of Patient D's lumbosacral spine, a full-length scoliosis study, and x-rays of both femurs. On or about December 5, 2014, Respondent ordered x-rays of Patient D's left femur, left knee, and left tibia x-rays, and another scoliosis film.

75. During the period of January to December 2015, Respondent saw Patient D for multiple office visits. On or about January 7, 2015, Respondent ordered x-rays of Patient D's left femur, left knee, left tibia, left calcaneus, left foot, left ankle. On or about February 9, 2015, Respondent documented a chief complaint of "left knee, CTL spine... Pain/stiffness radiating into the neck and mid lower back." Respondent ordered x-rays of Patient D's cervical spine and lower extremities, full length. On or about March 2, 2015, Respondent ordered x-rays of the Patient D's left femur, left knee, left tibia, and cervical spine. On or about April 6, 2015, Respondent ordered x-rays of Patient D's left femur, left knee, and left tibia. On or about May 11, 2015, Respondent documented a chief complaint of "left knee... Pain into back and neck." Respondent ordered x-rays of Patient D's thoracic spine, lumbosacral spine, pelvis, hips, and both femurs. On or about June 11, 2015, Respondent documented a chief complaint of "left knee... pain into back." Respondent ordered x-rays of Patient D's lumbosacral spine and a full length scoliosis study. On or about July 16, 2015, Respondent ordered a full length scoliosis film, x-rays of the left femur, left knee, and left tibia. On or about August 20, 2015, Respondent ordered x-rays of Patient D's cervical spine, and full length lower extremities. On or about December 4, 2015, Respondent ordered x-rays Patient D's left femur, left knee, and left tibia.

76. During the period of January to December 2016, Respondent saw Patient D for multiple office visits. On or about January 11, 2016, Respondent ordered x-rays of Patient D's thoracic and lumbosacral spine, pelvis, hips, and femur. On or about February 10, Respondent ordered x-rays of Patient D's lumbosacral spine, and a full-length lateral scoliosis study. On or about March 16, 2016, Respondent ordered x-rays of Patient D's left femur, left tibia, left knee, and an AP scoliosis study. On or about April 29, 2016, Respondent ordered x-rays of Patient D's left lower extremity, full length, x-rays of the left tibia, left calcaneus, left foot, and left ankle. On or about June 13, 2016, Respondent ordered x-rays of Patient D's left femur, left knee, and left

tibia. On or about July 28, 2016, Respondent ordered x-rays Patient D's left tibia, left calcaneus, left foot, and left ankle. On or about October 19, 2016, Respondent ordered x-rays of Patient D's left lower extremity.

77. On or about January 4, 2017, Respondent ordered x-rays of Patient D's left femur, left knee, and left tibia. On or about February 24, 2017, Respondent ordered x-rays of Patient D's left tibia, left calcaneus, left foot, and left ankle.

78. Respondent committed gross negligence in his care and treatment of Patient D in that Respondent obtained excessive, non-medically necessary and repeated x-rays of Patient D's left knee, left femur, left tibia, spine, left foot, left ankle, left calcaneus, right elbow, right wrist, and right hand.

FIFTH CAUSE FOR DISCIPLINE
(Gross Negligence Patient E)

79. On or about August 6, 2014, Respondent first saw Patient E for an office visit. Patient E was a 65-year-old female who presented with a chief complaint of "both knees left greater than right and both hips." Patient E's knees had been popping, locking and have interfered with her sleep. Patient E also complained that she had "pain in both hips especially at night when lying down or doing activities." Respondent documented "I firmly believe that her pain is sciatic from her back." Respondent ordered x-rays of Patient E's pelvis, hips, right femur, right knee, right tibia, left femur, left knee, and left tibia. Respondent documented his plan was to obtain MRIs of both hips, pelvis, and both knees.

80. On or about August 20, 2014 Patient E had an MRI study of both hips and pelvis. This study was unremarkable for any bony abnormalities. On or about August 22, 2014, Patient E had an MRI study of both knees showing medial and lateral meniscus tears, osteoarthritis and mild patellar tilt on the left, and medial and lateral meniscal tears and osteoarthritis on the right.

81. On or about August 25, 2014, Respondent saw Patient E for an office visit. Respondent documented Patient E's chief complaint as "both knees left greater than right, both hips, C-T-L-spine, left foot, ankle." During this visit Respondent ordered x-rays of Patient E's

lower extremities, full length, a scoliosis x-ray, x-rays of Patient E's cervical and lumbar spine, left foot, left ankle, left heel, and left tibia.

82. On or about September 10, 2014, Respondent saw Patient E for a preoperative examination of her left knee. Respondent documented Patient E's chief complaint as "bilateral knees left greater than right and bilateral hips." Respondent documented that both hips had some pain and that the knees continue to have pain, popping, and catching. Respondent documented that Patient E had pain into her back and neck. Respondent ordered x-rays of Patient E's cervical and lumbar spine, a scoliosis x-ray, left femur, left knee, left tibia, left ankle, left foot, and left heel. Patient E had surgery on September 25, 2014.

83. On or about September 26, 2014, Respondent saw Patient E for a post operative visit. Respondent ordered x-rays of Patient E's left lower extremity, full length, the left knee, left femur, left tibia, left heel, left ankle, and left foot.

84. On or about October 3, 2014, Respondent saw Patient E for an office visit. Respondent ordered x-rays of Patient E's left knee, left femur, left tibia, left foot, left ankle, and the left heel.

85. On or about October 10, 2014, Respondent saw Patient E for an office visit. Respondent ordered x-rays of Patient E's left knee, left femur, left tibia, left foot, left ankle, and the left heel.

86. On or about October 24, 2014, Respondent saw Patient E for an office visit. Respondent documented "status post left knee, both hips, right knee," knee is "50% better, at the C-T-L-spine is fine, feet and ankle are good." During this visit, Respondent ordered x-rays of Patient E's left femur, left knee, left ankle, left foot, and left heel, with no acute changes noted.

87. On or about November 18, 2014, Respondent saw Patient E for an office visit. Respondent documented, "left knee 90% better, C-T-L-spine doing good." Respondent ordered x-rays of Patient E's left knee, left femur, left tibia, left foot, left ankle, left heel, and thoracic spine. Respondent noted "no acute changes."

88. On or about November 13, 2015, Respondent saw Patient E for an office visit. Respondent documented a "15 mm diameter mass left lateral anterior knee." Patient E stated that

a bump appeared on the knee approximately 6 months prior to the office visit. Patient E noted that there was some pain at this location. She also stated that her "left knee was 90-95% better and that her right knee was doing good." During this visit, Respondent ordered x-rays of Patient E's left femur, left knee, left tibia, right femur, right knee, and right tibia.

89. On or about December 1, 2015, Respondent saw Patient E for an office visit. Respondent documented a "both knees left greater than right, C-T-L-spine." Respondent noted that Patient E had a left knee flare up because of prolonged walking, and that the right knee was 95% better. Respondent ordered x-rays of Patient E's cervical, thoracic, and lumbar spine, pelvis, and both hips. Respondent failed to note any information regarding the left knee mass discussed in the November 13, 2015 visit.

90. Respondent committed gross negligence in his care and treatment of Patient E in that Respondent obtained excessive, non-medically necessary and repeated x-rays of Patient E's lower extremities, and cervical and lumbar spine.

SIXTH CAUSE FOR DISCIPLINE
(Gross Negligence Patient F)

91. On or about November 20, 2014, Respondent first saw Patient F for an office visit. Patient F was a 56-year-old male who presented with a chief complaint of "bilateral shoulder pain, right greater than left." He had a history of right shoulder pain with overhead activities for approximately 3 months. During this visit, Respondent ordered x-rays of Patient F's shoulders, humeri, and clavicles. Patient F also had an MRI of his right shoulder which revealed "adhesive capsulitis, tendinopathy, bursitis, degenerative changes."

92. On or about December 4, 2014, Respondent saw Patient F for an office visit. Respondent documented a chief complaint of "both shoulders right greater than left," and "left shoulder doing good." Respondent ordered x-rays of Patient F's shoulders, humeri, and clavicles.

93. On or about December 18, 2014, Respondent saw Patient F for an office visit. Respondent saw Patient F for shoulder pain and an additional chief complaint of "pain radiating into both hands." Respondent ordered x-rays of Patient F's forearms, wrists, and hands.

94. On or about January 7, 2015, Respondent saw Patient F for a pre-operative examination of Patient F's right shoulder scheduled for January 15, 2015. Respondent documented Patient F's chief complaint as "both shoulders, right greater than left." Respondent ordered x-rays of Patient F's right shoulder, right humerus, right elbow, right forearm, wrists, cervical spine, thoracic spine, lumbar spine, pelvis, and hips. Respondent failed to document any spinal or hip issues.

95. On or about January 15, 2015, Patient F had a right shoulder arthroscopy that included a glenohumeral joint debridement, a microfracture chondroplasty, a subacromial bursectomy, and a subacromial decompression.

96. During the period of January 15 to February 20, 2015, Respondent saw Patient F multiple times for post operative visits. On or about January 16, 2015, Respondent ordered x-rays of Patient F's right shoulder, right humerus, right elbow, right forearm, and clavicles. On or about January 23, 2015, Respondent documented "CTL spine, left/right shoulder" and ordered x-rays of Patient F's right shoulder, right humerus, right elbow, and right forearm. On or about January 30, 2015, Respondent documented "CTL spine, right/left shoulder." Respondent ordered x-rays of Patient F's right shoulder, right humerus, right elbow, and right forearm, cervical and lumbar spine, and a full-length of the spine. On or about February 20, 2015, Respondent documented "S/P right shoulder, left shoulder CTL-spine" and a "history of gout both knees and both ankles/feet last attack 03/2014." Respondent ordered x-rays of Patient F's right shoulder, right humerus, right elbow, right forearm, left knee, left femur, left tibia, right tibia, right ankle, right foot, right heel. On or about March 6, 2015, Respondent documented "CTL-spine, S/P right shoulder." Respondent also documented that Patient F was "about 70% better since surgery-CTL-spine pain radiates into both lower extremities." Respondent ordered x-rays of Patient F's right femur, right knee, both tibias, left calcaneus, left foot, left ankle, right humerus, and right shoulder.

97. On or about March 19, 2015, Patient F called Respondent's office asking for an appointment for an evaluation for injuries sustained in an accident on March 2, 2015. He reported

that "a chair fell down on him while he was sitting in it and that he had fallen backward hurting his right shoulder/arm." He also complained of pain in his right ankle.

98. On or about March 19, 2015, Respondent saw Patient F for an office visit. Respondent documented Patient F's chief complaint as "right shoulder, ankle." Respondent ordered x-rays of Patient F's right tibia, right calcaneus, right foot, right ankle, right shoulder, right humerus, right elbow, and right forearm.

99. During the period of April 2015 to December 30, 2015, Respondent saw Patient F multiple times for office visits. On or about April 7, April 10, April 17, April 24, May 4, May 18, June 1, June 22, July 14, July 8, August 12, September 2, September 16, October 7, November 4, December 9, and December 30, 2015, Respondent ordered x-rays of Patient F's right tibia, right calcaneus, right foot, right ankle, right shoulder, right humerus, right elbow, and right forearm. During this period, Respondent also ordered x-rays of Patient F's spine three times.

100. During the period of January 2016 to November 2016, Respondent saw Patient F multiple times for office visits. On or about January 20, 2016, Respondent documented that Patient F's right shoulder was "75% better." Respondent ordered x-rays of Patient F's right shoulder and right humerus. On or about February 10, 2016, Respondent ordered x-rays of Patient F's right shoulder and right humerus. On or about February 29, 2016, Respondent documented that the right foot was "about 90% better." Respondent ordered x-rays of Patient F's right tibia, right calcaneus, right foot, and right ankle, with the right foot. On or about April 8, 2016, Respondent documented that Patient F's right shoulder felt "about 75% better", right foot "about 90% better." Respondent ordered x-rays of Patient F's shoulders and humeri. On or about May 6, 2016, Respondent documented that Patient F's right foot was "about 90%." Respondent ordered x-rays of Patient F's right foot, right ankle, right heel, and right tibia. On or about May 27, 2016 Respondent documented Patient F's right shoulder was "75% better." Respondent ordered x-rays of Patient F's right shoulder, left shoulder, right humerus, and left humerus. On or about June 24, 2016, Respondent documented Patient F's right shoulder was "75-80% better," "his right foot still same as last visit, with pain on and off." Respondent ordered x-rays of Patient F's right foot, right ankle, right heel, and right tibia. On or about July 15, 2016, Patient F left

without being seen, due to reported illness. On or about August 17, 2016, Respondent ordered x-rays of Patient F's left tibia, left foot, left ankle, and left heel. On or about September 14, 2016, Respondent documented Patient F's chief complaint as "S/P right shoulder, right foot, both knees." Respondent ordered x-rays of Patient F's left shoulder and left humerus. On or about October 10, 2016, Patient F called and asked to come in to talk to Respondent "about working." Respondent documented Patient F's chief complaint as "S/P right shoulder, right foot, both knees, CTL-spine." Respondent documented "right shoulder feels better since last visit-75-80%," and that "Patient has pain in CTL-spine (especially lower) because of falling out of a chair@ Jiffy Lube." Respondent ordered x-rays of Patient F's cervical spine, thoracic spine, lumbar spine, pelvis, and hips. On or about November 7, 2016, Respondent documented Patient F's chief complaint as "S/P right shoulder, right foot, CTL-spine; right shoulder feels about 75% better-occasional pain into his foot." Respondent ordered x-rays of Patient F's cervical spine, lumbar spine, and both clavicles.

101. Respondent committed gross negligence in his care and treatment of Patient F in that Respondent obtained excessive, non-medically necessary and repeated x-rays of remote areas, without complaints specific to that area, and/or without a change in complaint, and/or sufficient time to demonstrate radiographic degenerative changes.

SEVENTH CAUSE FOR DISCIPLINE
(Gross Negligence Patient G)

102. On or about June 26, 2012, Respondent first saw Patient G for an office visit. Patient G was a 59-year-old female who presented with a chief complaint of "low back pain spasms into both legs," and "TL spine." Respondent ordered x-rays of Patient G's thoracic and lumbar spine, pelvis, and both hips. Respondent also referred Patient G for an MRI of her thoracolumbar spine to "R/O HNP," and an MRI of her pelvis and both hips, "R/O AVN."

103. During the period of June 29, 2012 to December 31, 2012, Respondent saw Patient G multiple times for office visits. Respondent ordered x-rays of Patient G's spine,

left ankle, both knees, both femurs, and both tibias, multiple times without any acute changes.

104. During the period of January 2013 to December 31, 2013, Respondent saw Patient G, multiple times for office visits. Throughout the year, Respondent ordered 8 spinal x-ray sets, 2 sets of x-rays of Patient G's knees, 17 x-rays of Patient G's left tibia, 18 x-rays of Patient G's left calcaneus, 18 x-rays of Patient G's left foot, 18 x-rays of Patient G's left ankle, 4 full-length x-rays of Patient G's lower extremity, 4 x-rays of both of Patient G's wrists, 2 x-rays of Patient G's hands, 4 x-rays of Patient G's shoulders, 4 x-rays of Patient G's humeri, and 3 x-rays of Patient G's clavicles. Patient G's February 22, 2013 x-ray reveal no rotator cuff tears. Patient G's July 23, 2013 MRI of both wrists reveal only mild osteoarthritis of the thumb carpometacarpal joints. Patient G's July 14 and July 24, 2013, MRI reveal mild osteoarthritis of the thumb carpometacarpal joints. Respondent also documented no upper extremity complaints during the February 4, 2013 and July 8, 2013, visits.

105. During the period of January 2014 to December 31, 2014, Respondent saw Patient G, multiple times for office visits. On or about March 12, 2014, Patient G had an MRI of her cervical, thoracic, and lumbar spines which revealed degenerative disc disease. Patient G also had an MRI of her right hip which revealed "no avascular necrosis." On or about March 13, 2014, Patient G had an MRI of her left hip which revealed "avascular necrosis." Patient G also had an MRI of her pelvis which revealed "avascular necrosis." Throughout the year, Respondent ordered 18 x-ray sets of Patient G's left femur, 18 x-rays of Patient G's left knee, 20 x-rays of Patient G's left tibia, 17 x-rays of Patient G's left calcaneus, 17 x-rays of Patient G's left foot, 17 x-rays of Patient G's left ankle, 10 x-rays of Patient G's spine, 3 x-rays of Patient G's pelvis, and 3 x-rays of both Patient G's hips. On or about May 29, 2014, Patient G underwent left knee arthroscopy, for an arthroscopic debridement, a microfracture chondroplasty of a lesion of the medial femoral condyle, and a lateral release.

106. During the period of January 2015 to December 31, 2015, Respondent saw Patient G, multiple times for office visits. On or about April 21, 2015 Patient G had an MRI of her cervical and thoracic spine showing degenerative disease disc disease. On or about April 22,

2015, Patient G had an MRI of her lumbosacral spine showing an "L2/3 disk bulge." On or about August 4, 2015, Patient G had a left total hip replacement. Throughout the year, Respondent ordered x-rays of Patient G's left femur 23 times, left knee 23 times, left tibia 22 times, left calcaneus 15 times, left foot 16 times, left ankle 16 times, 7 separate spine studies, x-rays of Patient G's pelvis 11 times, x-rays of Patient G's left hip 16 times, and x-rays of Patient G's right hip 5 times.

107. During the period of January 2016 to June, 2016, Respondent saw Patient G, multiple times for office visits. During these visits, Respondent ordered x-rays of Patient G's pelvis 7 times, left hip 7 times, left femur 9 times, left knee 5 times, left tibia 5 times, calcaneus 2 times, left foot 2 times, left ankle 2 times, and 3 spinal studies.

108. Respondent committed gross negligence in his care and treatment of Patient G in that Respondent ordered excessive and/or non-medically necessary x-rays without complaints specific to that area, and/or without a change in complaint, and/or sufficient time to demonstrate radiographic degenerative changes

EIGHTH CAUSE FOR DISCIPLINE
(Gross Negligence Patient H)

109. On or about December 31, 2015, Respondent first saw Patient H for an office visit. Patient H was a 37-year-old male who was seen by another provider with complaints of "pain in the left knee for 1 month, swelling of the left knee for 4 days." Before being seen by Respondent, Patient H had an MRI which revealed "horizontal cleavage tear left medial meniscus." Patient H was referred to Respondent. Patient H completed a patient questionnaire that noted "meniscus tear 2-3 weeks", and "knee pain." Respondent documented a chief complaint of "both knees left greater than right" and states "patient states he kneeled down and felt some popping and burning." Respondent ordered x-rays of Patient H's left knee, the left femur, left tibia, right knee, right femur, and right tibia. Respondent also ordered an MRI of the right knee to "R/O internal derangement," and extensive laboratory studies including a "CBC, complete chem panel, uric acid, sed rate, C-reactive protein, Lyme disease panel, RA panel."

110. On or about January 15, 2016, Respondent saw Patient H for an office visit. Respondent documented the chief complaint as "bilateral knee pain left greater than right." Under the "history of present illness," Respondent noted "patient states he feels about 80% better since last visit," and "pain radiates into feet." Respondent noted the results of the MRI, revealing "complex tear right medial meniscus." Respondent ordered x-rays of Patient H's full-length left lower extremity x-ray, x-rays of the right ankle, right heel, right tibia, left ankle, left heel, left tibia, and left foot. Respondent prescribed physical therapy and documented a discussion of conservative treatment and surgical intervention options.

111. On or about March 1, 2016, Respondent saw Patient H for an office visit. Respondent documented the chief complaint as "bilateral knees, CTL spine." Under the "history of present illness." Respondent noted "patient states that therapy is helpful and feels about 70% better-occasional pain with activities-pain radiates up into his back at times." Respondent ordered x-rays of Patient H's cervical spine, thoracic spine, lumbar spine, pelvis, and both hips.

112. On or about March 22, 2016, Respondent saw Patient H for an office visit. Respondent documented the chief complaint as "both knees, CTL spine, both shoulders." Under the "history of present illness," Respondent noted "patient states that he feels about 90% better and therapy was helpful. CTL spine and shoulders are doing good." Respondent ordered x-rays of Patient H's cervical spine, lumbar spine, right shoulder, right humerus, left shoulder, left humerus and a full-length right lower extremity.

113. Respondent committed gross negligence in his care and treatment of Patient H in that Respondent obtained excessive, non-medically necessary and repeated x-rays (with the exception of the x-ray of Patient H's left knee) without complaints specific to that area, and/or without a change in complaint, and/or sufficient time to demonstrate radiographic degenerative changes.

NINTH CAUSE FOR DISCIPLINE
(Repeated Negligent Acts)

114. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent

acts in his care and treatment of Patient A, B, C, D, E, F, G, and H, as more particularly alleged hereinafter: Paragraphs 7 through 113, above, are hereby incorporated by reference and realleged as if fully set forth herein.

TENTH CAUSE FOR DISCIPLINE
(Failure to Keep Adequate Records)

115. Respondent is further subject to discipline under sections 2227 and 2334, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate medical records in the care and treatment of Patient A, B, C, D, E, F, G, and H, as more particularly alleged in paragraphs 7 through 113, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

ELEVENTH CAUSE FOR DISCIPLINE
(General Unprofessional Conduct)

116. Respondent is further subject to discipline under sections 2227 and 2234, as defined by section 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 hereinafter: Paragraphs 7 to 113, above, are hereby incorporated by reference and realleged as if fully set forth herein.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 41236, issued to Gary Royce Wisner, M.D.;

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

3. Ordering Gary Royce Wisner, 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: July 23, 2018

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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