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

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|---|---|
| In the Matter of the First Amended Accusation Against:<br><br>Larry Teik-Man Khoo, M.D.<br><br>Physician's and Surgeon's Certificate No. A 62896<br><br>Respondent. | Case No.: 800-2018-049454 |

## 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 March 6, 2023.

IT IS SO ORDERED: February 2, 2023.

MEDICAL BOARD OF CALIFORNIA

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

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General
VLADIMIR SHALKEVICH
Deputy Attorney General
State Bar No. 173955
300 South Spring Street, Suite 1702
Los Angeles, California 90013
Telephone: (213) 269-6538
Facsimile: (916) 731-2117
*Attorneys for Complainant*

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

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| In the Matter of the Accusation Against:<br><br>LARRY TEIK-MAN KHOO, M.D.<br><br>The Spine Clinic of Los Angeles<br>1245 Wilshire Boulevard, Suite 717<br>Los Angeles, California 90017<br><br>Physician's and Surgeon's Certificate 62896,<br><br>Respondent. | Case No. 800-2018-049454<br><br>OAH No. 2022020312<br><br>**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 Vladimir Shalkevich, Deputy Attorney General.

2. Respondent Larry Teik-Man Khoo, M.D. (Respondent) is represented in this proceeding by Dennis K. Ames and Pogey Henderson, Attorneys at Law, whose address is 2677 North Main Street, Suite 901, Santa Ana, CA 92705-6632.

3. On June 27, 1997, the Board issued Physician's and Surgeon's Certificate No. A 62896 to Larry Teik-Man Khoo, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2018-049454, and will expire on May 31, 2023, unless renewed.

## JURISDICTION

4. A First Amended Accusation No. 800-2018-049454 was filed before the Board and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on September 6, 2022. Respondent timely filed his Notice of Defense contesting the First Amended Accusation.

5. A copy of the First Amended Accusation No. 800-2018-049454 is attached as exhibit A and incorporated herein by reference.

## ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 800-2018-049454. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the First Amended Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

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

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## CULPABILITY

9. Respondent understands and agrees that the charges and allegations in the First Amended Accusation No. 800-2018-049454, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

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

11. Respondent does not contest that, at an administrative hearing, complainant could establish a prima facie case with respect to the charges and allegations in First Amended Accusation No. 800-2018-049454, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. A 62896 to disciplinary action.

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

## CONTINGENCY

13. 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.

14. 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 the First Amended Accusation No. 800-2018-049454 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.

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

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

**DISCIPLINARY ORDER**

**IT IS HEREBY ORDERED THAT** Physician's and Surgeon's Certificate No. A 62896 issued to Respondent Larry Teik-Man Khoo, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions:

1. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Respondent shall successfully complete the program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), First Amended Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require Respondent's on-site participation for a minimum of three (3) and no more than five (5) days as determined by the program for the assessment and clinical education evaluation. Respondent shall pay all expenses associated with the clinical competence

assessment program.

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the Respondent has demonstrated the ability to practice safely and independently. Based on Respondent's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with the program's recommendations.

Determination as to whether Respondent successfully completed the clinical competence assessment program is solely within the program's jurisdiction.

If Respondent fails to enroll, participate in, or successfully complete the clinical competence assessment program within the designated time period, 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 the practice of medicine until enrollment or participation in the outstanding portions of the clinical competence assessment program have been completed. If the Respondent did not successfully complete the clinical competence assessment program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the resulting Accusation and/or a Petition to Revoke Probation. The cessation of practice shall not apply to the reduction of the probationary time period.

2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing

Medical Education (CME) requirements for renewal of licensure.

A medical record keeping course taken after the acts that gave rise to the charges in the First Amended Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

3. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A professionalism program taken after the acts that gave rise to the charges in the First Amended Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the program would have been approved by the Board or its designee had the program been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

4. 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 First Amended Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision(s), First Amended Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and First Amended 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.

5. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and First Amended 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.

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

7. 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.

8. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, in the amount of $ 10,982.50 (ten thousand, nine hundred eighty-two dollars and fifty cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

Payment must be made in full within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board of California. Any and all requests for a payment plan shall be submitted in writing by Respondent to the Board. Failure to comply with the payment plan shall be considered a violation of probation.

The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility to repay investigation and enforcement costs.

9. 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.

10. 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.

11. 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.

12. 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; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing..

13. 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. This term does not include cost recovery, which is due within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board and timely satisfied. Upon successful completion of probation, Respondent's certificate shall be fully restored.

14. 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.

15. 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.

16. 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.

17. 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. 800-2018-049454 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

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## ACCEPTANCE

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

DATED: 10/10/2022

LARRY TEIK-MAN KHOO, M.D.
*Respondent*

I have read and fully discussed with Respondent Larry Teik-Man Khoo, 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: 10/11/2022

DENNIS K. AMES
POGEY HENDERSON
*Attorneys for Respondent*

## ENDORSEMENT

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

DATED: October 17, 2022

Respectfully submitted,

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

Electronically Signed

VLADIMIR SHALKEVICH
Deputy Attorney General
*Attorneys for Complainant*

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ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
VLADIMIR SHALKEVICH
Deputy Attorney General
State Bar No. 173955
California Department of Justice
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6538
Facsimile: (916) 731-2117
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**BEFORE THE**
**MEDICAL BOARD OF CALIFORNIA**
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| In the Matter of the First Amended Accusation Against:<br><br>**LARRY TEIK-MAN KHOO, M.D.**<br>**The Spine Clinic of Los Angeles**<br>**1245 Wilshire Blvd., Suite 770**<br>**Los Angeles, CA 90017**<br><br>**Physician's and Surgeon's Certificate No. A 62896,**<br><br>Respondent. | Case No. 800-2018-049454<br><br>**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 June 27, 1997, the Medical Board issued Physician's and Surgeon's Certificate Number A 62896 to Larry Teik-Man Khoo, 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 May 31, 2023, unless renewed.

## JURISDICTION

3. This First Amended 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:

> 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.

(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.

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.

## COST RECOVERY

7. Effective on January 1, 2022, section 125.3 of the Code provides:

(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 licensee 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.[1]

## FACTUAL ALLEGATIONS

8. The Board's investigation in this matter was prompted by a complaint from Patient 1,[2] which the Board received on October 22, 2018.

9. Patient 1 has a significant past history of neck surgery. He underwent cervical

[1] Effective January 1, 2022, subdivision (k) of Section 125.3, which exempted physicians and surgeons from seeking recovery of the costs of investigation and prosecution by the Board, was repealed.

[2] The patient is identified by number in this First Amended Accusation to protect his privacy.

fusion surgery from C4 to C7, and a subsequent revision, in 2011. He continued to have neck and upper extremity pain and was followed by his primary care provider, and by a pain management physician, who performed multiple cervical epidural injections. There was some improvement, but over time, Patient 1's symptoms worsened.

10. Patient 1 consulted with another neurosurgeon in approximately June, 2017, who recommended a cervical fusion due to the degree of stenosis and possibility of injury secondary to Patient 1's active lifestyle. At that time, the other neurosurgeon recommended an Ear Nose and Throat (ENT) evaluation of Patient 1 to be done prior to the surgery.

11. Patient 1 ultimately came under the care of Respondent, a Neurosurgeon, who saw him for the first time on or about November 28, 2017. Respondent was, or should have been, aware that Patient 1 was approximately 72 years old and suffered from diabetes, which amounted to a compromised wound-healing state. Respondent documented the patient 1's extensive surgical history and recommended a cervical discectomy and artificial disc replacement at C3-4, as he felt that additional fusion would limit the patient's motion and risk adjacent level degeneration. He recorded having discussed with the patient all the options, alternatives, risks and benefits of the various approaches and surgery. Respondent specifically made a note of the risk of esophageal injury due to the prior C4-7 fusion.

12. Surgical consent was obtained, and on February 14, 2018, Respondent took Patient 1 to surgery to perform, according to the consent signed by the patient, an anterior microsurgical lysis of dense epidural adhesions, anterior C3-4 microsurgical discectomy and bilateral foraminotomies, foraminal injections, and placement of a PEEK prosthetic artificial disc at C3-4.

13. As anticipated during this procedure, Respondent encountered dense scar tissue, sequala of prior surgery, particularly around the esophageal visceral carotid space. In his attempt at dissection, Respondent described a "small external mucosal tear on the lateral aspect of the oropharyngeal esophagus ..." This description was inadequate and inaccurate as it omitted the mechanism of the tear and did not accurately describe it. Esophageal injuries are a known and rare complication of cervical spinal surgery, which carry a significant risk of morbidity and mortality. Surgical specialties, such as ENT, General Surgery or Cardiothoracic Surgery, have

the appropriate training and experience to address this complication. Respondent did not consult with and did not document any attempt to consult with any such specialist in addressing this unplanned complication. Respondent performed a primary repair of the tear and documented in his procedure note that he verified no leak following that repair.

14. Patient 1 was hospitalized post-operatively and maintained NPO (nothing by mouth) until it was ultimately determined several days later that, notwithstanding Respondent's verification of no leak, the patient's esophagus was in fact leaking. By the fourth day after the operation, Patient 1's surgical complication escalated to an esophageal fistula, complicated by an infection and aspiration pneumonia, in a setting of fresh and old cervical spine instrumentation in an elderly diabetic patient with compromised wound healing. During the few days immediately following the surgery, Patient 1 was followed by Respondent and by a speech-language pathologist, but Respondent sought no follow up by ENT or Cardiothoracic specialists and/or did not document any such consultations, or his reasons for not seeking such consultations.

15. Respondent took Patient 1 back to surgery on February 19, 2018, for exploration and repair of the esophageal tear, a highly specialized and critical surgery. In his operative report, Respondent described the cause of leakage in his pre-operative diagnosis as "coughing episode, pneumonia and choking and falling episode leading to a tear with a recurrent esophageal dehiscence and tear with leakage of esophageal contents of the neck." Respondent did not document a possible failure of his repair during the prior surgery as one of the differential diagnoses.

16. As a Neurosurgeon, Respondent was not credentialed by the hospital to perform a repair of an esophageal injury. During his interview with the Board's investigators, Respondent was asked: "And in terms of the credentialing package, is repair of esophageal injury specifically credentialed by the institution in your practice?" Respondent answered: "No, sir. Electively, no, sir." During this same interview with the Board's investigators, Respondent stated that in residency and during his fellowship training approximately 16 years prior, he worked closely with ENT and otolaryngology and did have training to repair the esophageal mucosa. Respondent stated that he had done repairs before and, therefore, did not consult with ENT or a

Cardiothoracic surgeon in repairing the tear because he had a good chance of repairing it himself. During that same interview, Respondent referred often to the mucosa of the esophagus in a context which illustrated Respondent's lack of the imperative experience operating on the esophagus. The adventitial area is the outside layer followed by the longitudinal and circular muscle, and the submucosal and mucosal layers. Respondent was not using the correct nomenclature in describing Patient 1's operative complication.

17. Respondent noted that the risks and benefits were discussed with Patient 1 and his wife. At the time of the February 19, 2018, surgery, Respondent isolated the leak using Foley catheters - one distal and one proximal to the tear- inflated with contrast dye. The incision was opened and previous sutures removed. Fluid in the area was sent for culture. The 1.3 cm linear laceration was identified in the area of the prior esophageal sutures, which was irrigated, sutured, and tested.

18. Patient 1 remained NPO post-operatively with a feeding tube. He was followed by an infectious disease doctor with an antibiotic regimen. However, no ENT or Cardiothoracic Surgeon was consulted, and Respondent's reasoning for not involving ENT and/or a Cardiothoracic Surgeon in the post-operative care of Patient 1 was not documented. Patient 1 was discharged home with a feeding tube, on approximately February 28, 2018.

19. Patient 1 was seen on March 2, 2018, by his primary care physician who noted that Patient 1 had a PICC line (peripherally inserted central catheter) for antibiotics and a feeding tube, and also noted that he was very weak. The primary care physician sent Patient 1 for imaging and for additional labs. The imaging showed air leakage in the patient's neck, but the source could not be pinpointed. Patient 1 was directed to the hospital emergency room. An esophagram performed on March 5, 2018, identified aspiration and extravasation of contrast from the esophagus. Patient 1 was readmitted to the hospital on March 5, 2018, for urgent re-exploration of the neck.

20. At this time, a Cardiothoracic Surgeon was consulted and examined Patient 1 on March 6, 2018. A General Surgeon was consulted for placement of a gastronomy tube. On March 6, 2018, the Cardiothoracic Surgeon, with Respondent assisting, performed an I&D

(incision and drainage) of the abscess pocket in Patient 1's neck. The fluid was sent to the lab for culture. Drains were sutured to the skin. The General Surgeon, assisted by Respondent, placed the gastronomy tube.

21. Patient 1 remained hospitalized, initially in the ICU, and after approximately 10 days his condition improved. He was cleared by neurosurgery, and his infectious disease doctor continued to follow him in consultation with his primary care provider. A swallow test on March 22, 2018, showed no evidence of aspiration. Patient 1 was cleared by the Cardiovascular surgeon and by his infectious disease doctor, to be discharged to home health care, with intravenous antibiotics and a feeding tube, on March 26, 2018.

**FIRST CAUSE FOR DISCIPLINE**

**(Gross Negligence)**

22. Respondent Larry Teik-Man Khoo, M.D. is subject to disciplinary action under section 2234, subdivision (b) of the Code in that he was grossly negligent in his care and treatment of Patient 1. The circumstances are as follows:

23. The allegations of paragraphs 8 through 21, above, are incorporated herein by reference.

24. Respondent's failure to refer Patient 1 to an ENT and/or Cardiothoracic Surgeon to perform the second surgery on February 19, 2018, was an extreme departure from the standard of care.

**SECOND CAUSE FOR DISCIPLINE**

**(Repeated Negligent Acts)**

25. Respondent Larry Teik-Man Khoo, M.D. is subject to disciplinary action under section 2234, subdivision (c) of the Code in that he committed repeated negligent acts in the care and treatment of Patient 1. The circumstances are as follows:

26. Allegations of Paragraphs 8 through 21 are incorporated herein by reference.

27. Respondent's failure to consult with an ENT doctor and/or a Cardiothoracic Surgeon during the initial esophageal tear repair on February 14, 2019, combined with Respondent's

failure to consult with an ENT and/or a Cardiothoracic Surgeon to monitor the patient post-operatively, was a departure from the standard of care.

28. Respondent's failure to refer Patient1 to an ENT and/or Cardiothoracic Surgeon to perform the second surgery on February 19, 2018, was a departure from the standard of care.

## THIRD CAUSE FOR DISCIPLINE

**(Record Keeping)**

29. Respondent Larry Teik-Man Khoo, M.D. is subject to disciplinary action under section 2266 of the Code in that he failed to keep adequate and accurate records of his care and treatment of Patient 1. The circumstances are as follows:

30. The allegations of paragraphs 8 through 21, above, are incorporated herein by reference.

## DISCIPLINARY CONSIDERATIONS

31. To determine the degree of discipline, if any, to be imposed on Respondent Larry Teik-Man Khoo, M.D., Complainant alleges that on or about August 17, 2016, in a prior disciplinary action titled *In the Matter of the Second Amended First Amended Accusation Against Larry Teik-Man Khoo, M.D.*, before the Medical Board of California, in Case Number 17-2010-208820, Respondent's license was issued a Public Reprimand and he was required to complete a Medical Records Keeping Course as well as Education Course of 16 hours, based upon allegations of Gross Negligence, Repeated Negligent Acts and Inadequate and Inaccurate Record Keeping in the care and treatment of two patients. That decision is now final and is incorporated by reference as if fully set forth herein.

## PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 62896, issued to Respondent Larry Teik-Man Khoo, M.D.;

2. Revoking, suspending or denying approval of Respondent Larry Teik-Man Khoo, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Larry Teik-Man Khoo, M.D.to pay the Board reasonable costs of investigation and prosecution incurred after January 1, 2022.

4. Ordering Respondent Larry Teik-Man Khoo, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: SEP 0 6 2022

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

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