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9  
10 **BEFORE THE**  
11 **PODIATRIC MEDICAL BOARD**  
12 **DEPARTMENT OF CONSUMER AFFAIRS**  
13 **STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:

Case No. 500-2018-000673

15 **KI JOON CHOE, D.P.M.**

16 9 La Flora  
Irvine, CA 92614

**ACCUSATION**

17 **Podiatrist License No. E 4716**

18 Respondent.  
19

20  
21 **PARTIES**

22 1. Brian Naslund (Complainant) brings this Accusation solely in his official capacity as  
23 the Executive Officer of the Podiatric Medical Board, Department of Consumer Affairs.

24 2. On or about March 21, 2007, the Podiatric Medical Board issued Podiatrist License  
25 No. E 4716 to Ki Joon Choe, D.P.M. (Respondent). The Podiatrist License expired on August  
26 31, 2018, and is presently in delinquent status as the license has not been renewed.

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## JURISDICTION

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

4. Section 2222 of the Code states:

“The California Board of Podiatric Medicine shall enforce and administer this article as to doctors of podiatric medicine. Any acts of unprofessional conduct or other violations proscribed by this chapter are applicable to licensed doctors of podiatric medicine and wherever the Medical Quality Hearing Panel established under Section 11371 of the Government Code is vested with the authority to enforce and carry out this chapter as to licensed physicians and surgeons, the Medical Quality Hearing Panel also possesses that same authority as to licensed doctors of podiatric medicine.

“The California Board of Podiatric Medicine may order the denial of an application or issue a certificate subject to conditions as set forth in Section 2221, or order the revocation, suspension, or other restriction of, or the modification of that penalty, and the reinstatement of any certificate of a doctor of podiatric medicine within its authority as granted by this chapter and in conjunction with the administrative hearing procedures established pursuant to Sections 11371, 11372, 11373, and 11529 of the Government Code. For these purposes, the California Board of Podiatric Medicine shall exercise the powers granted and be governed by the procedures set forth in this chapter.”

5. Section 2497 of the Code states:

“(a) The board may order the denial of an application for, or the suspension of, or the revocation of, or the imposition of probationary conditions upon, a certificate to practice podiatric medicine for any of the causes set forth in Article 12 (commencing with Section 2220) in accordance with Section 2222.

“(b) The board may hear all matters, including but not limited to, any contested case or may assign any such matters to an administrative law judge. The proceedings shall be held in accordance with Section 2230. If a contested case is heard by the board itself, the administrative

1 law judge who presided at the hearing shall be present during the board's consideration of the  
2 case and shall assist and advise the board."

3 6. Section 2234 requires that the Board take action against any licensee charged with  
4 unprofessional conduct, which includes, but is not limited to:

5 " . . . ."

6 "(c) Repeated negligent acts.

7 " . . . ."

8 7. Section 2266 of the Code provides that failure to maintain adequate and accurate  
9 medical records pertaining to patient care provided by the licensee constitutes unprofessional  
10 conduct.

### 11 COST RECOVERY

12 8. Section 2497.5 of the Code states:

13 "(a) The board may request the administrative law judge, under his or her proposed  
14 decision in resolution of a disciplinary proceeding before the board, to direct any licensee found  
15 guilty of unprofessional conduct to pay to the board a sum not to exceed the actual and reasonable  
16 costs of the investigation and prosecution of the case.

17 "(b) The costs to be assessed shall be fixed by the administrative law judge and shall not be  
18 increased by the board unless the board does not adopt a proposed decision and in making its own  
19 decision finds grounds for increasing the costs to be assessed, not to exceed the actual and  
20 reasonable costs of the investigation and prosecution of the case.

21 "(c) When the payment directed in the board's order for payment of costs is not made by  
22 the licensee, the board may enforce the order for payment by bringing an action in any  
23 appropriate court. This right of enforcement shall be in addition to any other rights the board may  
24 have as to any licensee directed to pay costs.

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

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

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

5 “(f) All costs recovered under this section shall be deposited in the Board of Podiatric  
6 Medicine Fund as a reimbursement in either the fiscal year in which the costs are actually  
7 recovered or the previous fiscal year, as the board may direct.”

### 8 **FIRST CAUSE FOR DISCIPLINE**

#### 9 (Unprofessional Conduct: Repeated Negligent Acts)

10 9. Respondent is subject to disciplinary action under section 2234, subdivision (c), of  
11 the Code in that he was repeatedly negligent in his care and treatment of Patient A.<sup>1</sup> The  
12 circumstances are as follows:

13 10. Patient A, a then 58 year-old male, was first seen by Respondent on or about January  
14 19, 2015, for treatment of an ulcer at the bottom of his right foot. Patient A presented with a  
15 longstanding history of chronic comorbidities, including diabetes mellitus, diabetic peripheral  
16 neuropathy,<sup>2</sup> gastrointestinal cancer, kidney transplant, and anticoagulant therapy (cardiac  
17 pacemaker). At the initial examination, Respondent noted a right second hammertoe<sup>3</sup> with  
18 extension of the second metatarsal phalangeal joint and a pre-ulcer lesion at the right second  
19 metatarsal phalangeal joint. There was no documentation that either a vascular examination<sup>4</sup> or  
20 neurological examination was performed at the initial visit, nor any of the numerous subsequent

21  
22 <sup>1</sup> The patient listed in this document is unnamed to protect his privacy. Respondent  
23 knows the name of the patient and can confirm his identity through discovery.

24 <sup>2</sup> Diabetic peripheral neuropathy is nerve damage caused by chronically high blood sugar  
25 and diabetes that typically affects the hands and feet.

26 <sup>3</sup> Hammertoe is an abnormal bend in the middle joint of a toe, often placing pressure on  
27 the toes while wearing shoes and becoming progressively worse over time.

28 <sup>4</sup> Due to Patient A's chronic ulcer of the right foot, a vascular examination would have  
been appropriate to determine why he was not healing and ensure adequate blood flow  
improvement.

1 office visits prior to Patient A's right foot surgery on or about June 3, 2016.<sup>5</sup> Many of the notes  
2 do not include which medications the patient was presently taking, and include cut and paste  
3 statements from previous notes that bear no relation to the current office visit.

4 11. On several office visits throughout 2015, Respondent discussed extensive right foot  
5 surgery with Patient A for a painful sub-second metatarsal phalangeal joint that did not probe to  
6 the bone. Respondent noted that the patient had a full thickness ulcer of the right second  
7 metatarsal phalangeal joint of the right foot. It was noted that Respondent had recommended on  
8 several occasions a nephrology<sup>6</sup> and cardiology consultation, but neither was accomplished prior  
9 to surgery.

10 12. On or about May 18, 2016, an extensive right forefoot reconstructive surgery was  
11 planned for Patient A, which would include resection of the second metatarsal head, rotation skin  
12 flap, and hammertoe second repair with arthrodesis.<sup>7</sup> It was advised that Patient A should stop  
13 Plavix and aspirin for seven days prior to surgery and should have cardiac clearance, EKG, chest  
14 X-ray, and a stress test. Patient A obtained medical clearance for surgery from his primary care  
15 physician on or about June 1, 2016, who noted that Patient A had poorly controlled diabetes;  
16 however, Patient A was not referred to an internist to focus on better controlling the  
17 hyperglycemia. There was no documentation that Respondent obtained and reviewed an X-ray.<sup>8</sup>  
18 Similarly, there was no record that Respondent ordered an MRI of the right foot to define osseous  
19 and soft tissue pathology. There was no record that Respondent discussed informed consent with  
20 Patient A, including the nature and purpose for surgery, the risks and benefits of surgery, and

21 <sup>5</sup> Patient A had a total of 11 recorded office visits with Respondent between January 19,  
22 2015, and May 18, 2016.

23 <sup>6</sup> Nephrology is a specialty of medicine focusing on the kidneys, specifically normal  
24 kidney function and kidney disease. Patient A was taking a number of immunosuppressive drugs  
for a prior kidney transplant.

25 <sup>7</sup> Arthrodesis is the surgical immobilization of a joint by fusion of the adjacent bones and  
intended to relieve intractable pain.

26 <sup>8</sup> An X-ray should have been obtained when the pre-ulcer lesion had significantly  
27 worsened, as noted in the office visit on or about July 10, 2015; an X-ray should have also been  
28 read when the surgery was scheduled and at the post-operative visit on or about June 9, 2016.

1 alternatives to surgery and the risks to those alternatives. There was no consent form contained in  
2 the patient's record.<sup>9</sup>

3 13. On or about June 3, 2016, Respondent performed right forefoot reconstructive  
4 surgery on Patient A, including hammertoe repair of the second digit with K-wire, second  
5 metatarsal head resection with rotational skin plasty, and excision of the ulceration. There is no  
6 record that Patient A was prescribed antibiotics either before or just after surgery even though that  
7 may have reduced the risk of infection and complications given Patient A was an  
8 immunocompromised patient, had multiple comorbidities, as well as a non-healing ulcer. Several  
9 days following surgery, Patient A developed fever and chills, as well as cellulitis.<sup>10</sup> Patient A's  
10 foot pain continued to worsen and he noticed discoloration extending from his foot to below his  
11 knee.

12 14. On or about June 9, 2016, Patient A attended his scheduled post-operative visit with  
13 Respondent. Respondent suspected cellulitis and prescribed Patient A an antibiotic with  
14 instructions to go the emergency room the following day if there was no significant improvement.  
15 Patient A was admitted to Cedars Sinai Hospital on or about June 10, 2016, with cellulitis and  
16 suspected ischemia<sup>11</sup> of the second digit of the right foot. During the hospital stay, Patient A  
17 underwent a number of incision and drainage procedures. However, internists and infectious  
18 disease specialists who managed Patient A ultimately determined right foot second toe  
19 amputation was necessary due to cellulitis and osteomyelitis,<sup>12</sup> and amputation was subsequently  
20 performed.<sup>13</sup> On or about June 30, 2016, Patient A was discharged from Cedars Sinai Hospital.

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22  
23 <sup>9</sup> The surgery center obtained a consent form from Patient A only at the time of surgery;  
24 instead, a consent form for an elective surgery should be obtained at the pre-operative visit so that  
the patient has time to contemplate the surgery and plan accordingly.

25 <sup>10</sup> Cellulitis is a common and sometimes painful bacterial skin infection.

26 <sup>11</sup> Ischemia is an inadequate blood supply to an organ or part of the body.

27 <sup>12</sup> Osteomyelitis is an infection in a bone.

28 <sup>13</sup> Respondent did not care for Patient A while at Cedars Sinai Hospital due to not having  
hospital privileges.

15. Respondent committed repeated negligent acts in his care and treatment of Patient A which included, but was not limited to, the following:

- (a) Respondent failed to provide informed consent;
- (b) Respondent failed to keep adequate and accurate records; and
- (c) Respondent failed to properly and comprehensively plan for Patient A's surgery to reduce the risk of infection and/or poor outcome, including preplanning the patient's comorbidities with his internist, and obtaining adequate lower extremity tests to include X-rays, MRI and vascular consultation.

## SECOND CAUSE FOR DISCIPLINE

(Inadequate Medical Record Keeping)

16. Respondent is subject to disciplinary action under section 2266 of the Code in that Respondent failed to keep adequate and accurate medical records related to the care and treatment of Patient A as alleged in paragraphs 9 through 15, which are herein incorporated by reference.

## PRAYER

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

1. Revoking or suspending Podiatrist License No. E 4716, issued to Ki Joon Choe, D.P.M.;
2. Ordering Ki Joon Choe, D.P.M., to pay the Podiatric Medical Board the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 2497.5;
3. Ordering Ki Joon Choe, D.P.M., if placed on probation, to pay the Board the costs of probation monitoring; and

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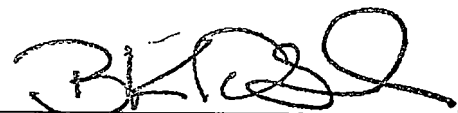
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4. Taking such other and further action as deemed necessary and proper.

DATED: **AUG 28 2020**



BRIAN NASLUND  
Executive Officer  
Podiatric Medical Board  
Department of Consumer Affairs  
State of California  
*Complainant*

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