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

In the Matter of the Accusation Against: Chigurupati Venkata Ramana, M.D. Physician's and Surgeon's Certificate No. C 170471 Respondent.	Case No.: 800-2021-077069

DECISION

The attached Decision 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 Wednesday, September 28, 2022.

IT IS SO ORDERED: August 29, 2022.

MEDICAL BOARD OF CALIFORNIA

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

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

In the Matter of the Accusation Against:

CHIGURUPATI VENKATA RAMANA, M.D.,

Physician's and Surgeon's Certificate No. C 170471

Respondent.

Agency Case No. 800-2021-077069

OAH No. 2022010602

PROPOSED DECISION

Administrative Law Judge Juliet E. Cox, State of California, Office of Administrative Hearings, heard this matter on May 5, 2022, by videoconference.

Supervising Deputy Attorney General Mary Cain-Simon represented complainant William Prasifka, Executive Director of the Medical Board of California.

Respondent Chigurupati Venkata Ramana, M.D., appeared representing himself.

The matter was submitted for decision on May 5, 2022.

FACTUAL FINDINGS

1. Respondent Chigurupati Venkata Ramana, M.D., holds California Physician's and Surgeon's Certificate No. C 170471. The Medical Board of California (CA Board) issued this certificate to respondent on October 7, 2020. The certificate is active and is scheduled to expire October 31, 2022.

2. Acting in his official capacity as Executive Director of the CA Board, complainant William Prasifka signed an accusation and later a first amended accusation against respondent. Complainant alleges that the Oklahoma State Board of Medical Licensure and Supervision (OK Board) has restricted respondent's authority to practice medicine in Oklahoma, and that the CA Board likewise should revoke or restrict respondent's authority to practice medicine in California. Respondent requested a hearing.

Education and Professional Experience

3. Respondent graduated from medical school in 1989. He completed a two-year internship in 1991, and a four-year residency in diagnostic radiology in 1995. After his residency, he completed a one-year fellowship in vascular and interventional radiology in 1996.

4. Respondent has worked in private practice as a diagnostic radiologist, and also as an interventional and vascular radiologist, since 1996. He has worked, and has held medical licenses, in Ohio, Florida, Georgia, and Oklahoma. At the time of the hearing, his Ohio and Oklahoma licenses remained active and his Florida and Georgia licenses were inactive.

5. Most recently, since May 2016, respondent has worked as an interventional and vascular radiologist in Oklahoma City. His practice emphasizes treatment for vascular disease.

6. Respondent obtained the California license described above in Finding 1 after initiation of the OK Board disciplinary action described below in Finding 7, but before entry of the OK Board order described above in Finding 2 and more fully below in Findings 8 and 9. He has not worked in California. If this matter does not result in revocation of his California license, respondent intends to begin working at an outpatient clinic in Manteca (with plans to expand to Turlock) that also focuses on treating vascular disease.

Oklahoma Disciplinary Action

7. On December 26, 2019, the OK Board initiated the disciplinary action that resulted in its order restricting respondent's Oklahoma medical practice. The action involved allegations of substandard medical care, and unnecessary medical procedures, for several patients.

8. To resolve the OK Board action described in Finding 7, respondent agreed that an evidentiary hearing before the OK Board could result in disciplinary action against him, although he did not admit any specific allegation. Based on respondent's agreement, the OK Board found that he had failed "to maintain an office record for each patient which accurately reflects the evaluation, treatment, and medical necessity of treatment" and that he had committed one or more otherwise unspecified violations of the Oklahoma "medical practice act."

9. Effective March 17, 2021, the OK Board ordered that respondent may not perform venous stenting procedures ever again in Oklahoma. The order applies to

respondent's "current practice" as well as to "any future medical practice or organization of which he is a member or affiliate in any way." It states in addition that respondent "is precluded from requesting that this prohibition be lifted." The OK Board did not impose any retraining or probationary supervision requirement on respondent, or limit his medical practice in any other way.

10. At the time of the hearing, a second disciplinary action was pending against respondent in Oklahoma. This second action involves further allegations of substandard medical care in arterial (rather than venous) stenting procedures. Respondent is defending this action vigorously and the OK Board has not yet made any findings or disciplinary order.

Additional Evidence

11. By the time respondent agreed never again to perform venous stenting in Oklahoma, he had begun pursuing his plan to begin practicing in California. Although venous stenting has not historically been a large component of his practice, he does wish to perform this procedure, as well as arterial stenting and other vascular interventions, in California.

12. Respondent denies ever having delivered substandard medical care, or having provided medically unnecessary care. He is willing, however, to undergo additional training to improve his skills and to demonstrate to the CA Board that he can practice medicine safely in California. Respondent had not taken any such training before the hearing in this matter, because the OK Board's order did not require any. He explained credibly that before investing time and money in further training, he wants to know whether the CA Board will permit him to practice in California and if so what (if any) additional training the CA Board will require.

Costs

13. The Board has incurred $821.25 in costs for legal services provided to complainant by the California Department of Justice in this matter since January 1, 2022. Complainant's claim for reimbursement of these costs is supported by a declaration that complies with California Code of Regulations, title 1, section 1042, subdivision (b)(2).

14. No evidence contradicted the necessity for these costs, and respondent did not argue that they were unreasonably high. Complainant's prosecution costs are reasonable.

LEGAL CONCLUSIONS

1. The CA Board may discipline respondent only upon clear and convincing proof, to a reasonable certainty, of the facts establishing cause for discipline. (*Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 856.) Clear and convincing evidence supports the factual findings above.

Cause for Discipline

2. Disciplinary action, including "revocation, suspension, or other discipline, restriction, or limitation imposed by" another state's medical licensing authority is grounds for discipline in California if the basis for the other state's action also would have been grounds for discipline under California law. (Bus. & Prof. Code, § 2305.) The out-of-state disciplinary order itself is "conclusive evidence" of the facts the order states. (*Id.*, § 141, subd. (a).)

3. Unprofessional conduct, including negligent medical care, unnecessary invasive medical procedures, and inadequate medical record keeping, is cause for discipline against a California physician. (Bus. & Prof. Code, §§ 725, 2227, 2234, 2266.) The matters stated in Findings 7 through 9 constitute cause for discipline against respondent in California.

Disciplinary Considerations

4. The matters stated in Findings 3 through 5 show that respondent has received extensive training and has practiced medicine for about 30 years. Nevertheless, the matters stated in Findings 7 through 10 raise serious questions about his skill and judgment. In addition, the matters stated in Findings 6 and 11 suggest that respondent obtained his California physician's and surgeon's certificate in the hope that he simply could walk away from allegations against him in Oklahoma and start fresh in California. He cannot.

5. Because of respondent's stated willingness to undergo further remedial training, the CA Board may protect public safety in California by putting respondent on probation rather than revoking his California license. The CA Board's Manual of Model Disciplinary Orders and Disciplinary Guidelines (12th ed. 2016) (Guidelines, Cal. Code Regs., tit. 16, § 1361) recommend a minimum probation term of five years for a physician who uses excessive treatments or who commits gross negligence in the practice of medicine. (Guidelines, at pp. 22, 24.) In this matter, a seven-year probation period is appropriate.

6. In addition, before he begins practicing in California, respondent should undergo an assessment of his clinical competence, with the corresponding obligation to undertake any remedial education the assessment shows to be necessary and to

have an ongoing monitor for his medical and billing practices. He should undertake ongoing additional continuing medical education, and should take courses in medical record keeping and professional ethics. Finally, respondent should be prohibited from any solo practice during his California probation, and from performing any stenting procedures except under another physician's direct supervision or as part of a formal training program the Board has approved.

Costs

7. A physician found to have committed a violation of the laws governing medical practice in California may be required to pay the CA Board the reasonable costs of the investigation and enforcement of the case, but only as incurred on and after January 1, 2022. (Bus. & Prof. Code, § 125.3.) The matters stated in Findings 13 and 14 establish that these costs for this matter total $821.25.

8. In *Zuckerman v. State Bd. of Chiropractic Examiners* (2002) 29 Cal.4th 32, the California Supreme Court set forth the standards by which a licensing board or bureau must exercise its discretion to reduce or eliminate cost awards to ensure that the board or bureau does not deter licensees with potentially meritorious claims from exercising their administrative hearing rights. The court held that a licensing board requesting reimbursement for costs relating to a hearing must consider the licensee's "subjective good faith belief" in the merits of his position and whether the licensee has raised a "colorable challenge" to the proposed discipline. (*Id.*, at p. 45.) The board also must consider whether the licensee will be "financially able to make later payments." (*Ibid.*) Lastly, the board may not assess full costs of investigation and enforcement when it has conducted a "disproportionately large investigation." (*Ibid.*) All these matters have been considered. They do not justify any reduction in respondent's obligation to reimburse the CA Board for its reasonable costs in this matter.

ORDER

Physician's and Surgeon's Certificate No. C 170471, issued to respondent Chigurupati Venkata Ramana, M.D., is revoked. The revocation is stayed, however, and respondent is placed on probation for seven years upon the following terms and conditions.

1. Clinical Competence Assessment

Within 60 calendar days after the effective date of this decision, respondent shall enroll in a clinical competence assessment program approved in advance by the CA Board or its designee. Respondent shall successfully complete the program not later than six months after respondent's initial enrollment, unless the CA 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 (ABMS) 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), accusation(s), and any other information that the CA Board or its designee deems relevant (including information regarding respondent's pending and concluded professional disciplinary actions in Oklahoma). The program shall require respondent's on-site participation for a minimum of 3 and no more than 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 CA Board or its designee that states unequivocally whether 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 CA 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.

Respondent shall not practice medicine in California until respondent has successfully completed the program and has been so notified by the CA Board or its designee in writing.

2. Professional Enhancement Program

Within 60 days after respondent has successfully completed the clinical competence assessment program (Condition 1), respondent shall begin participating in a professional enhancement program approved in advance by the CA Board or its designee. The professional enhancement program shall include quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education, and shall involve monitoring that is substantially similar overall to practice and billing monitoring as described below in Condition 3. Respondent shall participate in the professional enhancement program at respondent's expense during the term of probation, or until the CA Board or its designee determines that further participation is no longer necessary.

3. Practice and Billing Monitor

If no professional enhancement program is available to satisfy Condition 2, respondent shall arrange for practice and billing monitors in accordance with this Condition 3.

Within 30 calendar days after respondent has successfully completed the clinical competence assessment program (Condition 1), respondent shall submit to the CA Board or its designee, for prior approval as practice and billing 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 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 CA 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 CA Board or its designee shall provide the approved monitor with copies of the decision(s) and accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the decision(s), accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the decision(s) and accusation(s), fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the CA Board or its designee.

Within 60 calendar days after respondent has successfully completed the clinical competence assessment program (Condition 1), and continuing throughout probation,

respondent's practice and billing 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 CA Board or its designee to cease the practice of medicine within three 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 CA 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 billing, and whether respondent is practicing medicine safely and billing appropriately. It shall be the sole responsibility of respondent to ensure that the monitor submits the quarterly written reports to the CA 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 five calendar days of such resignation or unavailability, submit to the CA 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 CA Board or its designee to cease the practice of medicine within three calendar days after being so notified respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

4. Education

Within 60 calendar days of the effective date of this decision, and on an annual basis thereafter, respondent shall submit to the CA Board or its designee, for its prior approval, educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the CA Board or its designee may administer an examination to test respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

5. 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 CA 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 months after respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one year of enrollment. The medical record keeping course shall be at respondent's expense and shall be in addition to the CME requirements for renewal of licensure.

A medical record keeping course taken after the acts that gave rise to the charges in the accusation but prior to the effective date of the decision may, in the

sole discretion of the CA Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the CA 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 CA 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.

6. 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 California Code of Regulations, title 16, 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 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 year after attending the classroom component. The professionalism program shall be at respondent's expense and shall be in addition to the CME requirements for renewal of licensure.

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

7. Solo Practice Prohibition

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

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

If, during the course of the probation, respondent's practice setting changes and respondent is no longer practicing in a setting in compliance with this decision, respondent shall notify the CA Board or its designee within five calendar days of the practice setting change. If respondent fails to establish a practice with another physician or secure employment in an appropriate practice setting within 60 calendar days of the practice setting change, respondent shall receive a notification from the CA Board or its designee to cease the practice of medicine within three calendar days

after being so notified. Respondent shall not resume practice until an appropriate practice setting is established.

8. Practice Restriction

During probation, respondent is prohibited from performing arterial or venous stenting, except under direct supervision by another physician or within the course of a formal training program approved in advance by the CA Board or its designee. After the effective date of this decision, all patients being treated by respondent for any vascular disorder shall be notified that respondent is prohibited from performing arterial or venous stenting, except under direct supervision by another physician or within the course of a formal training program approved in advance by the CA Board or its designee. Respondent must provide this notification to any patient in whom he diagnoses, or for whom he proposes to treat, any vascular disorder, at the time of the initial diagnosis or consultation.

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

9. Notification

Within seven days of the effective date of this decision, respondent shall provide a true copy of the decision and the accusation in this matter 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 CA Board or its designee within 15 calendar days.

This condition shall apply to any change(s) in hospitals, other facilities, or insurance carrier.

10. Supervision of Physician Assistants and Advanced Practice Nurses

During probation, respondent is prohibited from supervising physician assistants and advanced practice nurses.

11. Obey All Laws

Respondent shall obey all federal, state, and local laws, and all rules governing the practice of medicine in California. Respondent shall remain in full compliance with any court ordered criminal probation, payments, and other orders.

12. Quarterly Declarations

Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the CA 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.

13. General Probation Requirements

Compliance with Probation Unit: Respondent shall comply with the CA Board's probation unit and all terms and conditions of this decision.

Address Changes: Respondent shall, at all times, keep the CA 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 CA 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 CA 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 CA Board or its designee in writing 30 calendar days prior to the dates of departure and return.

14. Interview with the CA 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.

15. Non-Practice While on Probation

Respondent shall notify the CA 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 in California 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 CA Board. All time spent in an intensive training program which has been approved by the CA Board or its designee shall not be considered non-practice. 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 CA 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 a clinical training program that meets the criteria of Condition 18 of the current version of the CA 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 years.

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

Periods of non-practice 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, Quarterly Declarations, and General Probation Requirements.

16. Completion of Probation

Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, respondent's certificate shall be fully restored.

17. 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 CA 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 CA Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

18. 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 license. The CA 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 CA 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.

19. Cost Recovery

Respondent is hereby ordered to reimburse the Medical Board of California the amount of $821.25 for its enforcement costs. Respondent shall complete this reimbursement within 90 days from the effective date of this decision.

20. Probation Monitoring Costs

Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the CA Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the CA Board or its designee no later than January 31 of each calendar year.

DATE: 05/23/2022

Juliet E. Cox

JULIET E. COX
Administrative Law Judge
Office of Administrative Hearings

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

In the Matter of the First Amended Accusation Against: **CHIGURUPATI VENKATA RAMANA, M.D.** **1 NW 64th St.** **Oklahoma City, OK 73116-9107** **Physician's and Surgeon's Certificate No. C 170471,** Respondent.	Case No. 800-2021-077069 **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 October 7, 2020, the Board issued Physician's and Surgeon's Certificate Number C 170471 to Chigurupati Venkata Ramana, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on October 31, 2022, unless renewed.

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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 provides in part that the Board may revoke, suspend for a period not to exceed one year, or place on probation, the license of any licensee who has been found guilty under the Medical Practice Act, and may recover the costs of probation monitoring.

5. Section 2305 of the Code provides, in part, that the revocation, suspension, or other discipline, restriction or limitation imposed by another state upon a license to practice medicine issued by that state, or the revocation, suspension, or restriction of the authority to practice medicine by any agency of the federal government, that would have been grounds for discipline in California under the Medical Practice Act, constitutes grounds for discipline for unprofessional conduct.

6. Section 141 of the Code provides:

> "(a) For any licensee holding a license issued by a board under the jurisdiction of a department, a disciplinary action taken by another state, by any agency of the federal government, or by another country for any act substantially related to the practice regulated by the California license, may be a ground for disciplinary action by the respective state licensing board. A certified copy of the record of the disciplinary action taken against the licensee by another state, an agency of the federal government, or by another country shall be conclusive evidence of the events related therein.
>
> "(b) Nothing in this section shall preclude a board from applying a specific statutory provision in the licensing act administered by the board that provides for discipline based upon a disciplinary action taken against the licensee by another state, an agency of the federal government, or another country."

COST RECOVERY

7. Effective January 1, 2022, Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to 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 investigative and enforcement of the case, with failure of the licensee to comply

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subjecting the licensee to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

FIRST CAUSE FOR DISCIPLINE

(Discipline, Restriction, or Limitation Imposed by Other Jurisdictions)

8. On March 17, 2021, an Order Accepting Voluntary Submittal to Jurisdiction issued by the Oklahoma State Board of Medical Licensure and Supervision (Oklahoma Board) became effective. The Oklahoma Board's Order resolved a pending disciplinary complaint pertaining to Respondent's practice as a vascular surgeon, and in particular, his application of venous stents[1]. The Complaint alleged that in numerous cases, Respondent performed stenting procedures unnecessarily, without medical indication, and in a manner which was below the standard of care. Respondent also failed to maintain accurate records of the treatment provided to patients. The Oklahoma Board permanently prohibited Respondent from engaging in venous stenting. Copies of the Oklahoma Board's Verified Complaint and Order Accepting Voluntary Submittal to Jurisdiction are attached as Exhibit A.

9. Respondent's conduct and the action of the Oklahoma State Board of Medical Licensure and Supervision, as set forth above, constitute cause for discipline pursuant to sections 2305 and/or 141 of the Code.

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 C 170471, issued to Respondent Chigurupati Venkata Ramana, M.D.;

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

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[1] A new disciplinary complaint has been filed by the Oklahoma Board against Respondent. The new complaint alleges that Respondent demonstrated poor judgment and technical ability with regard to arterial stenting.

3. Ordering Respondent Chigurupati Venkata Ramana, M.D., to pay the costs of the investigation and enforcement of this case, and, if placed on probation, the costs of probation monitoring; and

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

DATED: DEC 17 2021

Reji Varghese
Deputy Director

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

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Exhibit A

IN AND BEFORE THE OKLAHOMA STATE BOARD
OF MEDICAL LICENSURE AND SUPERVISION
STATE OF OKLAHOMA

STATE OF OKLAHOMA, *ex rel.*, THE OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION,	)	FILED DEC 26 2019 OKLAHOMA STATE BOARD OF MEDICAL LICENSURE & SUPERVISION
Plaintiff,	)	
vs.	)	**Case No. 18-12-5685**
CHIGURUPATI RAMANA, M.D., LICENSE NO. MD 31923,	)	
Defendant.	)	

VERIFIED COMPLAINT

The State of Oklahoma, *ex rel.*, the Oklahoma State Board of Medical Licensure and Supervision ("Board"), alleges and states as follows for its Complaint against Chigurupati Ramana, M.D. ("Defendant"):

I. JURISDICTION

1. The Board is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of physicians and surgeons in the State of Oklahoma pursuant to 59 Okla. Stat. § 480, *et seq.*

2. Defendant, Chigurupati Ramana, M.D., holds Oklahoma medical license number 31923. The acts and omissions complained of herein were made while Defendant was acting as a physician pursuant to the medical license conferred upon him by the State of Oklahoma, and such acts and omissions occurred within the physical territory of the State of Oklahoma.

II. ALLEGATIONS OF UNPROFESSIONAL CONDUCT

3. This case was initiated by a complaint made by a physician alleging that Defendant's poor practice regarding placement of stents was causing actual harm to some of his patients, and potentially exposing others to unnecessary risks by performing procedures that were not medically indicated. The complainant stated that he recently treated a female patient, later identified as patient J.C.C., a former patient of Defendant. Defendant placed a stent in J.C.C. that was undersized, and within a week following the procedure the stent had migrated to J.C.C.'s heart. Complainant subsequently performed heart surgery on J.C.C. to remove the foreign body. This surgery was successful.

4. Complainant found J.C.C.'s condition to be so unusual that he happened to mention it to two of his colleagues. Those colleagues confirmed that they had both had former patients of Defendant with similar problems in the past. Board investigator Lawrence "Larry" Carter interviewed both of those colleagues individually.

5. Dr. J.M.C. stated that he and Dr. D.N.C. have worked on approximately seven (7) of Defendant's patients between them. Dr. J.M.C. stated that each of the 7 patients had a bad outcome associated with procedures performed by Defendant, including at least one death. Of the 7 cases Dr. J.M.C. is familiar with, they all involved migration of stents from the iliac vein to the left or right ventricle, requiring open heart surgery to remove the foreign body. Dr. J.M.C. stated that he is also aware of situations in which Defendant performed procedures that ultimately led to blockages of vessels, and ultimately resulted in amputations that would have otherwise been unnecessary.

6. Dr. J.M.C. claims that Defendant sees quite a few Medicare patients, and Dr. J.M.C. has heard that Defendant orders an angiogram for each Medicare patient, regardless of whether or not the need for an angiogram is indicated. Defendant then "fixes something", even if there is no need for any intervention. Dr. J.M.C. then gave an example: Defendant sees several end-stage renal disease patients, who he performs invasive procedures on, knowing in advance that the patient will not heal properly. Dr. J.M.C. stated that Defendant must know that there is a strong probability that such procedures will likely cause more damage than they correct.

7. Dr. D.N.C. identified two patients who died, and two others who suffered amputations because of procedures done by Defendant. Dr. D.N.C. provided the following information relating to each patient:

8. Patient J.M.C.: Defendant saw J.M.C. for leg pain, but was able to walk into Defendant's office on his own.

- By the time Dr. D.N.C. saw him after Defendant performed a procedure, J.M.C. had "dead leg", and the limb had to be removed.
- Patient R.D.C.: R.D.C. needed a thrombectomy, but the clot could not be removed. Dr. D.N.C. believes that Defendant did not place this patient on Plavix after surgery, which Dr. D.N.C. believes Defendant's failure to properly medicate R.D.C. was most likely the cause of R.D.C.'s death.
- Patient R.C.C.: R.C.C. was on dialysis at the time Defendant performed a procedure on him. After the procedure, R.C.C. developed a pseudo aneurysm. Bleeding developed and R.C.C. ultimately died.
- Patient C.A.C.: C.A.C. presented to the emergency room with an occluded aorta according to CTA images. C.A.C. had dead muscle in the groin, which ultimately led to an amputation.

9. Eight (8) patient records were subpoenaed and received. Each of those was sent for expert review. The expert rendered a summation of his medical record review as well as an opinion regarding each patient.

10. His summary states that Defendant's treatment and practice of medicine was so disturbing that it warrants immediate regulatory attention. He stated that while venous stents should be applied only if necessary with visible stenosis, venous collaterals or cases of thrombus, this was not readily apparent in 3 of the cases he reviewed. He stated that Defendant is routinely stenting when unnecessary and the fact that the stents are embolizing in the short term is proof that the veins were normal. Further, he found that stents should be oversized and post angioplastied which did not occur appropriately.

11. The expert found that other cases demonstrated a clear pattern of repeating unnecessary medical procedures. He stated, "If a patient presents with peripheral arterial disease (PAD), no self-respecting physician is going to pursue venography the problem is so clearly arterial". He found that Defendant would even intervene on patients when the ankle-brachial index (ABI) was normal. He found that Defendant had a clear bias towards financial gain.

More specifically the expert found, as to each record:

Patient J.C.C.:

12. The expert stated that this is one of four (4) cases of the eight reviewed wherein a venous stent embolized to the heart. This was the youngest of the eight (8) patients reviewed at 35 years old. The expert concluded that given her young age and the known short lifespan of stents, conservative management is paramount and stents in 35 year old should only be considered when conservative measures have failed. This patient's venogram was completely negative and no documentation supporting stenosis was provided the expert noted. Pressures could have been obtained via intravascular ultrasound as well, but were not and if stenosis had been encountered, it would have been reasonable to angioplasty and follow for response before stenting. However, he pointed out, there was no urgency to stent in this case. The expert noted that a fourteen (14) mm stent was placed and it immediately embolized to the heart. The fact that it moved so quickly, just like in other cases reviewed, proves that no stenosis was present and it was loose in that vein. The expert determined the resulting stent embolization, sternotomy, pulmonary embolism (PE) and pneumonia would have all been avoided if proper judgment was executed. He further opined that this case is probably one of the most egregious errors in medical judgement in his opinion.

Patient B.L.C.:

13. The expert determined the main harm in this case was the apparent undersizing of the left iliac vein stent which embolized to the heart and may have fragmented. The patient suffered a major PE. The expert stated there were apparently two parts to the stent, one in the right ventricle and one in the left lobe pulmonary artery. The expert determined this stent, as in the patient D.B.C. case below, was underdilated. A diagnosis of May-

Thurner Syndrome was made. A fourteen (14) mm stent was placed and again only dilated to twelve (12) mm. The expert determined this was likely the cause of embolization. He clarified that if one stents a normal vessel, there is no way for the stent to "lock" in place and it can become mobile, especially if it is undersized as in the instant case. The records show that B.L.C.'s ABI tests were normal. The expert found that Defendant described considering bilateral upper extremity arteriograms which were not completed. Instead Defendant did bilateral lower extremity arteriorgrams which showed "significant occlusive disease." The expert determined that this resulted in several more exams and interventions, yet no records or imaging supported such tests and interventions.

Patient D.B.C.:

14. The clinical notes state the patient had PAD. However, the ankle-brachial indices were mostly normal. The presenting complaint to Defendant was unclear as it stated "left leg swelling, numbness" but also later described "PAD with claudication" but did not elaborate. The expert determined the diagnosis of PAD seemed to be fishing for a reason to do an arteriogram. An arteriogram was performed, and it was stated that severe distal disease was seen in the left lower extremity but no arteriogram images were provided. With regards to the veins, Defendant diagnosed May-Thurner Syndrome which by definition, is a narrowing of the left iliac vein by the right iliac artery. The limited images provided demonstrated NO stenosis and NO collaterals to support that diagnosis. Despite a normal venogram, Defendant placed a fourteen (14) mm stent and only dilated to twelve (12) mm. The expert explained that most Interventional Radiologists (IR) will "post angioplasty" to the same dimension as the stent. If not, there is risk of stent migration/embolization. The expert found no indication to place a stent by the venogram. The expert determined the fact that the stent migrated to the heart means the vein was indeed normal size.

Patient J. M. C.:

15. The expert determined that this case is complex and there are some clear indications for intervention. The patient had severe PAD which was well documented. The right foot had an ABI of 0.20, consistent with PAD. The right foot upon initial visits was cold and blue. The PAD in the right lower extremity was treated with 4 different IR procedures. The expert determined a few procedures were reasonable to do for IR, but at some point Defendant should have consulted a vascular surgeon for an operative opinion. The outcome was undesirable with an above the knee amputation on the right side. The expert concluded, however, this patient did have significant arterial disease and the amputation may have been unpreventable. The expert concluded Defendants desire to perform venography in the midst of dealing with what was clearly an arterial issue is suspect. In a patient with severe PAD, a venogram would generally not be medically indicated. The expert found no demonstrable venous stenosis was visible on imaging yet Defendant stented the right iliac vein regardless. In his notes Defendant states "moderate" compression, but this was not evident. The expert determined stenting this vein without further providing evidence may be below the standard of care.

Patient N.C.C.:

16. The expert found there were excessive arteriograms and venograms beyond the standard of care in this case. This patient had nine (9) procedures on her arteries and veins over only 8 months. There was a stent placed in the right external iliac vein which was undersized and migrated to the heart. The expert determined in the instance of this specific stent there may have been indication of need, however, the stent placement was below standard of care.

Patient R.D.C.:

17. This patient had 4 procedures to his leg in almost a month with a fifth procedure recommended. Expert review determined it is unclear whether there was actual need for the stents as the documentation is lacking. Later imaging review of the multiple procedures shows severe peripheral arterial disease. The expert found there was a clear indication to proceed with an intervention, however, Defendant never improved the patient's vasculature/flow despite focusing on a singular issue, the left superficial femoral artery (SFA).

Patient R.C.C.

18. The expert found two main issues in this case. First is the perceived severity of disease or lack thereof relative to the angiogram. He found the angiogram to be relatively normal with just a small lesion in the posterior tibialis. There was no urgency in treating the patient and conservative treatment might have worked on this patient. Second, he found, was the timing of the intervention. According to the records, the patient had gone four (4) days without hemodialysis. The expert stated hemodialysis was the first thing that needed to occur, however, Defendant proceeded with the atherectomy instead. The potassium was later discovered to be 7.5. The expert concluded the patient would have been better off being sent for dialysis rather than atherecotmy. The expert concluded the ultimate outcome of hospitalization and later cardiac arrest and death may or may not be technically directly attributable to Defendants intervention. It is feasible that the contrast load and stress of the procedure did not help the situation.

Patient C.A.C.:

19. The expert found this patient's aorta ultimately occluded. There is no clear documentation in the record as to why. The inadequate charting makes it impossible to tell whether the aorta was treated with a bare metal stent or stent graft (covered stent), what the actual degree of stenosis was or should she have been aggressively anticoagulated after her procedure. The expert found that limited imaging review supports Defendant's diagnosis of bilateral common iliac arterial stenosis, however, no images were seen of an aortic stent. The Aortic occlusion may or may not have happened with IR intervention.

20. The expert noted that of the eight (8) charts reviewed, at least four (4) had stents embolize. He also noted that he has been placing stents for ten (10) years and he has never had a stent embolize.

III. VIOLATIONS

21. Based on the foregoing, the Defendant is guilty of unprofessional conduct as follows:

a. Failure to maintain an office record for each patient which accurately reflects the evaluation, treatment and medical necessity of treatment of the patient in violation of Title 59 § 509(18):

b. Failure to provide a proper and safe medical facility setting and qualified assistive personnel for a recognized medical act, including but not limited to an initial in-person patient examination, office surgery, diagnostic service or any other medical procedure or treatment. Adequate medical records to support diagnosis, procedure, treatment or prescribed medications must be produced and maintained in violation of Title 59 § 509(20):

c. Gross or repeated negligence in the practice of medicine and surgery in violation of OAC 435:10-7-4(15):

d. Being physically or mentally unable to practice medicine and surgery with reasonable skill and safety in violation of OAC 435:10-7-4(17):

e. Practice or other behavior that demonstrates an incapacity or incompetence to practice medicine and surgery in violation of OAC 435:10-7-4(18):

f. Obtaining any fee by fraud, deceit, or misrepresentation, including fees from Medicare, Medicaid, or insurance in violation of OAC 435:10-7-4(28):

g. Failure to provide a proper setting and assistive personnel for medical act, including but not limited to examination, surgery, or other treatment. Adequate medical records to support treatment or prescribed medications must be produced and maintained in violation of OAC 435:10-7-4(41):

CONCLUSION

Given the foregoing, the undersigned requests the Board conduct a hearing and, upon proof of the allegations contained herein, impose such disciplinary action as authorized by law, up to and including suspension or revocation and any other appropriate action with respect to the Defendant's professional license, including an assessment of costs and attorney's fees incurred in this action as provided by law.

Joseph L. Ashbaker, OBA No. 19395
Assistant Attorney General
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION
313 NE 21ST Street
Oklahoma City, Oklahoma 73105
405/522.2974
405/522.4536 – Facsimile

VERIFICATION

I, Lawrence Carter, under penalty of perjury, under the laws of the State of Oklahoma, state as follows:

1. I have read the above Complaint regarding the Defendant, Chigurupati Ramana, M.D.; and

2. The factual statements contained therein are true and correct to the best of my knowledge and belief.

Lawrence Carter, Investigator
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

Date: 26 Dec 2019

Oklahoma County, OK

IN AND BEFORE THE OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION STATE OF OKLAHOMA

STATE OF OKLAHOMA, *ex rel.* OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION,	**FILED** MAR 17 2021 OKLAHOMA STATE BOARD OF MEDICAL LICENSURE & SUPERVISION
Plaintiff,	
vs.	**Case No. 18-12-5685**
CHIGURUPATI RAMANA, M.D., LICENSE NO. MD 31923,	
Defendant.	

ORDER ACCEPTING VOLUNTARY SUBMITTAL TO JURISDICTION

The State of Oklahoma, *ex rel.* the Oklahoma State Board of Medical Licensure and Supervision ("Board"), by and through its attorney, Joseph L. Ashbaker, Assistant Attorney General, for the State of Oklahoma ("State") and the staff of the Board, as represented by the Secretary of the Board, Billy H. Stout, M.D., and the Executive Director of the Board, Lyle Kelsey, along with Chigurupati Ramana, M.D. ("Defendant"), Oklahoma medical license no. 31923, (collectively, the "Parties") who appears in person and through counsel Elizabeth A. "Libby" Scott and Timothy J. Gallegly of Crowe & Dunlevy, P.C., offer this Order Accepting Voluntary Submittal to Jurisdiction (herein, "Order" or "Agreement") effective ~~November~~ March 17, 2021, for acceptance by the Board *en banc* pursuant to Okla. Admin. Code § 435:5-1-5.1.

By voluntarily submitting to jurisdiction and entering into this Order, Defendant acknowledges that a hearing before the Board could result in some sanction under the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act ("Act"), 59 O.S. 2011, § 480, *et seq*. Defendant otherwise has not admitted or denied the allegations herein.

Defendant, Chigurupati Ramana, M.D., states that he is of sound mind and is not under the influence of, or impaired by, any medication or drug and that he fully recognizes his right to appear before the Board for an evidentiary hearing on the allegations made against him. Defendant hereby voluntarily waives his right to a full hearing, submits to the jurisdiction of the Board and agrees to abide by the terms and conditions of this Order. Defendant acknowledges that he has read and understands the terms and conditions stated herein, and that this Agreement has been reviewed and discussed with him. Defendant also agrees not to pursue any motion to recuse the current Medical Board, and agrees to submit to their jurisdiction and present this action to the members currently appointed.

BOARD BHS CR CR

If the Board does not accept this Order, the Parties stipulate that it shall be regarded as null and void. Admissions by Defendant herein, if any, shall not be regarded as evidence against him in a subsequent disciplinary hearing. Defendant will be free to defend himself, and no inferences will be made from his willingness to have this Order accepted by the Board. The Parties stipulate that neither the presentation of this Order nor the Board's consideration of this Order shall be deemed to have unfairly or illegally prejudiced the Board or its individual members and, therefore, shall not be grounds for precluding the Board nor any individual Board member from further participation in proceedings related to the matters set forth herein.

FINDINGS OF FACT

The State, the Defendant and the Board staff stipulate and agree as follows:

1. Defendant holds Oklahoma medical license number 31923, which was issued on February 5, 2016.

2. The acts and omissions complained of herein were made while Defendant was acting as a physician pursuant to the medical license conferred upon him by the State of Oklahoma. Such acts and omissions occurred within the physical territory of the State of Oklahoma.

CURRENT ALLEGATIONS IN COMPLAINT

1. Eight (8) patient records were subpoenaed and received. Each of those was sent for expert review. The expert rendered a summation of his medical record review as well as an opinion regarding each patient.

2. He stated that while venous stents should be applied only if necessary with visible stenosis, venous collaterals or cases of thrombus, this was not readily apparent in 3 of the cases he reviewed. He stated that Defendant has stented when unnecessary in one or more cases, and the fact that the stents are embolizing in the short term is evidence that the veins were normal in one or more cases. Further, he found that stents should be oversized and post angioplastied which did not occur appropriately in one or more cases.

3. The expert found that other cases demonstrated a pattern of unnecessary medical procedures. He found that Defendant has intervened on one or more patients when the ankle-brachial index (ABI) was normal. The expert determined the records reviewed demonstrated Defendant's venous stenting fell below the standard of care in one or more cases.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over the subject matter and is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of physicians and surgeons in the State of Oklahoma. 59 O.S. 2011, § 480 *et seq.*

BOARD _____ CR _____

2. Based on the foregoing and Defendant's voluntary submission to jurisdiction, the Defendant is guilty of the following:

3. Failure to maintain an office record for each patient which accurately reflects the evaluation, treatment and medical necessity of treatment of the patient in violation of Title 59 § 509(18).

4. Violation of any provision(s) of the medical practice act or the rules and regulations of the Board or of an action, stipulation, or agreement of the Board in violation of OAC 435:10-7-4(39).

ORDERS

IT IS THEREFORE ORDERED by the Oklahoma State Board of Medical Licensure and Supervision as follows:

1. The Board *en banc* hereby adopts the Agreement of the Parties in this Voluntary Submittal to Jurisdiction, including the Findings of Fact and Conclusions of Law stated herein.

2. Defendant, **CHIGURUPATI RAMANA, M.D.** is not to engage in venous stenting permanently. This prohibition includes practice of venous stenting by him, whether in his current practice or in any future medical practice or organization of which he is a member or an affiliate in any way. Defendant is precluded from requesting this prohibition be lifted.

3. Promptly upon receipt of an invoice, Defendant shall pay all costs of this action authorized by law, including without limitation, legal fees, investigation costs, staff time, salary and travel expenses, witness fees and attorney's fees.

4. A copy of this Order shall be provided to Defendant as soon as it is processed.

5. **This Order is subject to review and approval by the Oklahoma Attorney General, and this Order shall become final upon completion of the review by the Oklahoma Attorney General unless disapproved, in which case this Order shall be null and void.**

Dated this 11th day of MARCH, 2020.

James (Jim) Brinkworth, M.D., President
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

BOARD MH CR CR

3-11-2021
Chigurupati V Ramana, MD

Chigurupati Ramana, M.D.
License No. 31923
Defendant

Billy H. Stout, M.D., Board Secretary
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

Elizabeth A. "Libby" Scott, OBA No. 12470
Timothy J. Gallegly, OBA No. 31554
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Attorney for Defendant, Chigurupati Ramana, M.D.

Joseph L. Ashbaker, OBA No. 19395
Assistant Attorney General
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION
313 NE 21st Street
Oklahoma City, Oklahoma 73105
T: (405) 962-1400
F: (405) 522-4536

Certificate of Service

This is to certify that on the 17th day of March, 2020 2021, a true and correct copy of the foregoing Order was transmitted as indicated, postage prepaid, to the following:

U.S. Certified Mail
Chigurupati Ramana
Pinnacle Interventional and Vascular Care
1 NW 64th Street
Oklahoma City, OK 73116-9107
Defendant

U.S. First Class Mail
Elizabeth Scott, OBA No. 12470
Timothy J. Gallegly, OBA No. 31554
CROWE & DUNLEVY, P.C.

BOARD _____ CR _____

Braniff Building
324 North Robinson, Suite 100
Oklahoma City, Oklahoma 73102
Attorneys for Defendant,
Chigurupati Ramana, M.D.

N. Thiemann
Nancy Thiemann, Legal Assistant

I do hereby certify that the above and foregoing is a true copy of the original Order Accepting Voluntary Submittal to Jurisdiction (VSJ), filed March 17, 2021 now on file in my office.
Witness my hand and Official Seal of the Oklahoma State Board of Medical Licensure and Supervision this _____
5/3/2021

BOARD _____ CR _____

MIKE HUNTER
ATTORNEY GENERAL

Billy H. Stout, M.D. Board Secretary
Oklahoma State Board of Medical
Licensure and Supervision
10 N.E. 51st St.
Oklahoma City, Oklahoma 73105-1821

March 17, 2021

Dear Secretary Stout:

This office has received your request for a written Attorney General Opinion regarding action that the Oklahoma State Board of Medical Licensure and Supervision intends to take pursuant to an agreed order in case 18-12-5685. Under Executive Order 2019-17, Qualifying Boards need not submit for review by this office Board "actions to which the respondent consents or agrees[.]" Because the respondent in this case consented to the Board's action, no review by our office is necessary. If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

ETHAN SHANER
DEPUTY GENERAL COUNSEL

I do hereby certify that the above and foregoing is a true copy of the original Attorney General Letter, re VST, dated March 17, 2021.
now on file in my office.
Witness my hand and Official Seal of
the Oklahoma State Board of Medical
Licensure and Supervision this _____
5/3/2021

313 N.E. 21ST STREET • OKLAHOMA CITY, OK 73105 • (405) 521-3921 • FAX: (405) 521-6246

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