OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint Against IRWIN G. GLASSMAN, M.D., Respondent	**Case No. 13-6387-1**

FILED
MAY 13 2013
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

COMPLAINT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), composed at the time of filing of Theodore B. Berndt, M.D., Chairman, Valerie J. Clark, BSN, RHU, LUTCF, Member, and Michael J. Fischer, M.D., Member, by and through Erin L. Albright, Esq., Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Irwin G. Glassman, M.D. (Respondent), violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its formal Complaint, stating the IC's charges and allegations as follows:

1. Respondent is currently licensed in active status (License No. 4299), and has been so licensed by the Board since July 11, 1981, pursuant to the provisions of the Medical Practice Act.

2. Patient A was a twenty-eight (28)-year-old pregnant female with an estimated gestational age of six (6) weeks at the time of the incidents in question. Her true identity is not disclosed in this Complaint to protect her identity, but her identity is disclosed in the Patient Designation contemporaneously served on Respondent with this Complaint.

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3. On or about January 7, 2011, Patient A presented to the emergency department at St. Rose Siena Hospital on referral from her primary care physician with complaints of heavy vaginal bleeding for three (3) days duration. Patient A was referred to the emergency department of St. Rose Siena Hospital by her primary care physician for a suspected ectopic pregnancy.

4. On or about January 7, 2011, Respondent examined and evaluated Patient A because he was the on-call obstetrician for St. Rose Siena Hospital. Respondent ordered Patient A undergo a Human Chorionic Gonadotropin (HCG) blood test and an ultrasound to determine whether Patient A was pregnant. Patient A's HCG level was 7,803 mIU/ml. The ultrasound did not show that Patient A had an intrauterine pregnancy, but it did show that Patient A had a two (2) centimeter ovarian mass that the radiologist noted should be considered as a possible ectopic pregnancy. Upon receipt of this information, Respondent performed a Dilation and Curettage on Patient A. Respondent requested a pathology consult on the tissue from the Dilation and Curettage specimen. The pathology showed no signs of products of conception. Thus, Patient A was admitted to the hospital for overnight observation due to concerns of a possible ectopic pregnancy.

5. On or about January 8, 2011, Patient A's HCG level was 6,500 mIU/ml. Due to the decreased HCG level, Respondent discharged Patient A.

6. On or about January 12, 2011, Patient A presented to Respondent for a follow-up visit. Respondent did not perform a pelvic exam or an ultrasound despite his knowledge that the Dilation and Curettage specimen showed no evidence of conception. Respondent did order Patient A to undergo two HCG blood tests before her next scheduled appointment on January 19, 2011.

7. Patient A underwent a HCG blood test on or about January 12, 2011 and January 17, 2011. The respective HCG levels were 18,675 mIU/ml and 22,670 mIU/ml.

8. On or about January 19, 2011, Patient A presented to Respondent for a follow-up visit. During this visit, Respondent was aware of Patient A's HCG levels from the January 12 and January 17 blood tests. During this visit, Respondent did not perform a pelvic exam.

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Instead, he ordered the administration of Methotrexate and an ultrasound. Respondent also arranged for Patient A to return to his office for a follow-up visit in seven (7) days.

9. On or about January 22, 2011, Patient A presented to the emergency department at St. Rose Siena Hospital with evidence of a ruptured ectopic pregnancy.

10. Patient A's medical records are illegible, inaccurate, incomplete, and/or untimely.

COUNT I

(Medical Records Violation)

11. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

12. NRS 630.3062(1) provides that the failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient is grounds for initiating discipline against a licensee.

13. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to maintain accurate and/or complete medical records relating to the diagnosis, treatment and care of Patient A when he wrote incomplete, untimed and/or illegible entries in Patient A's chart.

14. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT II

(Malpractice)

15. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

16. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

17. NAC 630.040 defines malpractice as the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

18. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use reasonable care, skill or knowledge ordinarily used under similar circumstances when treating Patient A.

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19. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine the sanctions it will impose if it finds Respondent violated the Medical Practice Act;

4. That the Board make, issue and serve on Respondent, in writing, its findings of fact, conclusions of law and order, which shall include the sanctions imposed; and

5. That the Board take such other and further action as may be just and proper in these premises.

DATED this 10th day of May, 2013.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
Erin L. Albright, Esq.
Deputy General Counsel
Attorney for the Investigative Committee

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VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

Theodore B. Berndt, M.D., hereby deposes and states under penalty of perjury under the laws of the state of Nevada that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the foregoing Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered during the course of the investigation into a complaint against Respondent, he believes the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

Dated this 10th day of May, 2013.

Theodore B. Berndt

Theodore B. Berndt, M.D.

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CERTIFICATE OF MAILING

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on 13th day of May 2013; I served a filed copy of the COMPLAINT, PATIENT DESIGNATION & FINGERPRINT INFORMATION, via USPS certified return receipt mail to the following:

Irwin Glassman, M.D.
1934 E. Sahara Ave.
Las Vegas, NV 89104

Dated this 13th day of May, 2013.

Angelia L. Donohoe
Legal Assistant

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