

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

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In the Matter of Charges and)
Complaint Against)
MARK L. GLYMAN, M.D.,)
Respondent.)

Case No. 16-7506-1

FILED

JAN 29 2016

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: _____

COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board) hereby issues this formal Complaint (Complaint) against Mark L. Glyman, M.D. (Respondent), a licensed physician in Nevada. After investigating this matter, the IC has a reasonable basis to believe that Respondent has violated provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act).

The IC alleges the following facts:

1. Respondent is currently licensed in active status (License No. 6502), and has been so licensed by the Board since July 1, 1992, and, at all times alleged herein, Respondent was licensed in an active status by the Board pursuant to the provisions of the Medical Practice Act.

PATIENT A

2. Patient A was a 17-month-old child at the time of the events at issue. His true identity is not disclosed herein to protect his privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

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¹ The Investigative Committee of the Nevada State Board of Medical Examiners is composed of Board members Beverly A. Neyland, M.D., Rachakonda Prabhu, M.D., and Ms. Sandy Peltyn.

1 3. On or about December 12, 2008, Respondent, a maxillofacial/craniofacial surgeon,
2 was referred Patient A from Dr. Stuart Kaplan (Dr. Kaplan) for evaluation regarding facial
3 deformity and trigonocephaly. According to Respondent's notes, the plan was to assist
4 Dr. Kaplan in surgery.

5 4. On or about June 2, 2009, Respondent was to perform an orbital advancement
6 (hereinafter, the Procedure) for the repair of cranial synostosis on Patient A, who had a
7 preoperative diagnosis of metopic synostosis (hereinafter, Patient A's Condition), and, from this
8 Procedure, there was no change in correcting Patient A's cranial deformity or allowing for an
9 adequate brain growth.

10 5. On or about June 2, 2009, Respondent did not provide the details of his treatment
11 to Patient A within his operative report.

12 6. On or about June 2, 2009 thru February 12, 2010, Respondent failed to provide any
13 recommendation for additional corrective measures when there was not suitable growth of the
14 cranial regarding Patient A's Condition during Respondent's medical review of Patient A's
15 Condition on subsequent evaluations conducted by Respondent on June 23, 2009, July 23, 2009,
16 September 24, 2009 and February 12, 2010.

17 7. On or about June 2, 2009 thru February 12, 2010, Respondent failed to provide
18 adequate follow-up surveillance and repeat assessments to make sure the Procedure was adequate
19 for Patient A's Condition on subsequent evaluations conducted by Respondent on June 23, 2009,
20 July 23, 2009, September 24, 2009 and February 12, 2010.

21 8. On or about June 2, 2009 thru February 12, 2010, Respondent failed to identify
22 and/or recognize the inadequacy of the initial Procedure or to make additional plans for
23 intervention for Patient A's Condition on subsequent evaluations during Patient A's visits on
24 June 23, 2009, July 23, 2009, September 24, 2009, and on February 12, 2010 to Respondent, which
25 is below the standard of care.

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PATIENT B

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2 9. Patient B was a child less than six (6) months old at the time of the events at issue.
3 Her true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient
4 Designation served upon Respondent along with a copy of this Complaint.

5 10. On or about March 11, 2009, Respondent evaluated Patient B, diagnosed left
6 coronal synostosis (hereinafter, Patient B's Condition), and referred Patient B to Dr. Stuart
7 Kaplan.

8 11. On or about August 17, 2009, Patient B underwent surgery and Dr. Stuart Kaplan's
9 operative note indicates that a *bifrontal* craniotomy was performed by Dr. Kaplan and that the
10 Respondent performed the orbital advancement.

11 12. On or about August 17, 2009, Respondent did not do an operative report indicating
12 what medical treatment Respondent provided to Patient B.

13 13. On or about September 21, 2010, a new CT brain scan (CT) was performed
14 because Patient B presented to Respondent a familial macrocrania (abnormally large head)
15 condition.

16 14. This new CT revealed evidence that a *unilateral* craniotomy, not a *bifrontal*, as
17 dictated by Dr. Stuart Kaplan's operative note, was performed by Dr. Kaplan, and, there is no
18 evidence of the orbital advancement performed by Respondent on this September 21, 2010 CT.

19 15. On or about September 25, 2009 thru November 8, 2010, Respondent failed to
20 provide any recommendation for additional corrective measures when there was not suitable
21 growth of the cranial regarding Patient B's Condition during Respondent's medical review of
22 Patient B's Condition on subsequent evaluations conducted by Respondent on August 31, 2009,
23 October 1, 2009, June 1, 2010, and on November 8, 2010.

24 16. On or about, September 25, 2009 thru November 8, 2010, Respondent failed to
25 provide adequate follow-up surveillance and repeat assessments to make sure the Procedure was
26 adequate for Patient A's Condition on subsequent evaluations conducted by Respondent on
27 August 31, 2009, October 1, 2009, June 1, 2010 and November 8, 2010.

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1 17. On or about September 25, 2009 thru November 8, 2010, Respondent failed to
2 identify and/or recognize the inadequacy of the initial Procedure or to make additional plans for
3 intervention for Patient B's Condition on subsequent evaluations conducted by Respondent on
4 August 31, 2009, October 1, 2009, June 1, 2010 and November 8, 2010, which is below the
5 standard of care.

6 18. On or about September 25, 2009 thru November 8, 2010, Respondent did not
7 document the cranial measurements of Patient B's macrocrania medical condition and did not seek
8 the input from an ophthalmologist to insure there was no increased intracranial pressure.

9 19. On or about September 25, 2009 thru November 8, 2010, Respondent should have
10 seen that Patient B's cranial deformity was progressing as a consequence of the inadequate initial
11 surgical procedure (the unilateral craniotomy), as it was suboptimal.

12 20. On or about September 25, 2009 thru November 8, 2010, Respondent should have
13 provided follow-up care regarding Patient B's medical condition subsequent to the initial surgery
14 conducted on August 17, 2009.

15 21. On or about September 25, 2009 thru November 8, 2010, Respondent's overall
16 management of Patient B fall below the standard of care based upon the probability that the CT
17 scan findings did not indicate that the Respondent performed the full procedure as dictated.

18 22. Based upon the foregoing, the IC charges Respondent with the following violations
19 of the Medical Practice Act.

20 **COUNT I**

21 **(Malpractice - NRS 630.301(4))**

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

24 24. NRS 630.301(4) provides that malpractice, as defined in NAC 630.040, means the
25 failure of a physician, in treating a patient, to use the reasonable care, skill or knowledge
26 ordinarily used under similar circumstances, is grounds for discipline.

27 25. As demonstrated by, but not limited to, the above-outlined facts, Respondent
28 committed malpractice in the course of providing care and treatment to Patient A when he failed

1 to perform the proper procedure to obtain an adequate craniofacial correction and when he failed
2 to provide adequate follow-up surveillance and repeat assessments to make sure that the initial
3 care and surgical intervention was adequate.

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

6 **COUNT II**

7 **(Malpractice - NRS 630.301(4))**

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

10 28. NRS 630.301(4) provides that malpractice, as defined in NAC 630.040, means the
11 failure of a physician in treating a patient to use the reasonable care, skill and knowledge,
12 ordinarily used under similar circumstances is grounds for discipline.

13 29. As demonstrated by, but not limited to, the above-outlined facts, Respondent
14 committed malpractice in the course of providing care and treatment to Patient B when he failed
15 to perform the proper procedure to obtain an adequate craniofacial correction and he failed to
16 provide adequate follow-up care and repeat assessments to make sure that the initial care and
17 surgical intervention was adequate.

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

20 **COUNT III**

21 **(Medical Records Violation - NRS 630.3062(1))**

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

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

27 33. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed
28 to maintain accurate and/or complete medical records relating to the diagnosis, treatment and care

1 of Patient A when he failed to adequately record his care and treatment of Patient A on June 2,
2 2009 thru February 12, 2010 in Patient A's medical records.

3 **COUNT IV**

4 **(Medical Records Violation - NRS 630.3062(1))**

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

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

10 36. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed
11 to maintain accurate and/or complete medical records relating to the diagnosis, treatment and care
12 of Patient B when he failed to adequately record his care and treatment of Patient B on August 17,
13 2009 and November 8, 2010.

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

16 **WHEREFORE**, the Investigative Committee prays:

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

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

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

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

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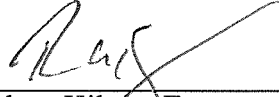
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5. That the Board take such other and further action as may be just and proper in these premises.

DATED this 29 day of January, 2016.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

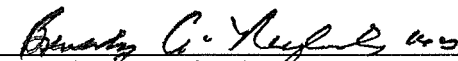
By: 
Robert Kilroy, Esq.
General Counsel for the Board
Attorney for the Investigative Committee

VERIFICATION

STATE OF NEVADA)
 : ss.
COUNTY OF CLARK)

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

Dated this 29th day of January, 2016.

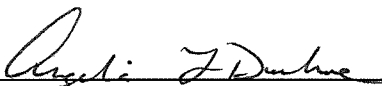

Beverly A. Neyland, M.D.

CERTIFICATE OF MAILING

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2 I hereby certify that I am employed by Nevada State Board of Medical Examiners and that
3 on 29th day of January 2016; I served a file stamp copy of the COMPLAINT, PATIENT
4 DESIGNATION & Fingerprint information, via USPS e-certified return receipt mail to the
5 following:

6 Mark Glyman, M.D.
7 2030 E. Flamingo Dr., #288
8 Las Vegas, NV 89119

9 Dated this 29th day of January, 2016.

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12 Angelia L. Donohoe
13 Legal Assistant
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