1	BEFORE THE BOARD OF MEDICAL EXAMINERS	
2	OF THE STATE OF NEVADA	
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6	In the Matter of Charges and	Case No. 18-19369-01
7	Complaint Against	FILED
8	Christopher Seung Choi, M.D.,	NOV 1 3 2018
9	Respondent.	NEVADA STATE BOARD OF MEDICAL EXAMINERS
10		By:
11 12	COMPLAINT	
12	The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board)	
14	hereby issues this Complaint (Complaint) against Christopher Seung Choi, M.D. (Respondent), a	
15	licensed physician in Nevada. After investigating this matter, the IC ¹ has a reasonable basis to	
16	believe that Respondent has violated provisions of Nevada Revised Statutes (NRS) Chapter 630 and	
17	the Nevada Administrative Code (NAC) Chapter 630 (collectively Medical Practice Act). The IC	
18	alleges the following facts:	
19	1. Respondent was licensed by the Board, pursuant to the provisions of the Medical	
20	Practice Act, on September 15, 2000, and is currently licensed in active status (License No. 9589).	
21	2 Patient A was a 90-year-old female at the time of the incidents in question. Her	

name is not disclosed in this Complaint to protect her identity, but her identity is disclosed in the Patient Designation contemporaneously served on Respondent with a copy of this Complaint.

3. At the time of the events in question, Patient A was a resident of a nursing home in
Las Vegas, Nevada and suffered from dementia, among other conditions. Dr. Choi was employed
by or contracted with the nursing home and treated patients there, including Patient A.

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The Investigative Committee of the Nevada State Board of Medical Examiners, at the time of filing of this Complaint
 was approved, was composed of Board members Wayne Hardwick, M.D., Chairman, Mr. M. Neil Duxbury, and Aury
 Nagy, M.D.

4. On October 7, 2014, Patient A underwent a procedure for installation of a pacemaker outside of the nursing home with no apparent complications at that time.

5. On October 20, 2014, Patient A complained of pain in her left hip and staff reported a popping noise from the hip area upon movement of left leg. Respondent ordered an x-ray, which showed no fracture or acute dislocation.

6. On October 21, 2014, nursing staff noted that Patient A's left foot was cool to the touch and exhibited skin color changes.

7. On October 21, 2014, a venous duplex ultrasound was performed. It revealed no evidence of a deep vein thrombosis. However, on the same date, an arterial duplex ultrasound revealed "no flow present" in Patient A's left proximal superficial femoral artery, left popliteal artery, left anterior and posterior tibial artery, and left dorsalis pedis artery. The report stated that there was "severe mild atherosclerotic plaquing in the left lower extremity with no detectable flow beyond the distal thigh." Further revaluation with a computed tomography (CT) angiogram was recommended. The results were faxed to Respondent on October 21, 2014.

7. Respondent did not order a CT angiogram and did not physically examine Patient A's left leg below the hip, in spite of nursing notes that Patient's left leg was cool to the touch and exhibited skin color changes and in spite of Patient A continuing to experience pain in her left leg. Respondent merely treated Patient A for pain.

Respondent did not approve sending Patient A to the emergency department.
 Patient A's daughter authorized nursing staff to call an ambulance to take Patient A to the
 emergency department on October 29, 2014, which was done that day, over a week after Patient
 A's symptoms first appeared.

9. On October 29, 2014, Patient A underwent an ultrasound of her lower left leg and
an emergency angiograph, which showed total occlusion of the left limb aortic stent graft, left
common iliac, external iliac and common femoral arteries. The attending surgeon's initial
assessment was that the leg would have to be amputated either above or below the knee.

27 10. On October 30, 2014, Patient A was taken to surgery for a bilateral, common
28 femoral endarterectomy, left profunda femoral endarterectomy, and a right femoral to left femoral

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Gore-Tex graft, which surgery was successful and ultimately saved Patient A's leg from 1 2 amputation. **COUNT I** 3 (Malpractice) 4 5 11. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein. 6 Nevada Revised Statute (NRS) 630.301(4) provides that malpractice of a physician 10. 7 is grounds for initiating disciplinary action against a licensee. 8 Nevada Administrative Code (NAC) 630.040 defines malpractice for the purpose 11. 9 of NRS chapter 630 as the failure of a physician, in treating a patient, to use the reasonable care, 10 11 skill, or knowledge ordinarily used under similar circumstances. 12. Respondent failed to use the reasonable care, skill, or knowledge ordinarily used 12 under similar circumstances, including but not limited to the conduct described herein, when he 13 failed to fully examine Patient A's leg and failed to order a CT angiogram in light of the arterial 14 duplex ultrasound finding of no blood perfusion below the distal thigh and nursing notes of a cool 15 foot, skin color changes and persistent leg pain. 16 By reason of the foregoing, Respondent is subject to discipline by the Board as 17 13. provided in NRS 630.352. 18 19 COUNT II (Failure to Maintain Timely, Legible, Accurate and Complete Medical Records) 20 All of the allegations contained in the above paragraphs are hereby incorporated by 14. 21 reference as though fully set forth herein. 22 NRS 630.3062(1)(a) provides that the failure to maintain timely, legible, accurate 15. 23 and complete medical records relating to the diagnosis, treatment and care of a patient is grounds 24 25 for initiating discipline against a licensee. In the event that Respondent claims that he examined Patient A's left leg, ordered a 16. 26 CT angiogram, approved transport of Patient A to the emergency department, or took other 27

actions to diagnose and/or treat Patient A's left leg pain on or after October 20, 2014, Respondent

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failed to maintain timely, legible, accurate and complete medical records relating to the diagnosis, 1 2 treatment and care of Patient A as outlined above.

17. By reason of the foregoing, Respondent is subject to discipline by the Board as 3 provided in NRS 630.352. 4

WHEREFORE, the IC 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;

That the Board set a time and place for a formal hearing after holding an Early 9 2. Case Conference pursuant to NRS 630.339(3); 10

3. That the Board determine what sanctions to impose if it finds and concludes that there has been a violation or violations of the Medical Practice Act committed by Respondent;

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

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

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DATED this $\int \mathcal{J}^{4}$ INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: Ésq Mehta.

Deputy Executive Director Attorney for the Investigative Committee

_____ day of November, 2018.

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VERIFICATION

STATE OF NEVADA) : ss. COUNTY OF WASHOE)

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Wayne Hardwick, 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 13th day of November, 2018.

Marye Hardwick, M.D.



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