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## BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

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In the Matter of Charges and

Complaint Against

DEVENDRAKUMAR I. PATEL, M.D.,

Respondent.

Case No. 18-29352-2

FILED

JAN 2 6 2018

**NEVADA STATE BOARD OF** MEDICAL EXAMINERS

### **COMPLAINT**

The Investigative Committee<sup>1</sup> (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, Esq., Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Devendrakumar I. Patel, 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 Complaint, stating the IC's charges and allegations as follows:

Respondent is a physician licensed to practice medicine in the State of Nevada 1. (License No. 11068). He was originally licensed by the Board on July 23, 2004.

## Enhanced External Counterpulsation (EECP) for the Treatment of Angina

EECP is a noninvasive therapy developed for the treatment of end-stage angina pectoris that is refractory to conventional therapy (i.e., surgery, angioplasty) for acute myocardial infarction and cardiogenic shock. EECP involves the sequential compression (inflation/deflation) of cuffs wrapped around the patient's calves, thighs, and buttocks. By timing the inflation/deflation sequence to the patient's cardiac cycle, the intention of EECP is to increase diastolic aortic pressure, thereby increasing coronary perfusion pressure possibly by enhancing the development of coronary collateral circulation and reducing the workload of the heart. Treatment

<sup>&</sup>lt;sup>1</sup> The Investigative Committee of the Nevada State Board of Medical Examiners, at the time the filing of this Complaint was authorized, was composed of Rachakonda D. Prabhu, M.D., Ms. Sandy Peltyn, and Victor M. Muro, M.D.

usually consists of one-hour sessions, five days a week, for seven weeks. EECP has been approved by the U.S. Food and Drug Administration (FDA) for management of refractory angina.

3. End-stage angina pectoris is defined as "disabling angina" (class III or class IV),

- and is indicted for those who, in the opinion of a cardiologist or a cardiovascular surgeon, are not readily amenable to surgical intervention.
- 4. Angina is the sensation of chest pain or pressure often with radiation to the left arm or jaw that comes on with exertion or stress and is relieved with rest or medication. It can feel like smothering shortness of breath or severe indigestion. It is caused when the heart muscle outworks its blood supply.
- 5. Chronic stable angina is the occurrence of angina with predictable levels of exertion, usually lasting less than five minutes. It is reproducible and usually is predictable.

### B. Respondent's Treatment of Patient A

- 6. Patient A was a 71-year-old female when she presented to Respondent for medical care in November 2013. Patient A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.
- 7. On November 8, 2013, Patient A presented to Respondent with progressively increasing malaise, fatigue, and shortness of breath at less than normal exertion. Patient A had a history of coronary artery disease, diabetes, hypertension, hyperlipidemia, rheumatoid arthritis, chronic pain, osteoarthritis, hypothyroidism, and prior deep venous thrombosis, and lived a sedentary lifestyle. A stress test was conducted on November 13, 2013, which was abnormal. A left heart catheterization, selective coronary artery angiography, and left ventriculogram were performed at Northeastern Nevada Regional Hospital on November 10, 2013, which revealed substantial coronary artery disease. Accordingly, coronary artery bypass surgery (CABG) was performed in Salt Lake City, Utah, on December 18, 2013.
- 8. On July 18, 2014, Patient A presented to Respondent again for progressively increasing shortness of breath and fatigue at less than usual exertion over the past 5-6 years, and recent back pain and low blood pressure. Respondent recommended EECP therapy, and Patient A

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underwent EECP therapy at Respondent's medical practice during August and September 2014. Respondent billed Patient A \$600 for each session, for at least seventeen sessions, for a total of \$10,200.

- Based on the medical evidence available to him, specifically, without an 9. assessment for and diagnosis of angina or angina class (such as how far Patient A could walk before symptoms occur, or other physical assessments), without evidence of how Patient A had responded to standard therapies or treatments, such as CABG, and without assessment or changes in symptoms following CABG, the use of and recommendation of EECP was not indicated.
- On information and belief, Respondent's conduct in recommending and performing 10. EECP on Patient A was intentional, and made for his own financial benefit and pecuniary gain.

### COUNT I

### NRS 630.301(4) (Malpractice)

- 11. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.
- Malpractice is grounds for disciplinary action against a licensee pursuant to 12. NRS 630.301(4).
- NAC 630.040 defines malpractice as the failure to use the reasonable care, skill, or 13. knowledge ordinarily used under similar circumstances when treating a patient.
- As demonstrated by, but not limited to, the above-outlined facts, Respondent 14. committed malpractice with respect to his treatment of Patient A by failing to use reasonable care, skill or knowledge in recommending and performing EECP on Patient A.
- 15. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

### **COUNT II**

### NRS 630.301(7) (Violating Patient's Trust for Financial Gain)

All of the allegations in the above paragraphs are hereby incorporated as if fully set 16. forth herein.

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- Engaging in conduct that violates the trust of a patient and exploits the relationship 17. between the physician and the patient for financial or other personal gain is grounds for disciplinary action against a licensee pursuant to NRS 630.301(7).
- As demonstrated by, but not limited to, the above-outlined facts, Respondent 18. violated Patient A's trust and exploited their physician-patient relationship for financial gain recommending, performing and billing for EECP.
- By reason of the foregoing, Respondent is subject to discipline by the Board as 19. provided in NRS 630.352.

### **COUNT III**

### NRS 630.301(8) (Failure to Offer Appropriate Procedures for Financial Benefit)

- All of the allegations in the above paragraphs are hereby incorporated as if fully set 20. forth herein.
- The failure to offer appropriate procedures or studies, when the failure occurs with 21. the intent of positively influencing the financial well-being of the practitioner, is grounds for disciplinary action against a licensee pursuant to NRS 630.301(8).
- As demonstrated by, but not limited to, the above-outlined facts, Respondent failed 22. to offer appropriate procedures to Patient A; rather, Respondent offered inappropriate procedures to Patient A by recommending, performing, and billing for EECP, and did so with the intent of positively influencing his own financial well-being.
- By reason of the foregoing, Respondent is subject to discipline by the Board as 23. provided in NRS 630.352.

### WHEREFORE, the Investigative Committee prays:

- That the Board give Respondent notice of the charges herein against him and give 1. 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 2. Early Case Conference pursuant to NRS 630.339(3);

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| 3.             | That the   | e Board  | determine | the | sanctions | it | will | impose | if | it | finds | Responden |
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| violated the N | Aedical Pi | actice A | et:       |     |           |    |      |        |    |    |       |           |

- 4. That the Board make, issue and serve upon the 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 26 day of January, 2018.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

Robert Kilroy, Esq., General Counsel Aaron Bart Fricke, Esq., Deputy General Counsel Donald K. White, Esq., Deputy General Counsel Attorneys for the Investigative Committee

# OFFICE OF THE GENERAL COUNSEL Nevada State Board of Medical Examiners

Reno, Nevada 89502

### VERIFICATION

| STATE OF NEVADA | )     |
|-----------------|-------|
| COUNTY OF CLARK | : ss. |

Rachakonda D. Prabhu, 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 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 26<sup>th</sup> day of January, 2018.

Rachakonda D. Prabhu, M.D. Chairman, Investigative Committee
Nevada State Board of Medical Examiners

# OFFICE OF THE GENERAL COUNSEL Nevada State Board of Medical Examiners

### CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 26<sup>th</sup> day of January, 2018, I served a file-stamped copy of the COMPLAINT and FINGERPRINT INFORMATION, via USPS e-certified return receipt mail (9171 9690 0935 0096 2379 67) to the following:

Devendrakumar I. Patel, M.D. NORTHERN NEVADA CARDIOLOGY PC 674 North Cedar Street Elko, NV 89801

DATED this 26th day of January, 2018.

Kimberly Rosling, Employe