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

\* \* \* \* \*

In the Matter of Charges and

**Complaint Against** 

PATRICIA MORALES, M.D.,

Respondent.

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Case No. 19-9829-1

FILED

FEB 2 6 2019

NEVADA STATE BOARD OF

### **COMPLAINT**

The Investigative Committee (IC)<sup>1</sup> of the Nevada State Board of Medical Examiners (Board) hereby issues this Complaint (Complaint) against Patricia Morales 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 Statute (NRS) Chapter 630 and the Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act). The IC alleges the following facts:

- 1. Respondent was licensed by the Board, pursuant to the provisions of the Medical Practice Act, on September 19, 1987, and is currently licensed in active status (License No. 5570).
- 2. Patient A's 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.
- On March 9, 2012, Patient A presented to Respondent complaining of left hand 3. pain. Patient A has a history of bilateral carpal tunnel syndrome and Patient A previously had undergone an open right carpal tunnel release in Arizona. EMG (Electromyography) studies demonstrated a left carpal tunnel syndrome. Patient A's initial examination showed no

The IC, at the time this formal Complaint was authorized for filing, consisted of Theodore B. Berndt, M.D., Chairman, Michael J. Fischer, M.D., and Ms. Valerie J. Clark.

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thenaratrophy and an unequivocal Tinel's sign, but a positive result for the Phalen's test on the left hand.

- On September 19, 2012, Respondent took Patient A to the Great Basin Surgical 4. Center. Respondent placed Patient A's left wrist in the hyperflexion and entered the carpal tunnel on the radial side. Respondent lacerated Patient A's medial nerve.
- On October 15, 2012, Respondent documented Patient A's pain and swelling, with 5. continued complaints of numbness in his index finger, with a positive Tinel's sign, and prescribed amitriptyline and placed him in physical therapy.
- On November 28, 2012, Patient A was seen by an Idaho-licensed M.D., who noted 6. during his examination that Patient A had left median nerve numbness in the median nerve distribution and severe point tenderness at the carpal ligament area. Patient A's thumb and fingers were moderately swollen and there were well-healed incisions at the mid-palm and the wrist-palm junction; the scars were consistent with a Choi technique.
- Previous to the preparation of this Complaint, the Board solicited the services of an 7. independent medical expert (IME) to review Patient A's medical records and the care provided to such patient by Respondent. This IME opined that Respondent's care of Patient A violated the Medical Practice Act due to her acts and omissions when rendering care to Patient A, and further opined that it was below the standard of care to lacerate the nerve and that the carpal tunnel should not be entered on the radial side because this procedural entry approach would put the median nerve at risk. There were reported complications for endoscopic carpal tunnel release. IME noted the literature indicates that the medical nerve is located radial to the palmaris longus tendon and proper entry should be made on the ulnar side of the tendon.

### Count I

### (Malpractice)

- All of the allegations contained in the above paragraphs are hereby incorporated by 8. reference as though fully set forth herein.
- NRS 630.301(4) provides that malpractice of a physician is grounds for initiating 9. disciplinary action against a licensee.

- 10. 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.
- 11. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when:
  a) Patient's A wrist should have been in hyperextension, not hyperflexion; b) Respondent placed Patient A's wrist in the hyperflexion and entered the carpal tunnel on the radial side; and, c) Respondent lacerated the Patient A's medial nerve, causing the patient to experience pain, numbness and reduced functioning of his left hand.
- 12. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

### **Count II**

### (Failure to Maintain Complete Medical Records)

- 13. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.
- 14. NRS 630.3062(1)(a) 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.
- 15. Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient A, by failing to document her actions when she treated Patient A, whose medical records were not timely, legible, accurate, and complete.
- 20. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

### WHEREFORE, the IC prays:

- 1. That the Board give Respondent notice of the charges herein against her and give her notice that she 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 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 the sanctions to be imposed; and,
- 5. That the Board take such other and further action as may be just and proper in these premises.

DATED this day of February, 2019.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

Robert Kilroy, Esq.

General Counsel

Attorney for the Investigative Committee

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

### **VERIFICATION**

STATE OF NEVADA	)
COUNTY OF WASHOE	: ss. )
Wayne Hardwick, M	Л.D., hei
of the state of Nevada	that he

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 26 day of February, 2019.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

Wayne Hardwick, M.D., Chairman

# OFFICE OF THE GENERAL COUNSEL Nevada State Board of Medical Examiners 9600 Gatteway Drive Reno, Nevada 89521 (775) 688-2559

### **CERTIFICATE OF MAILING**

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on day of February, 2018, I served a file-stamped copy of the COMPLAINT via USPS e-certified return receipt mail to the following:

Patricia Morales, M.D. c/o Edward J. Lemons, Esq. Lemons, Grundy & Eisenberg 6005 Plumas Street, Suite 300 Reno, Nevada 89519

Dated this 2019 day of February, 2019.

Sheri L. Quigley, Legal Assistant