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

* * * * *

In the Matter of Charges and Complaint

Case No. 21-13009-1

Against:

JON LANE SIEMS, M.D.,

Respondent.

FILED

MAY 18 2021

**NEVADA STATE BOARD OF
MEDICAL EXAMINERS**

By: 

COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board), by and through Donald K. White, J.D., Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Jon Lane Siems, 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:

1. Respondent was, at all times relevant to this Complaint, a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 9250). Respondent was originally licensed by the Board on December 20, 1999.

2. Patient A² was a sixty-six (66) year-old female at the time of the events at issue.

3. On April 25, 2017 Patient A underwent cataract surgery in her left eye performed by another provider.

4. On May 22, 2017 the patient presented to Respondent complaining of poor vision in her left eye after the cataract surgery. During this visit Respondent noted her vision as 20/20-

¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Mr. M. Neil Duxbury, Aury Nagy, M.D. and Michael C. Edwards, M.D., FACS.

² 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.

1 in her right eye and 20/30+ in her left eye. There is no documentation of the discussion that may
2 or may not have occurred with Patient A about the medical plan formulated by Respondent for
3 treatment of Patient A. Respondent also did not review the medical records of the previous
4 physician who performed the cataract surgery on Patient A.

5 5. On May 24, 2017, Respondent performed a cataract extraction with a multifocal
6 intra ocular lens implant in her right eye. Patient A presented for a post operative visit on
7 May 25, 2017 wherein her vision was documented as 20/25 in her right eye.

8 6. The next note in Respondent's chart dated June 15, 2017, references a lens
9 exchange procedure performed on Patient A's left eye on June 14, 2017. A record of the
10 procedure was not included with Patient A's medical records provided to the IC by Respondent.
11 At this post-operation visit, the patient's vision in her left eye was noted as 20/50.

12 7. Patient A was seen by Respondent the next day, June 16, 2017, with no
13 improvement and again was seen on June 27, 2017 with a marked *reduction* in vision of 20/400 in
14 her left eye. She was fit with a contact lens with no description of any improvement in her vision
15 when the contact lens was used.

16 8. Respondent continued to see Patient A subsequent to the June 27, 2017 visit.
17 Documentation from Patient A's visit on September 20, 2017 is the only record showing
18 refraction of -1.50-0.25x106 residual myopia with best corrected distance vision of 20/25 in her
19 left eye. Respondent advised the patient that a Lasik surgical correction was the proper course of
20 treatment.

21 9. On October 27, 2017, Patient A visited a different doctor (not Respondent) still
22 complaining of blurred vision. This doctor was able to correct the patient's vision to 20/20 with a
23 different refraction (-1.75-025x93) and referred her to a different doctor to discuss laser refractive
24 correction. The doctor to which she was referred agreed with this course of treatment.

25 COUNT I

26 NRS 630.301(4) - Malpractice

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

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

3 12. NAC 630.040 defines malpractice as “the failure of a physician, in treating a
4 patient, to use the reasonable care, skill, or knowledge ordinarily used under similar
5 circumstances.”

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

9 14. Patient A presented with visual complaints involving her left eye subsequent to
10 cataract surgery. Respondent appears to have counseled Patient A that correction of the inaccurate
11 intraocular lens power in her left eye would require surgery on her right eye in order to balance
12 vision in both eyes. Patient A’s vision was 20/20- in the uncorrected eye, making the cataract
13 surgery performed on her right eye unnecessary demonstrating a lack of reasonable care, skill and
14 knowledge ordinarily used under similar circumstances.

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

17 **COUNT II**

18 **NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records**

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

21 17. NRS 630.3062(1)(a) provides that the “failure to maintain timely, legible, accurate
22 and complete medical records relating to the diagnosis, treatment and care of a patient” constitute
23 grounds for initiating discipline against a licensee.

24 18. In several instances, Respondent failed to maintain legible and complete medical
25 records relating to the diagnosis, treatment and care of Patient A.

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

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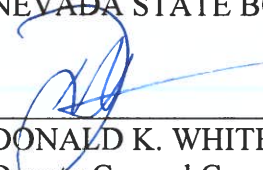
WHEREFORE, the Investigative Committee prays:

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 what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;
4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;
5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and
6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 18th day of May, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____


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Attorney for the Investigative Committee

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VERIFICATION

STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

Mr. M. Neil Duxbury, having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 18th day of May, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: M. Neil Duxbury
MR. M. NEIL DUXBURY, *Chairman*