

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

3 * * * * *

4
5 **In the Matter of Charges and Complaint**

Case No. 21-12218-1

6 **Against:**

FILED

7 **RAJEEV SHARAD KHAMAMKAR, M.D.,**

FEB - 2 2022

8 **Respondent.**

**NEVADA STATE BOARD OF
MEDICAL EXAMINERS**

By: 

9
10 **FIRST AMENDED COMPLAINT**

11 The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners
12 (Board), by and through Aaron Bart Fricke, J.D., General Counsel and attorney for the IC, having a
13 reasonable basis to believe that Rajeev Sharad Khamamkar, M.D., (Respondent) violated the
14 provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC)
15 Chapter 630 (collectively, the Medical Practice Act), hereby issues its Amended Complaint
16 (Complaint), stating the IC's charges and allegations as follows:

17 1. Respondent was at all times relative to this Complaint a medical doctor holding an
18 active license to practice medicine in the State of Nevada (License No. 8597). Respondent was
19 originally licensed by the Board on April 8, 1998.

20 2. Monitored Anesthesia Care (MAC) is a specific anesthesia service for a diagnostic or
21 therapeutic procedure. Indications for MAC include the nature of the procedure, the individual's
22 clinical condition and/or the potential need to convert to a general or regional anesthetic.

23 3. MAC includes all aspects of anesthesia care: a pre-procedure visit, intra-procedure
24 care, and post-procedure anesthesia management. During MAC, the anesthesiologist provides or
25 medically directs a number of specific services, including but not limited to:

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28 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 Victor M. Muro, M.D., Chair,
Weldon Havins, M.D., Member, and Ms. Maggie Arias-Petrel, Public Member.

- 1 a. Diagnosis and treatment of clinical problems that occur during the procedure;
- 2 b. Support of vital functions;
- 3 c. Administration of sedatives, analgesics, hypnotics, anesthetic agents or other
- 4 medications as necessary for patient safety;
- 5 d. Psychological support and physical comfort; and
- 6 e. Provision of other medical services as needed to complete the procedure
- 7 safely.

8 MAC may include varying levels of sedation, analgesia, and anxiolysis as necessary. The provider
9 of MAC must be prepared and qualified to convert to general anesthesia when necessary. If the
10 individual loses consciousness and the ability to respond purposefully, the anesthesia care is a
11 general anesthetic, irrespective of whether airway instrumentation is required.

12 4. MAC is not medically necessary for interventional pain procedures in individuals
13 at average risk related to use of anesthesia and sedation. The use of MAC *may be* medically
14 necessary for interventional pain procedures when specific risk factors or significant medical
15 conditions are present, and when the proceduralist and anesthesiologist truthfully document these
16 factors and conditions.

17 5. The American Society of Anesthesiologists Physical Status Classification System
18 is used for classifying individuals for the purposes of anesthesia for surgical operations. Under this
19 system:

- 20 a. ASA I or I is a normal, healthy individual;
- 21 b. ASA 2 or II is an individual with mild systemic disease;
- 22 c. ASA 3 or III an individual with severe systemic disease;
- 23 d. ASA 4 or IV is an individual with severe systemic disease that is a constant
- 24 threat to life;
- 25 e. ASA 5 or V is a moribund individual who is not expected to survive without
- 26 the operation; and
- 27 f. ASA 6 or VI is a declared brain-dead individual whose organs are being
- 28 harvested.

1 6. Pursuant to NRS 630.305(d), charging for services which were not rendered is
2 grounds for disciplinary action or denying licensure.

3 7. NAC 630.185 to 630.230, inclusive, set forth the standards of practice established
4 by the Board. *See* NAC 630.185.

5 8. Pursuant to NAC 630.230(1)(a) it is prohibited professional conduct to falsify
6 records of health care.

7 9. Pursuant to NRS 630.306(1)(b)(2), the violation of NAC 630.230 is grounds for
8 disciplinary action or denying licensure.

9 10. Pursuant to NRS 630.301(7), engaging in conduct that violates the trust of a
10 patient and exploits the relationship between the physician and the patient for financial or other
11 personal gain is grounds for disciplinary action or denying licensure.

12 **PATIENT A**

13 11. Patient A² was a fifty-three (53) year-old female at the time of the events at issue.
14 Her name is not disclosed in this Complaint to protect her identity, but is disclosed in the Patient
15 Designation contemporaneously served on Respondent with a copy of this Complaint.

16 12. On September 5, 2018, Patient A presented to 215 Surgery Center for a diagnostic
17 pain block injection to the superior cluneal nerves, without anesthesia.

18 13. Patient A did not consent to receive anesthesia for the procedure, and was adamant
19 about not getting anesthesia, which refusal was acknowledged by Respondent.

20 14. The pain block was performed by another provider, during which, Patient A
21 received no sedatives of any kind, nor was an IV placed to administer fluids or medications.

22 15. Respondent was present in the room where the procedure was being performed on
23 Patient A.

24 16. Respondent billed Patient A for MAC, a service he did not render to Patient A on
25 September 5, 2018. Respondent billed using code 01992 for 5 units, physical status for 1 unit, and
26 time for 1 unit, totaling 7 units. Code 01992 is a 5 unit base billing code defined as anesthesia for

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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.

1 diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a
2 different provider) in the prone position.

3 17. Respondent did not provide to Patient A the service of anesthesia for diagnostic or
4 therapeutic nerve blocks and injections (when block or injection is performed by a different
5 provider) in the prone position.

6 18. Patient A did not have severe systemic disease, and did not meet the criteria to be
7 considered an ASA 3.

8 **COUNT I**

9 **NRS 630.305(1)(d) – Charging for Services Not Rendered**

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

12 20. As demonstrated by, but not limited to, the above-outlined facts, Respondent
13 charged Patient A for anesthesia services that he did not render.

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

16 **COUNT II**

17 **NAC 630.230(1)(a) – Falsifying Medical Records**

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

20 23. As demonstrated by, but not limited to, the above-outlined facts, Respondent
21 falsified Patient A’s medical records, falsely stating that Patient was “ASA 3,” when she was not.

22 24. By reason of the foregoing, Respondent is subject to discipline by the Board as
23 provided in NRS 630.352.

24 **COUNT III**

25 **NRS 630.301(7) – Violating the Trust of a Patient for Financial Gain**

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

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1 26. As demonstrated by, but not limited to, the above-outlined facts, Respondent
2 violated the trust placed in him by Patient A by billing for MAC and charging Patient A's
3 insurance for the service, when he had, in fact, not provided MAC, and when he was fully aware
4 that Patient A did not want MAC, and when MAC was not medically necessary.

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

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

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

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

13 3. That the Board determine what sanctions to impose if it determines there has been
14 a violation or violations of the Medical Practice Act committed by Respondent;

15 4. That the Board award fees and costs for the investigation and prosecution of this
16 case as outlined in NRS 622.400;

17 5. That the Board make, issue and serve on Respondent its findings of fact,
18 conclusions of law and order, in writing, that includes the sanctions imposed; and

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

21 DATED this 27th day of February, 2022.

22 INVESTIGATIVE COMMITTEE OF THE
23 NEVADA STATE BOARD OF MEDICAL EXAMINERS

24 By: 

25 AARON BART FRICKE, J.D.

26 General Counsel

27 9600 Gateway Drive

28 Reno, NV 89521

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Attorney for the Investigative Committee

1 **VERIFICATION**

2 STATE OF NEVADA)
3 COUNTY OF CLARK) : ss.

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

10 DATED this 2 day of February, 2022.

11 INVESTIGATIVE COMMITTEE OF THE
12 NEVADA STATE BOARD OF MEDICAL EXAMINERS

13 By: UM Muro MD
14 VICTOR M. MURO, M.D.
15 *Chairman of the Investigative Committee*

OFFICE OF THE GENERAL COUNSEL
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