

1 5. On February 24, 2020, Patient A was referred to a high-risk pregnancy physician
2 for supervision of her pregnancy.

3 6. On June 26, 2020, Patient A switched to another high-risk pregnancy physician,
4 with regular visits to Respondent for her obstetrical care for the remainder of her pregnancy.
5 These visits included regular ultrasounds to monitor growth and the health of the pregnancy due to
6 the increased risk of complications due to a twin pregnancy.

7 7. On July 20, 2020, the high-risk pregnancy physician noted there was
8 polyhydramnios, which is the presence of too much amniotic fluid, in the medical note to the
9 Respondent. The high-risk pregnancy physician recommended Patient A be delivered from weeks
10 thirty-seven and zero days (37/0) to thirty-seven and three days (37/3).

11 8. On August 3, 2020, ultrasound testing demonstrated an isolated growth restriction
12 on Twin A. The high-risk pregnancy physician again recommended that Patient A be delivered
13 from weeks thirty-seven and zero days (37/0) to thirty-seven and three days (37/3).

14 9. On August 13, 2020, further ultrasound testing confirmed worsening growth
15 restriction of Twin A, with the high-risk pregnancy physician maintaining their recommendation
16 for the thirty-seven and zero days (37/0) to thirty-seven and three days (37/3) delivery window.

17 10. On August 10, 2020, despite clear recommendations to the contrary, Respondent
18 requested and scheduled a cesarean section to take place on August 17, 2020, at thirty-seven
19 weeks and five days (37/5).

20 11. On August 12, 2020, Patient A was seen by Respondent to discuss the most recent
21 ultrasound report and the risks associated with the scheduled cesarean section. Respondent did
22 not change the date of the delivery, despite recent ultrasound testing and the recommendation of
23 the high-risk pregnancy physician, nor did he document any medical reasoning for deviating from
24 the delivery recommendation.

25 12. On August 16, 2020, Patient A presented to the hospital with vaginal bleeding and
26 pain. Ultrasound testing demonstrated Twin A had no heartbeat, due to intrauterine fetal demise
27 and placental abruption. An emergency cesarian section was performed to deliver Twin B.

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COUNT I

NRS 630.301(4) - Malpractice

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

14. NRS 630.301(4) provides that malpractice of a Physician is grounds for initiating disciplinary action against a licensee.

15. 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.”

16. 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 he disregarded delivery date recommendations provided by the high-risk pregnancy physician, and delayed the cesarian section which resulted in the intrauterine fetal demise of one of Patient A’s children.

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

COUNT II

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

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

19. 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” constitute grounds for initiating discipline against a licensee.

20. Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient A, by failing to correctly document any medical reasoning for disregarding the delivery recommendation offered by the high-risk pregnancy physician.

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

1 WHEREFORE, the Investigative Committee prays:

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

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

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

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

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

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

15 DATED this 27th day of June, 2023.

16 INVESTIGATIVE COMMITTEE OF THE
17 NEVADA STATE BOARD OF MEDICAL EXAMINERS

18 By: _____

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