

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

3 * * * * *

4
5 **In the Matter of Charges and Complaint**
6 **Against:**
7 **MICHAEL ANTHONY MECCA, M.D.,**
8 **Respondent.**

Case No. 24-42054-1

FILED

OCT - 3 2024

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

9
10 **COMPLAINT**

11 The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners
12 (Board), by and through Donald K. White, Senior Deputy General Counsel and attorney for the IC,
13 having a reasonable basis to believe that Michael Anthony Mecca, 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 Complaint, stating the IC's
16 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. 15183). Respondent was
19 originally licensed by the Board on February 20, 2014.

20 2. Patient A² was a seventy (70) year-old female at the time of the events at issue.

21 3. On October 7, 2016, Patient A underwent a preventative mammogram test at Desert
22 Radiology in Las Vegas, Nevada.

23 4. On October 8, 2016, Respondent, a radiologist, made findings that there was no
24 developing mass lesion, focal architectural distortion, or suspicious clustered microcalcification.
25 interpreted the scans as "No suspicious findings. No significant interval change is seen.

26
27 ¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal
28 Complaint was authorized for filing, was composed of Board members Bret W. Frey, M.D., Carl N. Williams, Jr., M.D.,
and Col. Eric D. Wade, USAF (Ret.).

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 Postoperative distortion in the right breast seen. Some benign-appearing left breast calcifications
2 are seen.” The reading was that of BIRAD two (2): benign findings.

3 5. It was determined later when tests from 2010 through 2015 were reviewed and
4 compared with the test from October 7, 2016, that Patient A did in fact have changes to the breast
5 tissue at the time the mammogram was taken, that had been developing over time. Though the
6 changes were progressive, prominent, and asymmetrical, they should have been reported as floridly
7 abnormal. Further, there was a 15x15 millimeter conspicuous architectural distortion in the
8 10 o'clock posterior third of the right breast and radial, grouped, fine rod-like abnormal
9 calcifications.

10 6. The test should have been converted from a screening exam to a diagnostic exam or
11 should have been coded as BI-RAD zero (0), incomplete and recommendations should have been
12 made for completion of a diagnostic examination.

13 7. Over time, there was evidence of a progressive change in the regional/global
14 asymmetric density and a progressive volume loss of the right breast. This abnormality was not
15 identified as actionable by Respondent in his findings after review of the mammogram films.

16 COUNT I

17 **NRS 630.301(4) - Malpractice**

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

20 9. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating
21 disciplinary action against a licensee.

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

24 11. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed
25 to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when
26 rendering medical services to Patient A, because Respondent compared images from 2010 through
27 2015, with an image from October 7, 2016, and Respondent should have acknowledged that the
28 changes were progressive, prominent, asymmetric and should have been reported as floridly

1 abnormal. The results of the test should have been converted from a preventative screening exam
2 to a diagnostic exam or should have been coded as BI-RAD zero (0), incomplete and
3 recommendations made for completion of diagnostic examination.

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

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

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

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

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

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

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

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

20 DATED this 3rd day of October, 2024.

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

23 By: _____

24 DONALD K. WHITE
25 Senior Deputy General Counsel
26 9600 Gateway Drive
27 Reno, NV 89521
28 Tel: (775) 688-2559
Email: dwhite@medboard.nv.gov
Attorney for the Investigative Committee

