

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint

Case No. 25-8736-1

Against:

GARY ALAN MAYMAN, M.D.,

Respondent.

FILED

OCT 17 2025

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board), by and through Alexander J. Hinman, Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Gary Alan Mayman, 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 relative to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 6097). Respondent was originally licensed by the Board on August 25, 1990.

2. Patient A² was a sixteen (16) year-old female at the time of the events at issue.

3. On November 30, 2022, Patient A presented to Respondent for a pediatric cardiology consultation (Consultation) at the Children's Heart Center Nevada and underwent a physical examination and a transthoracic echocardiogram.

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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 Chowdhury H. Ahsan, M.D., Ph.D., FACC, Ms. Pamela J. Beal, and Irwin B. Simon, 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 4. Respondent's November 30, 2022, Consultation note outlines the indication for
2 consultation as a history of "episodes of chest pain with significant exercise" and "clearance for flag
3 football."

4 5. A description of Patient A's episodes of chest pain in her own words describe the
5 sensation of chest pain that occurred with significant exertion, all events occurred while running,
6 and all episodes resolved with rest. There were no episodes of chest pain cited that occurred at rest.
7 Patient A described the episodes as "feeling like her throat is going to close" initially, and then "she
8 feels her body being light 'like it is going to sleep.'" After that, the feeling was "pressure and sharp
9 pain in the left high parasternal area."

10 6. Patient A also reported that the first episode she experienced occurred about one (1)
11 year prior to the Consultation, and the last episode occurred two (2) weeks prior to the Consultation.
12 Further negative history cited was, "no history of syncope, presyncope, pallor episodes, or decreased
13 exercise tolerance."

14 7. During the physical examination portion of the Consultation, Respondent noted
15 blood pressures elevated for age on the upper limbs that improved to within normal limits with
16 repeat testing; Patient A's vital signs were otherwise within normal limits. The cardiac exam was
17 documented to be within normal limits and Respondent described the inability to elicit chest pain
18 with deep palpation.

19 8. An electrocardiogram was also performed as part of the Consultation. The findings
20 were reported as normal with normal sinus arrhythmia, and Respondent noted there were no "ST-T
21 wave changes."

22 9. Further, an echocardiogram was also performed as part of the Consultation, which
23 consisted of fifty (50) images that Respondent reviewed. Respondent noted that both right and left
24 arteries were seen by transthoracic echocardiogram; however, the right coronary artery was not
25 shown in two-dimensional (2D) or color Doppler echocardiographic imaging. Despite this,
26 Respondent noted "[t]he right and left coronary arteries are visualized proximally and are normal in
27 origin and size," and with this information, he concluded that Patient A's chest pain was "noncardiac
28 in origin," and that "[t]he pain is most likely musculoskeletal in nature." Respondent went on to

1 provide a statement supporting physical activity, which states, “[s]he is cleared from a cardiac
2 standpoint to participate in any physical activity, including flag football.”

3 10. On January 5, 2023, Patient A was playing flag football and became unresponsive
4 after sitting at the side of the field. She received bystander cardiopulmonary resuscitation (CPR).
5 An automated external defibrillator was placed, and she was shocked three (3) times. Emergency
6 medical services described Patient A as being “alert and oriented” post-shock; however, she went
7 into ventricular fibrillation when she was placed on the gurney to be transported to the St. Rose
8 Dominican Hospital-Siena Campus Emergency Department.

9 11. On arrival at the emergency department, Patient A was noted to be awake but of
10 altered mental status and was combative. Patient A was vomiting red fluid around this time as well.
11 Patient A complained of chest pain and then “went into full cardiac arrest.” Advanced Cardiac Life
12 Support was started, but resuscitation efforts were unsuccessful, and Patient A died at 6:15 p.m., in
13 the emergency department.

14 12. An autopsy was completed that cited an anomalous origin of the right coronary artery
15 from the left sinus of Valsavla as the immediate cause of death of Patient A.

16 **COUNT I**

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

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

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

22 15. 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 16. 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, by failing to adequately image the right coronary artery
27 and/or failed to recommend alternate imaging that would have properly visualized the right coronary
28 artery. Further, Respondent also failed to adequately image the left coronary artery by not using

1 color flow Doppler to confirm the left coronary ostium and course that were shown by 2D
2 echocardiography.

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

5 **WHEREFORE**, the IC prays:

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

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

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

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

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

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

19 DATED this 17th day of October, 2025.

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

22 By:



23 ALEXANDER J. HINMAN

24 Deputy General Counsel

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Attorney for the Investigative Committee

VERIFICATION

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

Chowdhury H. Ahsan, M.D., Ph.D., FACC, 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 17th day of October, 2025.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:


CHOWDHURY H. AHSAN, M.D., PH.D., FACC
Chairman of the Investigative Committee