

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint

Case No. 26-32537-1

Against:

FILED

DANIEL FREDERICK MCBRIDE, M.D.,

MAY 4 2026

Respondent.

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: [Signature]

COMPLAINT

The Investigative Committee¹ ("IC") of the Nevada State Board of Medical Examiners ("Board"), by and through William P. Shogren, Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Daniel Frederick McBride, 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. 16955). Respondent was originally licensed by the Board on February 17, 2017

2. Patient A² was an eighteen (18) year-old female at the time of the events at issue.

3. On August 20, 2023, Patient A presented to the emergency department ("ED"). Patient A reported falling off a chair resulting in injuries to her face and left knee two days earlier. Patient A underwent x-rays of the left knee which showed no acute fracture but revealed a moderate joint effusion. The treating physician noted high suspicion for possible internal derangement or a
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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 Bret W. Frey, M.D., Chairman, Joseph Olivarez, P.A.-C, and Apeksha Desai, M.D., MBA.

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 moderate sprain of the left knee. Patient A was referred to an orthopedic specialist, with instructions
2 to return to the ED if symptoms worsened or failed to improve.

3 4. On August 22, 2023, Patient A presented to the ED at Southern Hills Hospital
4 (Southern Hills), with reports of worsening left knee pain and limited mobility. An initial evaluation
5 was performed by an advanced practice registered nurse (APRN), under physician supervision.
6 Patient A demonstrated a heart rate of 153 beats per minute, consistent with tachycardia.

7 5. Patient A underwent a left knee x-ray, which demonstrated a large joint effusion, and
8 a computed tomography ("CT") scan of the left knee, which demonstrated acute knee swelling with
9 a large hemarthrosis and no evidence of acute fracture. The radiology report further stated: "Large
10 joint effusion with layering dense blood on CT consider septic or a hemarthrosis," thereby
11 identifying septic arthritis as a diagnostic consideration requiring further evaluation.

12 6. That same day, Patient A was discharged from the ED without definitive exclusion
13 of septic arthritis.

14 7. On September 14, 2023, Patient A was transported by ambulance to Southern Hills
15 with reported ten (10) out of ten (10) left knee pain, exacerbated by any movement. Patient A's
16 pre-arrival vital signs also demonstrated an elevated heart rate of 150 bpm, again consistent with
17 tachycardia. Patient A was again evaluated by the same APRN, this time under the supervision of
18 Respondent, an emergency medicine physician.

19 8. Patient A reported that she had been evaluated by an orthopedic specialist, who
20 subsequently referred her to another orthopedist. The second orthopedist examined her on
21 August 29, 2023, performed a magnetic resonance imaging ("MRI") scan on her knee on September
22 1, 2023, and thereafter referred her to a pain specialist.

23 9. The APRN documented during Patient A's visit on September 14, 2023 that the "pain
24 has been constant and hurts with any movement." Upon examination, it was noted: "left hip and
25 ankle atraumatic, non-tender, full range of motion. Diffuse left knee tenderness with moderate
26 edema; limited range of motion secondary to pain; small area of faint yellowing ecchymosis; no
27 erythema or warmth; no lacerations or abrasions; strong DP/PT pulses; neurovascularly intact; soft
28 compartments."

1 10. The APRN called the orthopedist's office and was informed of the MRI knee results
2 from September 1, 2023, which demonstrated bone bruising, hemarthrosis, and a small meniscus
3 tear. The orthopedist's office further advised that an arthrocentesis could be attempted and that, if
4 hospitalization were required, it would be for pain control only.

5 11. The APRN then enlisted the assistance of Respondent. Respondent attempted an
6 arthrocentesis to obtain synovial fluid from Patient A's left knee but discontinued the procedure
7 after several attempts, reportedly due to patient intolerance.

8 12. Despite clinical indicators of septic arthritis, including physical examination findings
9 of a persistently swollen and tender knee with limited range of motion, vital-sign abnormality of
10 persistent sinus tachycardia, and the radiology report from August 22, 2023, identifying septic
11 arthritis as a diagnostic possibility, Respondent did not adequately consider, document, evaluate, or
12 rule out septic arthritis as a potential diagnosis

13 13. Respondent further did not order blood tests to evaluate Patient A for conditions such
14 as septic arthritis.

15 14. Respondent further did not pursue alternative means of obtaining synovial fluid,
16 including consultation with orthopedics or interventional radiology-assisted aspiration.

17 15. Respondent contacted the hospitalist on call and requested admission for Patient A;
18 however, the hospitalist declined admission on the grounds that the hospital did not admit patients
19 for pain control alone.

20 16. Despite the hospitalist's refusal to admit Patient A for pain control, Respondent
21 remained responsible for ensuring appropriate evaluation and treatment of a potentially septic joint,
22 including further diagnostic workup, specialty consultation, transfer to another facility if necessary,
23 or other escalation of care.

24 17. Patient A was not admitted to Southern Hills for inpatient evaluation, infectious
25 disease consultation, or emergent orthopedic consultation. Instead, Patient A was discharged from
26 the ED approximately five (5) hours after arrival.

27 18. Septic arthritis is a joint infection that constitutes a medical emergency, as delayed
28 diagnosis and treatment can rapidly result in permanent cartilage destruction, joint damage, chronic

1 pain, loss of function, and other serious complications.

2 19. When a patient presents with a large joint effusion, severe pain, limited range of
3 motion, tachycardia, and imaging findings identifying septic arthritis as a diagnostic consideration,
4 the standard of care requires prompt evaluation to confirm or rule out septic arthritis. Such
5 evaluation includes obtaining laboratory studies, including blood work, and performing
6 arthrocentesis to obtain synovial fluid for diagnostic testing. When septic arthritis is suspected or
7 confirmed, the standard of care further requires timely initiation of treatment, including broad-
8 spectrum antibiotics, orthopedic consultation, and additional specialty consultation or inpatient
9 management as clinically indicated to prevent permanent joint destruction.

10 20. After being discharged on September 1, 2023, Patient A received further care from
11 an orthopedic surgeon. On or about September 20, 2023, and September 21, 2023, Patient A was
12 diagnosed by the orthopedic surgeon with septic arthritis of the left knee, accompanied by cartilage
13 destruction resulting in ongoing pain.

14 21. On or about September 28, 2023, Patient A underwent an arthroscopic incision and
15 drainage of the septic knee, along with an extensive synovectomy. The orthopedic surgeon
16 subsequently recommended consultation with another physician about the potential need of a total
17 joint replacement.

18 COUNT I

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

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

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

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

26 25. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed
27 to use the reasonable care, skill, and knowledge ordinarily used under similar circumstances by
28 failing to: (1) obtain appropriate diagnostic studies, including blood work and definitive synovial

1 fluid analysis; (2) adequately consider, evaluate, and rule out septic arthritis despite persistent
2 tachycardia, severe pain, limited mobility, worsening symptoms, and prior radiology findings
3 specifically identifying septic arthritis as a diagnostic consideration; (3) initiate appropriate
4 treatment, including antibiotics and specialty consultation; and (4) ensure appropriate inpatient
5 management, transfer, or escalation of care for a potentially limb-threatening septic joint.

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

8 COUNT II

9 **NRS 630.306(1)(b)(2) - Violation of Standards of Practice Established by Regulation**

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

12 28. Violation of a standard of practice adopted by the Board is grounds for disciplinary
13 action pursuant to NRS 630.306(1)(b)(2).

14 29. NAC 630.210 requires a physician to "seek consultation with another provider of
15 health care in doubtful or difficult cases whenever it appears that consultation may enhance the
16 quality of medical services."

17 30. On or about September 14, 2023, Respondent failed to timely seek consultation with
18 another health-care provider, including but not limited to orthopedic surgery and/or infectious
19 disease specialists, regarding Patient A's persistent severe knee pain, large joint effusion, prior
20 radiology findings identifying possible septic arthritis, worsening symptoms, and continued
21 tachycardia. Under these circumstances, Patient A presented a doubtful and difficult case in which
22 consultation could have enhanced the quality of medical services and facilitated timely diagnosis
23 and treatment of septic arthritis.

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

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1 **WHEREFORE**, the IC 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 Case
6 Conference pursuant to NRS 630.339(3);

7 3. That the Board determine what sanctions to impose if it determines there has been a
8 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 case
10 as outlined in NRS 622.400;

11 5. That the Board make, issue and serve on Respondent its findings of fact, conclusions
12 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 4th day of May, 2026.

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

19 By:

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21 WILLIAM P. SHOGREN
22 Deputy General Counsel
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27 Attorney for the Investigative Committee
28

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

Brey W. Frey, M.D., 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 ____ day of May, 2026.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:


BRET W. FREY, M.D.
Chairman of the Investigative Committee