

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

**BEFORE THE ARIZONA MEDICAL BOARD**

In the Matter of  
**DONOVAN ANDERSON, M.D.**  
Holder of License No. **13491**  
For the Practice of Allopathic Medicine  
In the State of Arizona.

Board Case No. MD-09-1540A

**FINDINGS OF FACT,  
CONCLUSIONS OF LAW AND ORDER**  
(Decree of Censure and Probation)

The Arizona Medical Board ("Board") considered this matter at its public meeting on June 9, 2010. Donovan Anderson, M.D., ("Respondent") appeared before the Board for a formal interview pursuant to the authority vested in the Board by A.R.S. § 32-1451(H). The Board voted to issue Findings of Fact, Conclusions of Law and Order after due consideration of the facts and law applicable to this matter.

**FINDINGS OF FACT**

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.
2. Respondent is the holder of License No. 13491 for the practice of allopathic medicine in the State of Arizona.
3. The Board initiated case number MD-09-1540A after receiving a complaint regarding Respondent's care and treatment of a 40 year-old female patient ("AR") alleging inappropriate care and treatment of a diabetic patient.
4. AR established care with Respondent in 2001. Her medical problems included diabetes and obesity. In 2005, AR was prescribed Norco for left leg pain and referred to an orthopedist, a gynecologist for dysmenorrhea, and an ophthalmologist. She was seen frequently by Respondent and given further prescriptions for Norco. Electronic Medical Record (EMR) documentation included notions from prior progress notes and charting was sparse.

1 5. In 2006, AR reported back and knee pain, and she was treated with Norco. Medication  
2 information was duplicated in each successive progress note. AR reported chest pain and  
3 numbness to the first through third digits of her left hand and a limited exam was  
4 performed. AR was referred to a cardiologist. In 2007, AR was treated for GERD and  
5 received pain medication, but was a "no show" for follow up and did not have an A1c done  
6 as recommended.

7 6. In 2008, AR requested follow up of her diabetes and requested a medication change.  
8 Respondent documented that AR was doing well and included the usual medication notes.  
9 AR was treated for pain and no labs were ordered. Respondent's progress notes included  
10 multiple duplications from prior notes, including the Plan.

11 7. AR was seen multiple times in 2009 and EMR progress notes included duplications  
12 from prior notes, sparse exam findings, prescriptions for pain medication and referrals.  
13 Labs ordered by a GI consultant were done in August 2009 and showed a glucose level of  
14 235. One month later, AR was hospitalized in Nevada with chest pain. Her admission labs  
15 showed a glucose level of 312. She was treated for bronchitis and saw Respondent in  
16 follow up. No labs were ordered. Respondent subsequently provided AR with a discharge  
17 letter, reporting that he was no longer treating pain patients. AR later established care with  
18 another provider and an A1c was drawn in October 2009 that was found to be 8.9. The  
19 new provider referred AR to an endocrinologist for her uncontrolled diabetes.

20 8. The Medical Consultant (MC) identified multiple deviations from the standard of care  
21 and found that Respondent's EMR notes were inadequate in that they often did not  
22 include physical exam findings addressing patient concerns, and multiple duplications  
23 from prior EMR progress notes were included in successive notes.

24 9. Respondent claimed that AR was noncompliant with multiple cancelled appointments  
25

1 and there was documented evidence of her not taking medications as directed by multiple  
2 doctors. He referred AR to another doctor because he had been treating her for ten years  
3 without much success. Respondent also claimed that this was not really a case about  
4 diabetes management, but was, instead, about extortion from a patient who wanted  
5 narcotics. At the Formal Interview Respondent did concede that he "dropped the ball on  
6 this case."

7 10. The standard of care requires a physician to perform lab monitoring of diabetic  
8 patients.

9 11. Respondent deviated from the standard of care by failing to perform appropriate  
10 diabetic lab monitoring of AR.

11 12. The standard of care for a diabetic patient requires a physician to refer the patient for  
12 yearly ophthalmology examinations to assess for diabetic retinopathy.

13 13. Respondent deviated from the standard of care by failing to assure that AR was  
14 referred and underwent yearly diabetic retinopathy evaluation.

15 14. The standard of care requires a physician to perform a comprehensive yearly foot  
16 exam on a diabetic patient.

17 15. Respondent deviated from the standard of care by failing to perform yearly  
18 comprehensive foot exams on AR.

19 16. The standard of care requires a physician to conduct appropriate initial labs or lab  
20 monitoring when prescribing diabetic medications.

21 17. Respondent deviated from the standard of care by prescribing diabetic medications  
22 without appropriate initial labs or lab monitoring.

23 18. Respondent's deviations from the standard of care may have contributed to the  
24 worsening of AR's diabetic control and development of findings suggestive of diabetic  
25

1 neuropathy.  
2

3 **CONCLUSIONS OF LAW**

4 1. The Arizona Medical Board possesses jurisdiction over the subject matter  
5 hereof and over Respondent.

6 2. The Board has received substantial evidence supporting the Findings of  
7 Fact described above and said findings constitute unprofessional conduct or other  
8 grounds for the Board to take disciplinary action.

9 3. The conduct and circumstances described above constitute unprofessional  
10 conduct pursuant to A.R.S. § 32-1401(27)(e) (“(f)ailing or refusing to maintain adequate  
11 records on a patient”) and § 32-1401(27)(q) (“[a]ny conduct that is or might be harmful or  
12 dangerous to the health of the patient or the public.”)

13 **ORDER**

14 Based upon the foregoing Findings of Fact and Conclusions of Law,

15 IT IS HEREBY ORDERED:

- 16 1. Respondent is issued a Letter of Reprimand.  
17 2. Respondent is place on probation for one year with the following terms and  
18 conditions:

- 19 a. Within six months of the effective date of this Order, Respondent shall  
20 obtain 15-20 hours of Board staff preapproved Category I CME in the  
21 medical recordkeeping, and obtain 15-20 hours of Board staff pre-  
22 approved Category I CME in an intensive course for the management  
23 of diabetes. The CME shall be in addition to the hours required for the  
24 biennial renewal of medical licensure. The Probation shall terminate  
25 upon successful completion of the CME.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

b. Respondent shall obey all state, federal and local laws, all rules governing the practice of medicine in Arizona, and remain in full compliance with any court ordered criminal probation, payments and other orders.

c. In the event Respondent should leave Arizona to reside or practice outside the State or for any reason should Respondent stop practicing medicine in Arizona, Respondent shall notify the Executive Director in writing within ten days of departure and return or the dates of non-practice within Arizona. Non-practice is defined as any period of time exceeding thirty days during which Respondent is not engaging in the practice of medicine. Periods of temporary or permanent residence or practice outside Arizona or of non-practice within Arizona, will not apply to the reduction of the probationary period.

3. The Board retains jurisdiction and may initiate new action based upon any violation of this Order.

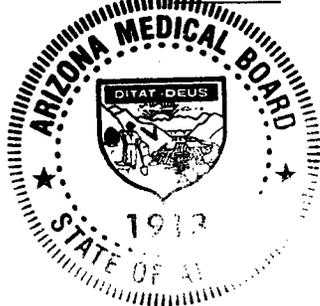
**RIGHT TO PETITION FOR REHEARING OR REVIEW**

Respondent is hereby notified that he has the right to petition for a rehearing or review. The petition for rehearing or review must be filed with the Board's Executive Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The petition for rehearing or review must set forth legally sufficient reasons for granting a rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not

1 filed, the Board's Order becomes effective thirty-five (35) days after it is mailed to  
2 Respondent.

3 Respondent is further notified that the filing of a motion for rehearing or review is  
4 required to preserve any rights of appeal to the Superior Court.

5 DATED this 11<sup>TH</sup> day of AUGUST, 2010



7 THE ARIZONA MEDICAL BOARD

8 By [Signature]  
9 Lisa S. Wynn  
10 Executive Director

11 ORIGINAL of the foregoing filed this  
11<sup>th</sup> day of August, 2010 with:

12 Arizona Medical Board  
13 9545 East Doubletree Ranch Road  
14 Scottsdale, Arizona 85258

15 Executed copy of the foregoing  
16 mailed by U.S. Mail this  
11<sup>th</sup> day of August, 2010 to:

17 Scott Holden  
18 Holden & Armer, P.C.  
19 6101 S. Rural Rd.  
20 Suite 118  
21 Tempe, AZ 85283  
(Attorney for Respondent)

[Signature]