

1 BEFORE THE ARIZONA MEDICAL BOARD

2 In the Matter of

3 **TIMOTHY W. JORDAN, M.D.**

4 Holder of License No. 26988
5 For the Practice of Allopathic Medicine
6 In the State of Arizona.

Case No. MD-14-0980A

MD-14-1233A

**FINDINGS OF FACT, CONCLUSIONS
OF LAW AND ORDER FOR LETTER
OF REPRIMAND AND PROBATION**

7 The Arizona Medical Board ("Board") considered this matter at its public meeting on
8 April 6, 2016. Timothy W. Jordan, M.D. ("Respondent"), appeared with legal counsel Scott
9 King, Esq. before the Board for a Formal Interview pursuant to the authority vested in the
10 Board by A.R.S. § 32-1451(H). The Board voted to issue Findings of Fact, Conclusions of
11 Law and Order after due consideration of the facts and law applicable to this matter.

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13 **FINDINGS OF FACT**

14 1. The Board is the duly constituted authority for the regulation and control of
15 the practice of allopathic medicine in the State of Arizona.

16 2. Respondent is the holder of license number 26988 for the practice of
17 allopathic medicine in the State of Arizona.

18 **Case No. MD-14-0980A**

19 3. The Board initiated case number MD-14-0980A after receiving a complaint
20 regarding Respondent's care and treatment of a 7 year-old male patient ("EM"). EM's
21 mother alleged that Respondent provided an inadequate evaluation, failed to review
22 records, and failed to properly examine and diagnose EM with autism.

23 4. On June 24, 2014, Respondent evaluated EM, who was referred to
24 Respondent by his pediatrician due to developmental delay and suspected autism
25 spectrum disorder. During the evaluation, Respondent interviewed EM's mother, and she

1 completed a questionnaire regarding EM's social interaction, communication, and
2 behavior. Respondent also administered the Wechsler Abbreviated Scale of Intelligence
3 (WASI-II), where EM achieved a verbal score of 67 and a nonverbal score of 100.

4 5. Respondent sent correspondence to EM's pediatrician the day of his
5 evaluation of EM stating that although EM did have a few symptoms consistent with autism
6 spectrum disorder, he did not meet the full criteria for autism. Respondent noted that EM
7 may no longer be eligible for developmental disabilities ("DDD") services based on his
8 evaluation. Respondent ordered speech therapy due to EM's communication issues and
9 requested that EM's pediatrician expedite the referral for therapy as EM's communication
10 issues greatly affected his peer relationships and academic performance.

11 6. The standard of care for a child with suspected autism or
12 neurodevelopmental disorder is to perform a full evaluation history (developmental, family,
13 social, behavioral, medical) and physical exam, carefully review any past records or
14 documentation from all relevant sources, perform or order any appropriate labs or testing
15 including referring those outside of the doctor's scope of practice to perform, listen
16 carefully to the parent's concerns and knowledge of the child, form a rational diagnosis
17 and treatment plan incorporating significant positive and negative findings, include
18 medication when indicated, based on the facts known thus far. Respondent deviated from
19 the standard of care by failing to review and document review of EM's multiple school
20 assessments and prior DDD service plan records. Respondent also deviated from the
21 standard of care by performing incomplete psychological testing that was outside his
22 scope of training and then relying on the results of those tests to form his opinion.
23 Respondent further deviated from the standard of care by failing to exhibit appropriate
24 patient communication skills, cultural competency and sensitivity.

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1 12. AP was initially evaluated by Respondent at 19 months and diagnosed with
2 Pervasive Developmental Disorder (“PDD”) and referred to DDD as a child at risk for
3 autism. DDD requires that at risk children be re-evaluated at the age of 6 to determine
4 whether they qualify for ongoing services through DDD and/or Arizona Long Term Care
5 System (“ALTCS”). On May 16, 2014, AP’s primary care physician (“PCP”) sent a referral
6 to Respondent to re-evaluate AP due to concerns for autistic disorder and feeding
7 problems.

8 13. Respondent re-evaluated AP on August 26, 2014. AP’s mother reported a
9 feeding problem, history of gastrointestinal reflux disorder (“GERD”), and that AP currently
10 took Prevacid. AP’s mother also reported that AP was receiving therapy for fine motor
11 skills, feeding, physical and occupational therapy and that AP had muscle weakness and
12 difficulty with handwriting. Additionally, AP’s mother reported that AP walked on his toes,
13 was still in diapers and expressed concern about AP’s aggression.

14 14. Respondent’s notes do not document that a comprehensive developmental
15 examination was performed. Respondent documented an abbreviated psychological test
16 for IQ. Respondent diagnosed AP with pes planus (“flat feet”) and advised AP’s mother to
17 buy plastic commercial shoe inserts “to help make his feet/ankles stronger.” Respondent’s
18 notes do not include an examination for biomechanical anomaly, workup or referral to a
19 specialist such as a podiatrist, orthopedic surgeon or therapist for the problem.
20 Respondent provided AP’s mother with handouts for behavior, but did not include any
21 referral or coordination of care for behavioral health system for the reported concerns
22 about AP’s aggression.

23 15. The same day as the evaluation, Respondent wrote a consultation letter
24 back to AP’s PCP, finding that AP did “not have autism” despite also noting that AP’s
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1 mother described a number of symptoms consistent with Autism Spectrum Disorder
2 (“ASD”).

3 16. The standard of care for a comprehensive developmental pediatric
4 consultation examination includes taking a complete history including documenting
5 milestones achieved and delayed, and at a minimum, a concern-driven comprehensive
6 physical examination with relevant positive and negative findings and ordering any
7 necessary labs, radiographic or neuropsychological test to facilitate accurate diagnosis
8 and treatment planning, and assessing motor, language, visual, hearing, cognition and
9 social skills. Respondent deviated from the standard of care by failing to record a
10 complete history and physical, failing to obtain appropriate testing to come to a diagnosis,
11 failing to explain how he reached the decision that AP did not have autism, failing to
12 explore issues identified at AP’s 19 month examination and failing to evaluate for attention
13 deficit hyperactivity disorder, mood dysregulation, a developmental disorder or other
14 known causes of aggressive behavior.

15 17. The standard of care requires a physician to make appropriate advice to
16 parents regarding how to discipline a child. Time-outs for young children should be
17 monitored, and last for one minute for each year of age, and less for a developmentally
18 delayed child. Respondent deviated from the standard of care by recommending long
19 boring time-outs in a locked room for AP.

20 18. The standard of care for a comprehensive developmental pediatric
21 consultation examination requires a physician to stay within his expertise and scope of
22 practice and to refer a patient to other specialists for specific concerns such as
23 comprehensive psychological testing for cognition and language or a problem such as
24 incomplete foot walking to a podiatrist or pediatric orthopedist. Respondent deviated from

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1 the standard of care by failing to refer the patient to the appropriate specialists for further
2 care.

3 19. Actual harm occurred as AP did not receive a relevant diagnosis, and did not
4 receive the needed evaluation for care and a better outcome. AP's PCP was discouraged
5 from considering this as an autism spectrum or other developmentally delayed child and
6 AP's mother felt demeaned in her pursuit of care for her child.

7 20. Potential harm occurred in that AP's services could be negatively impacted
8 by Respondent's report

9 21. During a Formal Interview on this matter, Respondent testified that he would
10 have advised AP's mother to leave the child in time out for up to 30 minutes and to monitor
11 the child while in time out. Respondent also testified that he believed that his testing
12 performed on AP was sufficient to come to a diagnostic conclusion. Respondent agreed
13 that appropriate diagnostic testing of pediatric patients with suspected autism would vary
14 based on the patient's age.

15 22. Respondent testified that he did not have a formal diagnosis, but rather
16 attributed AP's issues to challenging temperamental traits. Respondent also testified that
17 he suggested that AP go to another provider because he does not perform the Autism
18 Diagnostic Observation Schedule test. Respondent testified that he has since hired a
19 nutritionist to address feeding issues and that any failure to refer AP to a nutritionist would
20 have been an oversight.

21 23. With regard to the Wechsler testing provided, Respondent explained that of
22 four available subtests (two language and two problem-solving subparts), he does not
23 always complete all four subtests, but rather that a score can be achieved using two
24 subtests.

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1 shall be responsible for all costs associated with the periodic chart reviews. Based upon
2 the chart review, the Board retains jurisdiction to take additional disciplinary or remedial
3 action. Respondent shall bear all costs associated with the chart reviews.

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

11 4. Prior to the termination of Probation, Respondent must submit a written
12 request to the Board for release from the terms of this Order. Respondent's request for
13 release will be placed on the next pending Board agenda, provided a complete submission
14 is received by Board staff no less than 14 days prior to the Board meeting. Respondent's
15 request for release must provide the Board with evidence establishing that he has
16 successfully satisfied all of the terms and conditions of this Order. The Board has the sole
17 discretion to determine whether all of the terms and conditions of this Order have been
18 met or whether to take any other action that is consistent with its statutory and regulatory
19 authority.

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

