

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of  
**AJAYSINGH D. NIRWAN, M.D.**  
Holder of License No. 31994  
For the Practice of Allopathic Medicine  
In the State of Arizona

Case No. MD-07-0989A

**CONSENT AGREEMENT FOR  
LETTER OF REPRIMAND**

**CONSENT AGREEMENT**

By mutual agreement and understanding, between the Arizona Medical Board ("Board") and Ajaysingh D. Nirwan, M.D. ("Respondent"), the parties agree to the following disposition of this matter.

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Consent Agreement"). Respondent acknowledges that he has the right to consult with legal counsel regarding this matter.

2. By entering into this Consent Agreement, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Consent Agreement in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Consent Agreement.

3. This Consent Agreement is not effective until approved by the Board and signed by its Executive Director.

4. The Board may adopt this Consent Agreement or any part thereof. This Consent Agreement, or any part thereof, may be considered in any future disciplinary action against Respondent.

1           5. This Consent Agreement does not constitute a dismissal or resolution of other  
2 matters currently pending before the Board, if any, and does not constitute any waiver,  
3 express or implied, of the Board's statutory authority or jurisdiction regarding any other  
4 pending or future investigation, action or proceeding. The acceptance of this Consent  
5 Agreement does not preclude any other agency, subdivision or officer of this State from  
6 instituting other civil or criminal proceedings with respect to the conduct that is the subject  
7 of this Consent Agreement.

8           6. All admissions made by Respondent are solely for final disposition of this  
9 matter and any subsequent related administrative proceedings or civil litigation involving  
10 the Board and Respondent. Therefore, said admissions by Respondent are not intended  
11 or made for any other use, such as in the context of another state or federal government  
12 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or  
13 any other state or federal court.

14           7. Upon signing this agreement, and returning this document (or a copy thereof) to  
15 the Board's Executive Director, Respondent may not revoke the acceptance of the  
16 Consent Agreement. Respondent may not make any modifications to the document. Any  
17 modifications to this original document are ineffective and void unless mutually approved  
18 by the parties.

19           8. If the Board does not adopt this Consent Agreement, Respondent will not  
20 assert as a defense that the Board's consideration of this Consent Agreement constitutes  
21 bias, prejudice, prejudgment or other similar defense.

22           9. This Consent Agreement, once approved and signed, is a public record that will  
23 be publicly disseminated as a formal action of the Board and will be reported to the  
24 National Practitioner Data Bank and to the Arizona Medical Board's website.

1           10. If any part of the Consent Agreement is later declared void or otherwise  
2 unenforceable, the remainder of the Consent Agreement in its entirety shall remain in force  
3 and effect.

4           11. Any violation of this Consent Agreement constitutes unprofessional conduct  
5 and may result in disciplinary action. A.R.S. § § 32-1401(27)(r) (“[v]iolating a formal order,  
6 probation, consent agreement or stipulation issued or entered into by the board or its  
7 executive director under this chapter”) and 32-1451.

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DATED: 5/4/09.

11 AJAYSINGH D. NIRWAN, M.D.  
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## FINDINGS OF FACT

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

4           2.     Respondent is the holder of license number 31994 for the practice of  
5 allopathic medicine in the State of Arizona.

6           3.     The Board initiated case number MD-07-0989A after receiving notification of  
7 a malpractice settlement involving Respondent's care and treatment of a sixty-one year-  
8 old female patient ("MM").

9           4.     On April 29, 2004, MM was transported to the hospital with complaints of  
10 neck pain. A computed tomography (CT) scan revealed degenerative changes of the  
11 cervical spine with no narrowing of the spinal canal. MM was admitted to the hospital  
12 under the care of a Hospitalist Group and was initially evaluated by the hospitalist  
13 (Hospitalist) at 3:00 a.m. MM's care was later taken over by Respondent.

14           5.     On May 1, 2004, Respondent saw MM and she continued to complain of  
15 pain. There was no documented neurological exam of MM's sensory and motor functions.  
16 Respondent ordered a shoulder x-ray that showed degenerative changes of the  
17 acromioclavicular joint. On May 2, 2004 at 11:10 a.m., Respondent saw MM and at that  
18 time, MM complained of pain all over. Respondent noted that she moved all her  
19 extremities and he ordered a CT scan of the head to evaluate her for stroke and a  
20 psychiatry consultation for depression.

21           6.     Subsequently, in the early morning of May 3, 2004, the nurse assessment  
22 notes showed mild weakness in MM's upper extremities and an inability to lift lower  
23 extremities and also noted new incontinence of the bladder. The nurse notified  
24 Respondent of the incontinence and he immediately ordered a neurology consultation  
25 whose diagnosis was diffuse generalized weakness. On that same day at 4:00 p.m.,

1 Respondent evaluated MM who continued to complain of pain. Again, there was no  
2 documented neurological exam. Respondent then dictated a discharge summary in  
3 anticipation of MM's discharge and noted that he was waiting for input from neurology and  
4 orthopedic standpoint and also psychiatry evaluation. Subsequently, when he went off call,  
5 the Hospitalist in his group saw MM who noted that her blood cultures revealed gram-  
6 positive cocci. That Hospitalist's diagnosis was a urinary tract infection with sepsis,  
7 abdominal distension, acute renal failure and ileus.

8       7. On May 7, 2004, MM's condition worsened and she was transferred to the  
9 intensive care unit. A magnetic resonance imaging scan was obtained that revealed an  
10 epidural abscess in the ventral spine from C1 through T1. Subsequently, a neurosurgeon  
11 evaluated MM and noted that she had not moved her legs in over a week and that her  
12 sensory and motor exam was consistent with C6 quadriplegia. MM was later transferred to  
13 the rehabilitation unit where she had improved in her upper extremity strength, but  
14 remained a quadriplegic.

15       8. The standard of care requires a physician to evaluate changes in the  
16 patient's neurologic status and to timely recognize significant changes in the patient's  
17 status.

18       9. Respondent deviated from the standard of care because he did not conduct  
19 a neurological exam of MM following several reports of changes in her neurologic status  
20 and he did not timely recognize significant changes in MM's status.

21       10. MM developed permanent paralysis at the C6 level and sepsis that resulted  
22 in multiorgan system failure.

23       11. A physician is required to maintain adequate legible medical records  
24 containing, at a minimum, sufficient information to identify the patient, support the  
25 diagnosis, justify the treatment, accurately document the results, indicate advice and

1 cautionary warnings provided to the patient and provide sufficient information for another  
2 practitioner to assume continuity of the patient's care at any point in the course of  
3 treatment. A.R.S. § 32-1401(2). Respondent's records were inadequate because he did  
4 not document a neurological exam.

5 **CONCLUSIONS OF LAW**

6 1. The Board possesses jurisdiction over the subject matter hereof and over  
7 Respondent.

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

12 **ORDER**

13 IT IS HEREBY ORDERED THAT:

- 14 1. Respondent is issued a Letter of Reprimand.  
15 2. This Order is the final disposition of case number MD-07-0989A.



16 EFFECTIVE this 4<sup>th</sup> day of June, 2009.  
17 ARIZONA MEDICAL BOARD

18 By Amadea Bick  
19 *f* Lisa S. Wynn  
Executive Director

20 ORIGINAL of the foregoing filed  
21 this 4<sup>th</sup> day of June, 2009 with:

22 Arizona Medical Board  
23 9545 E. Doubletree Ranch Road  
24 Scottsdale, AZ 85258  
25

1 EXECUTED COPY of the foregoing mailed  
this 4<sup>th</sup> day of June, 2009 to:

2 Ajaysingh D. Nirwan, M.D.  
3 Address of Record

4 Keranda Corley  
Investigational Review

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