

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **HARA P. MISRA, M.D.**

4 Holder of License No. 14933
5 For the Practice of Allopathic Medicine
6 In the State of Arizona.

Board Case No. MD-02-0749A

**FINDINGS OF FACT,
CONCLUSIONS OF LAW
AND ORDER**

(Letter of Reprimand & Probation)

7 The Arizona Medical Board ("Board") considered this matter at its public meeting
8 on February 7, 2008 after the case was remanded from the Arizona Superior Court. The
9 Board voted to issue the following findings of fact, conclusions of law and order ("Order")
10 after due consideration of the facts and law applicable to this matter. This Order replaces
11 the previous Findings of Fact, Conclusions of Law and Order issued by the Board on July
12 6, 2005.

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 No. 14933 for the practice of allopathic
17 medicine in the State of Arizona.

18 3. The Board initiated case number MD-02-0749A after receiving notification
19 from Scottsdale Healthcare that Respondent had resigned staff privileges at Scottsdale
20 Healthcare Shea pending an investigation into the quality of care he provided to patients.

21 4. A 54 year-old female patient ("CM") was admitted to the hospital
22 approximately six days after undergoing spinal surgery. CM was found to have a
23 significant deep vein thrombosis in her left leg. The thrombosis extended into the iliac
24 veins and was documented by ultrasound. Respondent was consulted and decided to
25 proceed that evening with the placement of a Greenfield filter ("Filter"). While placing the

1 Filter Respondent noted that it failed to properly deploy and migrated up the vena cava.
2 The Filter has hooks on its end designed to engage the vena cava and maintain it in the
3 position where it filters out large clots and protects the heart. Respondent also noted that
4 when the Filter traversed toward the heart up the vena cava the anesthesiologist reported
5 a few extra beats that subsided.

6 5. Respondent then placed a second Filter. This Filter maintained its position
7 and CM was later admitted to Intensive Care. The following day, sometime around mid-
8 morning, CM began to have runs of ventricular tachycardia – a serious arrhythmia that
9 was immediately addressed by a call to the cardiologist. The cardiologist instituted an
10 echocardiogram to locate the position of the foreign body, the Filter, in the heart. An
11 interventional radiologist then unsuccessfully attempted to retrieve the Filter. A cardiac
12 surgeon was then called. CM was further evaluated for coronary disease and was taken
13 to surgery that evening where open heart surgery was required to remove the Filter from
14 the right ventricle and the outflow track of the right ventricle. Some valvular damage
15 caused by the Filter was also repaired. CM then had a recovery consistent with the open
16 heart surgery she had been subjected to.

17 6. Respondent testified he performed a Filter placement in CM to prevent
18 pulmonary embolism, an invariably fatal complication with concurrent anticoagulation with
19 Lovenox and Coumadin. Respondent testified he used due precaution in placing the
20 Filter under fluoroscopy, but the first Filter migrated to the right atrium. Respondent
21 noted there were no cardiac dysrhythmias or any change in CM's vital signs.
22 Respondent testified he immediately placed a second Filter without any complication or
23 untoward incident. Respondent testified that he was with CM within 15 minutes of the
24 dysrhythmia developing and arranged for the cardiac consult, subsequent radiological
25 consult and the cardiosurgical interventions that were done at the soonest possible time.

1 7. Respondent testified he was present from early morning until late night
2 when the cardiac surgery was completed. Respondent noted he was with family
3 members and had discussions with the radiologist, internist and cardiac surgeons
4 throughout the day. Respondent stated he followed CM every day thereafter until her
5 discharge from the hospital and in his office after that. Respondent testified he submitted
6 literature for the Board's review and there is not a single article that tells a physician to
7 intervene to remove the right-sided heart foreign body without a significant cardiac
8 dysrhythmia or change of the patient's vital signs.

9 8. Respondent was asked if he used any method of measurement such as an
10 ultrasound or a venogram to make sure of the size of the Filter before it was put into
11 position. Respondent testified he did not and only does so in certain circumstances, not
12 in a routine Filter placement. Respondent was asked to identify the optimal placement of
13 the Filter. Respondent testified it was between level 2 and level 4 in the lumbar region,
14 below the renal vein. Respondent was asked how he knew he was below the renal vein
15 without doing any type of study. Respondent testified that renal vein position is fairly
16 consistent in normal patients and placement above the renal vein is also not detrimental
17 to the prevention of pulmonary embolism.

18 9. Respondent was asked why he wanted to place the Filter below the renal
19 veins. Respondent testified he did so because in case the thrombus is caught in the
20 Filter and it is below the renal vein there will be no compromise of the venal circulation of
21 the renal veins. Respondent was asked if knowing the L3 or L2 or L4 can vary
22 depending on whether or not there was five or six lumbar vertebra and knowing he wants
23 to place it in the preferred position below the renal veins would it not make sense to try to
24 do something to ensure he always had it in the right place. Respondent agreed, but
25 noted he had used fluoroscopy to confirm the Filter location in CM and she had five

1 lumbar vertebra and the position of the Filter is placed below lumbar two and he
2 confirmed that by putting the second filter. Respondent testified if a patient is very obese,
3 or has other side leg edema, or other congenital anomalies, or a known problem with
4 some other intra-abdominal conditions then the IV position and the vertebral terms of the
5 renal vein will be different from the norm and he would do the venogram.

6 10. Respondent was asked what his long term plan would have been for CM if
7 she had remained asymptomatic. Respondent testified he would leave the decision
8 whether to leave or remove the Filter to other attending physicians. Respondent was
9 asked if he spoke with CM's internist after the surgery. Respondent testified he did.
10 Respondent was asked about a progress note made by the internist where the
11 impression was "left lower extremity DVT, status placement renal filter stable." The note
12 went on to say "migraine headache, stable. Discharge tomorrow afternoon." The Board
13 noted that from this progress note it appears the internist was not aware there was a
14 misplacement of the initial Filter. Respondent referred the Board to a letter written on
15 Respondent's behalf by the internist. The letter states that Respondent discussed the
16 problem with the Filter with him immediately after surgery and Respondent insisted CM
17 be kept in the intensive care unit. The Board noted a disconnect between the internist
18 letter, written some time after the surgery, and the internist's contemporaneous notes to
19 suggest he was recommending CM go to the telemetry unit.

20 11. Respondent was asked about his operative note that there was "no
21 operative complication, incidental first Greenfield filter did not open. Mechanical device
22 problem. And open at the right pulmonary artery, minimal bleeding." Specifically,
23 Respondent was asked if he felt it was not an operative complication to lose a Filter that
24 migrated to the heart. Respondent testified his dictated operative report mentioned the
25 incidental finding and in the description of the surgical procedure he noted there were no

1 other operative complications. Respondent was asked what would happen in the case of
2 an emergency with CM because the dictated operative note would not have been on the
3 chart for some hours after the procedure and a responding physician would not know
4 about the migrated Filter. Respondent testified that any attending reading the operative
5 note would go on to read the next sentence that describes what happened. The Board
6 noted the next sentence was difficult to read.

7 12. Respondent testified that 60% of the vascular surgeons dealing with a
8 patient like CM do not use a venogram. Respondent also noted the position of the renal
9 vein is not critical because in many instances the Filter can be placed, involving the
10 venogram to protect them from thromboembolic phenomenon, of acute traumas by
11 avoiding thromboembolism. Respondent also noted that besides the point of
12 unnecessary venograms, the surgeon avoids the complication of the venogram itself,
13 which is a .5 to 5% chance of damage to the kidney function, 1 to 3% development of
14 iodine diatylsis, and a 1 to 10% chance of phlegmasia vena traumas at the site of the
15 venogram from intubation of the vein itself from the iodine dye. Respondent testified that,
16 overall if one looks at the picture, performing a venogram prior to Filter placement in
17 CM's case is not wise. Respondent was asked what eventually happened with CM with
18 respect to the tricuspid valve. Respondent noted CM developed tricuspid insufficiency
19 and needed valve repair.

20 13. Respondent again testified that the position of the Filter in the right side
21 of the heart is immaterial and can be left alone unless there are cardiac dysrhythmias.
22 Respondent was asked if the Filter had migrated distally in the pulmonary arteries in one
23 segment of the lung or pulmonary vessels distally would there be any obstruction in the
24 distal portions of the pulmonary artery. Respondent testified none of the literature notes
25 a filter in the pulmonary artery that has caused collapse of the lung and he feels there is

1 no potential for that whatsoever. The Board noted the literature cited by Respondent
2 mentions only a small number of cases of Filters being left in and asked Respondent
3 what the literature speaks to in terms of the number of Filters that have been dislodged
4 that have required extraction versus those that have been left in. Respondent stated he
5 did not remember, but could produce the literature for the Board. Respondent noted his
6 recollection was that 90% of the Filters are left in and only 10% retrieved.

7 14. Respondent was asked whether, since this was the first time migration of a
8 Filter had occurred in his practice, it would have been prudent to immediately consult with
9 internal medicine, cardiology or cardiovascular surgery to determine the best course of
10 action rather than waiting 12, 24, or 36 hours to deal with the complication. Respondent
11 testified he discussed what happened with the internist and decided to wait because
12 there was not a change of vital signs.

13 15. The standard of care required Respondent to locate the exact position of
14 the migration of the Filter.

15 16. Respondent deviated from the standard of care because he failed to locate
16 the exact position of the migration of the Filter.

17 17. CM was exposed to an increased risk of harm by Respondent's failure to
18 locate the exact position of the migrated filter, including the potential for severe life
19 threatening arrhythmias, enlargement of the foreign body in the right ventricle or across
20 the pulmonary valve with resultant right heart failure.

21 18. An aggravating factor in determining discipline is the previous Letter of
22 Reprimand issued by the Board to Respondent. A.R.S. § 32-1451(U).

23 CONCLUSIONS OF LAW

24 1. The Arizona Medical Board possesses jurisdiction over the subject matter
25 hereof and over Respondent.

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

8 4. The above terms of probation were completed by Respondent under the
9 Board's previous Findings of Fact, Conclusions of Law, and Order issued on July 6,
10 2005.

11 **RIGHT TO PETITION FOR REHEARING OR REVIEW**

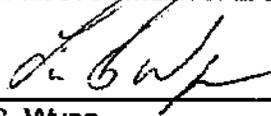
12 Respondent is hereby notified that he has the right to petition for a rehearing or
13 review. The petition for rehearing or review must be filed with the Board's Executive
14 Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The
15 petition for rehearing or review must set forth legally sufficient reasons for granting a
16 rehearing or review. A.A.C. R4-16-102. Service of this order is effective five (5) days
17 after date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not
18 filed, the Board's Order becomes effective thirty-five (35) days after it is mailed to
19 Respondent.

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

22 DATED this 3rd day of April, 2008.



THE ARIZONA MEDICAL BOARD

By 
Lisa S. Wynn
Executive Director

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ORIGINAL of the foregoing filed this
30th day of April, 2008 with:

Arizona Medical Board
9545 East Doubletree Ranch Road
Scottsdale, Arizona 85258

Executed copy of the foregoing
mailed by U.S. Certified Mail this
30th day of April, 2008, to:

Michael Bradford
Bradford Law Offices, PLLC
4131 North 24th Street – Suite C-201
Phoenix, Arizona 85016-6256

Executed copy of the foregoing
mailed by U.S. Mail this
30th day of April, 2008, to:

Hara P. Misra, M.D.
Address of Record



BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of)

) MD-02-0749A

Hara P. Misra, M.D.,)

) **ORDER DENYING**
) **MOTION FOR**
) **REHEARING OR**
) **REVIEW**

Holder of License No. 14933)
For the practice of Allopathic Medicine)
In the State of Arizona)

On June 5, 2008, the Arizona Medical Board met to consider Dr. Hara P. Misra's ("Respondent") motion for rehearing or review of the Board's Order of April 3, 2008. Peter Fisher appeared as attorney on behalf of Respondent. The Board was represented by Assistant Attorney General Dean Brekke. Christopher Munns of the Solicitor General's Office was present to provide independent legal advice. After full consideration of the record in this matter and the arguments of the parties, the Board voted to DENY Respondent's request for rehearing. The Board concludes that Respondent failed to establish grounds upon which a rehearing or review should be granted.

ORDER

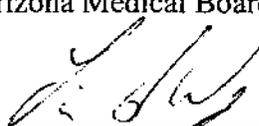
Respondent's Motion for Rehearing is DENIED. The Board's Order dated April 3, 2008 remains in effect.

NOTICE

Respondent is notified that this Order is the final administrative decision of the Board and that Respondent has exhausted his administrative remedies. Respondent is advised that an appeal to superior court may be taken from this decision pursuant to Title 12, Chapter 7, Article 6, within thirty-five (35) days from the date this decision is served.

Dated this 9th of June, 2008

Arizona Medical Board



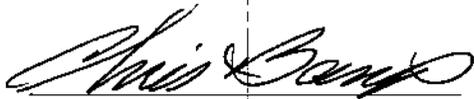
Lisa Wynn, Executive Director



Executed copy of the foregoing
mailed by U.S. Mail this 9th day
of April 2008, to:

Peter Fisher, Esq.
Bradford Law Offices, P.L.L.C.
4131 North 24th Street, Suite C-201
Phoenix, Arizona 85016-6256
Attorney for Respondent

Dean Brekke, Esq.
Assistant Attorney General
1275 West Washington
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A handwritten signature in cursive script, appearing to read "Chris Camp", is written over a horizontal line.