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BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of
CLAUDIO G. ZAMORANO, M.D.
Holder of License No. 10019
For the Practice of Allopathic Medicine
In the State of Arizona.

Board Case No. MD-11-0662A
**FINDINGS OF FACT,
CONCLUSIONS OF LAW AND ORDER**
(Letter of Reprimand and Practice
Restriction)

The Arizona Medical Board ("Board") considered this matter at its public meeting on December 5, 2012. Claudio G. Zamorano, 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.10019 for the practice of allopathic medicine in the State of Arizona.
3. The Board initiated case number MD-11-0662A after receiving a complaint regarding Respondent's care and treatment of a 72 year-old male patient ("CC") alleging that Respondent failed to properly perform a surgical procedure involving heart surgery.
4. On January 7, 2012, Respondent performed a mitral valve repair that was supplemented with a Carpentier-Edwards annuloplasty ring, and a tricuspid valve annuloplasty. After completion of the procedures, Respondent noted that the repair was "perfectly sufficient."
5. An intraoperative transesophageal echocardiogram (TEE) was obtained to assess the valves. The TEE was reviewed by the anesthesiologist who noted the

1 abnormality of ruptured chordae in the region of P2. Respondent noted that the
2 echocardiogram showed traces of both mitral and tricuspid regurgitation. The
3 anesthesiologist also noted mitral and tricuspid regurgitation in his report. A pathology
4 report confirmed that resection of the mitral valve leaflet was performed.

5 6. Postoperatively, CC developed junctional rhythm and atrial fibrillation. He
6 did revert to sinus rhythm. CC was seen twice by a consultant cardiologist. On the first
7 occasion, the cardiologist documented that a murmur was present, and on the second
8 consult he reported that there was no murmur. CC was discharged on January 14, 2012.

9 7. CC was subsequently admitted to the hospital on February 2, 2012 after
10 suffering a pulmonary embolus for which he received warfarin. He was found to have
11 recurrent moderate mitral regurgitation and moderate tricuspid regurgitation. CC was
12 anticoagulated and had several episodes of hematuria while on warfarin. An inferior cava
13 filter was placed on February 16, 2012. An echocardiogram confirmed moderate-severe
14 mitral regurgitation, mild-moderate aortic regurgitation, and moderate tricuspid
15 regurgitation.

16 8. CC was advised to undergo repeat cardiac surgery, which was performed
17 on March 26, 2012. An intraoperative echocardiogram showed severe mitral regurgitation
18 with flail segment at P2. The operative report noted multiple ruptured chords to the P1
19 section of the mitral valve and the P2 area was intact.

20 9. The second surgeon found no evidence of repair to the P2 area as had
21 been reported by Respondent. One suture was noted in the region of the tricuspid valve
22 annulus; however, no other suture material was noted around the annulus that would
23 suggest a De Vega repair.

24 10. The first Medical Consultant (MC) expressed concern regarding the
25 discrepancies between what was stated in the original operative dictation, the description

1 given in Respondent's response to the complaint, and the second surgeon's findings. The
2 first MC stated that if the findings of the second surgeon are completely accurate, he is
3 very concerned that Respondent really did not understand the anatomy of the valve or
4 the repair techniques performed. Because the first MC was not able to come to a
5 definitive conclusion, this case was referred to a second MC for quality of care review.

6 11. The second MC determined that the patient had a failure of the mitral and
7 tricuspid valve repairs very soon after his initial operation. The second MC stated that the
8 failure of the mitral repair was almost certainly due to errors in technique and/or in
9 judgment at the time of the surgery, but that he could not determine the exact nature of
10 these errors. The second MC opined that failure of the tricuspid repair may also be due to
11 errors in technique and/or in judgment at the time of the surgery, or be secondary to the
12 failure of the mitral repair and postoperative pulmonary embolus.

13 12. At the Formal Interview, Respondent continued to insist that his
14 performance of the valve repair did not fall below the standard of care.

15 13. The standard of care requires a physician to appropriately repair mitral and
16 tricuspid valves.

17 14. Respondent deviated from the standard of care by failing to appropriately
18 perform mitral and tricuspid valve repair.

19 15. There was the potential for patient harm in the failure to perform appropriate
20 surgery and the failure to understand the anatomy of the valve.

21 CONCLUSIONS OF LAW

22 1. The Arizona Medical Board possesses jurisdiction over the subject matter
23 hereof and over Respondent.
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4. The Board retains jurisdiction and may initiate new action based upon any violation of this Order.

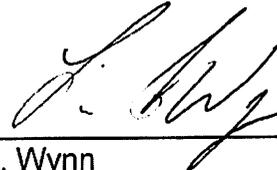
RIGHT TO PETITION FOR REHEARING OR REVIEW

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

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

DATED this 7th day of FEBRUARY, 2013

THE ARIZONA MEDICAL BOARD

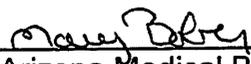
By 
Lisa S. Wynn
Executive Director

ORIGINAL of the foregoing filed this 7th day of February, 2013 with:

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

1 Executed copy of the foregoing
2 mailed by U.S. Mail this
3 7th day of February, 2013 to:

4 Claudio G. Zamorano, M.D.
5 Address of Record

6 
7 Arizona Medical Board Staff

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BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of
CLAUDIO G. ZAMORANO, M.D.
Holder of License No. **10019**
For the Practice of Allopathic Medicine
In the State of Arizona.

Board Case No. MD-11-0662A

**MODIFICATION of BOARD ORDER
DATED**

(Letter of Reprimand and Practice
Restriction)

The Arizona Medical Board ("Board") first considered this matter at its public meeting on December 5, 2012. Claudio G. Zamorano, 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 for Letter of Reprimand and Probation after due consideration of the facts and law applicable to this matter.

On March 12, 2013 Respondent moved for modification of the Board Order for Letter of Reprimand and Practice Restriction dated February 7, 2013. In his request for modification, Respondent requested that the practice restriction be terminated so that he could complete a training program combining didactic and hands-on training with an ABMS Board certified vascular surgeon.

After deliberation, the Board denied Respondent's request and voted unanimously to modify the order to clarify its meaning and scope. The Board voted to allow Respondent to perform cardiac valve procedures with the scope of a mini-residency or similar program at an ACGME approved program on cardiac valve procedures and to assist in the performance of such cardiac valve procedures outside setting of the ACGME approved program provided the patient is informed and consent is obtained.

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ORDER

Based upon the foregoing,

THE ORDER DATED FEBRUARY 7, 2013 IS MODIFIED AS FOLLOWS:

1. Respondent is prohibited from performing cardiac valve procedures as the primary surgeon until he completes a mini residency or similar program at an ACGME approved program on cardiac valve procedures.
2. Respondent may perform cardiac valve procedures within the scope of that mini residency or similar program and may assist in the performance of cardiac valve procedures outside the supervised setting of the ACGME approved program provided that the patient is informed and consent is obtained. Respondent is prohibited from performing cardiac valve procedures in all other cases
3. Within thirty days of the effective date of this Order, Respondent shall contract with a Board approved monitoring company to provide all monitoring services at his expense.
4. The Board retains jurisdiction and may initiate new action based upon any violation of this Order.

DATED this 8th day of AUGUST, 2013

THE ARIZONA MEDICAL BOARD

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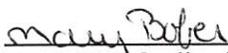
By 
Lisa S. Wynn
Executive Director

ORIGINAL of the foregoing filed this
8th day of August, 2013 with:

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

Executed copy of the foregoing
mailed by U.S. Mail this
8th day of August, 2013 to:

Karen Owens, Esq.
Coppersmith Gordon Schermer & Brockelman, Plc
2800 N Central Ave Ste 1000
Phoenix AZ 85004-1008


Arizona Medical Board Staff