1	BEFORE THE ARIZONA MEDICAL BOARD	
2	IN THE STATE OF ARIZONA	
3	In the Matter of	
4	ROBERT WOODS, M.D.	Board Case No. MD-01-0118
5	Holder of License No. 22242	FINDINGS OF FACT, CONCLUSIONS OF LAW
6	For the Practice of Medicine In the State of Arizona.	AND ORDER
7		(Probation)
8	On July 10, 2002, Robert Woods, M.D., ("Respondent") appeared before a Review	
9	Committee ("Review Committee") of the Arizona Medical Board ("Board") without legal	
10	counsel, for a formal interview pursuant to the authority vested in the Review Committee	
11	by A.R.S. § 32-1451(P). The matter was referred to the Board for consideration at its	
12	public meeting on August 28, 2002. After due consideration of the facts and law	
13	applicable to this matter, the Board voted to issue the following findings of fact,	
14 15	conclusions of law and order.	
15	FINDINGS OF FACT	
17	1. The Board is the duly constituted authority for the regulation and control of	
18	the practice of allopathic medicine in the State of Arizona.	
19	2. Respondent is the holder of License No. 22242 for the practice of medicine	
20	in the State of Arizona.	
21	3. The Board initiated case number MD-01-0118 after receiving a complaint	
22	regarding Respondent's care and treatment of a patient ("Patient).	
23	4. On November 21, 2000 Patient presented to Respondent with complaints of	
24	intermittent ear pain and pressure, as well as a loss of hearing acuity. Patient reported	
25	that he had recently immersed in hot springs and had been examined by his primary care	
	hysician, who had diagnosed an ear infection and started Patient on Erythromycin.	
		-

. . Respondent conducted a medical examination and could not confirm an infectious
 process. Respondent diagnosed Eustachian tube dysfunction. Respondent did not
 prescribe any medication or order additional testing.

4 5

6

7

8

9

10

11

5. Three weeks later, Patient presented to Respondent with symptoms similar to those related on his first visit. Respondent conducted a tuning fork hearing acuity test, which indicated a slight conductive hearing loss. Respondent ordered an MRI and an inoffice hearing acuity test. The MRI results were negative. The in-office test confirmed a slight loss of high-frequency hearing, which Respondent attributed to residual Eustachian tube swelling, the hearing loss from the hot springs immersion, or both. Respondent did not observe an infectious process and did not prescribe antibiotics or recommend additional treatment.

12 6. The Board's Chief Medical Consultant ("Medical Consultant") reviewed the
13 case and opined that Respondent failed to demonstrate an adequate evaluation of
14 Patient's problem; that Patient's chart was lacking detail that documented Patient's
15 condition; and that the required history and physical examination was not documented in
16 the records.

At the formal interview Respondent testified that Patient's initial complaint
 was left ear pain, pressure and numbress of several months duration. Respondent
 stated that Patient had no complaint of drainage, fever, or hearing loss. Respondent
 stated that, based on his examination of Patient, Patient did not need further treatment
 and any residual symptoms would resolve spontaneously.

8. Respondent testified he saw Patient three weeks later, at Patient's request,
and Patient complained of an infection. Respondent stated that his examination did not
reveal any evidence of infection, but that he felt it was necessary to do something more
to make sure he was not missing anything. Respondent then performed the hearing test

2

that demonstrated a small high-frequency hearing loss in the left ear. Respondent stated that he would not ordinarily order an MRI, but because of Patient's demeanor and insistence that there was a problem, he decided to order the MRI to ensure that he had objective information that there was nothing wrong with Patient that needed treatment. When the MRI result came back as normal, Respondent had no further recommendation for Patient. Respondent noted that there was no way to know if the high-frequency hearing loss was related to the infection.

9. According to Respondent, when he discussed the MRI results with Patient,
Patient was unsatisfied and angry that Respondent could not resolve Patient's problem.

10 10. Respondent was asked why, although he obviously attempted to spend 11 time with Patient and explain his diagnosis, there is nothing in the Patient's record to 12 document this attempt. Respondent agreed that there was not much in chart, but stated 13 that it was because there was not much to write down. Respondent stated that he 14 typically does not write a full review of all the negatives that he discusses with a patient. 15 Respondent stated that he usually writes down the relevant positives because he knows 16 that if they are not written down for the record, they did not occur. Respondent noted that 17 the chart entries were for his own personal documentation and that, although the Board 18 would like to see all that information, it is time consuming to write it all down and is not 19 helpful for his ability to manage his patients.

20

CONCLUSIONS OF LAW

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

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

3. The conduct and circumstances above in paragraph 10 constitutes unprofessional conduct pursuant to A.R.S. § 32-1401(24)(e) "[f]ailing or refusing to maintain adequate records on a patient."

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, IT IS HEREBY ORDERED that Respondent is placed on probation for one year with the following terms and conditions:

8 Respondent shall obtain 15 hours of Board Staff pre-approved Category I 9 Continuing Medical Education ("CME") in record keeping and provide Board Staff with 10 satisfactory proof of attendance. The CME shall be in addition to the hours required for 11 biennial renewal of medical license. If Board staff receives verification that the CME has 12 been completed in less than one year the probation may be terminated.

13

1

2

3

4

5

6

7

RIGHT TO PETITION FOR REHEARING OR REVIEW

Respondent is hereby notified that he has the right to petition for a rehearing or review. Pursuant to A.R.S. § 41-1092.09, as amended, the petition for rehearing or review must be filed with the Board's Executive Director within thirty days after service of this Order and pursuant to A.A.C. R4-16-102, it must set forth legally sufficient reasons for granting a rehearing or review. Service of this order is effective five days after date of mailing. If a motion for rehearing or review is not filed, the Board's Order becomes effective thirty-five days after it is mailed to Respondent.

21 Respondent is further notified that the filing of a motion for rehearing or review is 22 required to preserve any rights of appeal to the Superior Court.

- 23
- 24 25

DATED this 28 day of Angust, 2002. 1 2 ARIZONA MEDICAL BOARD 3 4 5 6 SSIDY. Ph.D., 🗗 Executive Director 7 ORIGINAL of the foregoing filed this 8 29th day of AUGUST, 2002 with: 9 The Arizona Medical Board 9545 East Doubletree Ranch Road 10 Scottsdale, Arizona 85258 11 Executed copy of the foregoing mailed by U.S. Certified Mail this <u>29²²</u> day of <u>Aveost</u>, 2002, to: 12 13 Robert H. Woods, M.D. 14 9745 North 90th Place Suite B 15 Scottsdale, Arizona 85258-5066 16 Copy of the foregoing hand-delivered this 294 day of AUGUST , 2002, to: 17 **Christine Cassetta** 18 Assistant Attorney General 19 Sandra Waitt, Management Analyst Lynda Mottram, Senior Compliance Officer 20 Investigations (Investigation File) Arizona Medical Board 21 9545 East Doubletree Ranch Road Scottsdale, Arizona 85258 22 23 24 25

5