

1 .BEFORE THE ARIZONA MEDICAL BOARD

2 In the Matter of  
3 **HERMAN PANG, M.D.**  
4 Holder of License No. 24944  
5 For the Practice of Allopathic Medicine  
6 In the State of Arizona.

Case No. MD-17-0348A

**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 December 5, 2018. Herman Pang, M.D. ("Respondent"), appeared with legal counsel,  
9 Steve Myers, Esq., before the Board for a Formal Interview pursuant to the authority  
10 vested in the Board by A.R.S. § 32-1451(H). The Board voted to issue Findings of Fact,  
11 Conclusions of Law and Order for Letter of Reprimand and Probation after due  
12 consideration of the facts and law applicable to this matter.

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 24944 for the practice of  
17 allopathic medicine in the State of Arizona.

18 3. The Board initiated case number MD-17-0348A after receiving a complaint  
19 regarding Respondent's care and treatment of three (3) patients alleging inappropriate and  
20 excessive venous ablations.

21 **Patient RE**

22 4. RE was an 81 year-old male with coronary artery disease, diabetes, Aortic  
23 Valve Replacement, coronary artery bypass graft ("CABG") who underwent right perforator  
24 vein ablation on October 8, 2015 at another institution.

25 5. RE presented to Respondent on November 17, 2015 requesting a second  
opinion with complaints of persistent ankle edema, leg skin hyperpigmentation, itching,

1 aching, pain, fatigue, burning, and numbness. RE had failed compression therapy with  
2 stockings. An ultrasound showed an absent right thigh Great Saphenous Vein (GSV) due  
3 to prior CABG. The remainder of GSV was incompetent, as well as the left GSV, the  
4 superficial saphenous vein ("SSV"), and medial GSV.

5 6. Between December 17, 2015 and September 29, 2016 Respondent  
6 performed seventeen endovenous laser therapy ("EVLT") procedures on RE.

7 7. RE continued to experience edema and was eventually prescribed a  
8 lymphedema leg pump.

### 9 Patient CH

10 8. CH was an 84 year-old overweight male with prior transient ischemic attack  
11 ("TIA"), who presented to Respondent in 2013 with lifestyle-limiting varicose veins, pain,  
12 leg fatigue and swelling. CH tried compression hose for 2 months, with no success.

13 9. Between September 6, 2013 and January 6, 2016, Respondent performed  
14 14 separate EVLT procedures and 4 ablation procedures on CH.

15 10. In February, 2015, CH developed a 3x5 mm bleeding wound on his right  
16 shin, and pelvic symptoms. CH continued to use compression hose. On July 17, 2015,  
17 Respondent performed sclerotherapy on the wound and it began to heal in August. By  
18 December, the wound had healed, but a new wound developed in CH's right shin shortly  
19 thereafter.

20 11. CH continued to experience swelling, discoloration, and pelvic symptoms, as  
21 well as peripheral neuropathy. Respondent referred CH to his primary care physician to  
22 determine if CH might have leg shingles, as well as to a wound care specialist for an  
23 opinion regarding treatment of the wound. The potential shingles diagnosis was ruled out,  
24 but the area was covered by a skin graft in March, 2016.

25

1 **Patient WW**

2 12. Patient WW was a 63 year-old overweight male who in 2013 presented to  
3 Respondent's office with bilateral leg edema, severe cramps, aching. WW's symptoms  
4 required analgesics, and compression stockings provided mild relief. WW had a history of  
5 deep vein thrombosis ("DVT") and pulmonary embolism ("PE") in 2008 and 2011, as well  
6 as inferior vena cava ("IVC") filter placement. On ultrasound the left proximal and mid  
7 femoral vein had chronic non-occlusive post-thrombotic changes. WW had large lower  
8 extremity varicosities and skin discoloration, as well as edema, and restless legs.  
9 Respondent initially treated WW with compression stockings, and subsequently performed  
10 EVLT procedures on WW.

11 13. Between March 19, 2013 and April 5, 2016 Respondent performed 21 EVLT  
12 procedures and 14 ablation procedures on WW. After an EVLT procedure performed by  
13 Respondent on March 29, 2013, WW developed a right posterior tibial vein DVT.

14 14. WW developed leg numbness as well as back pain after reportedly moving  
15 furniture and on December 10th, 2014, WW asked for an EMG and nerve conduction  
16 studies to be reviewed with a neurologist. In a note dated October 14, 2015, Respondent  
17 documented that WW still complained of severe right leg edema.

18 **Deviations from the Standard of Care**

19 15. The standard of care requires a physician performing thermal ablations to  
20 treat the entire vein in a single session and limit ablations to 1 to 3 veins per limb.  
21 Respondent deviated from this standard of care by performing excessive thermal ablations  
22 on Patients RE, CH and WW.

23 16. The standard of care requires a physician to only perform thermal ablations  
24 when indicated and when less invasive procedures have failed. Respondent deviated  
25

1 from the standard of care by inappropriately performing thermal ablations on veins that did  
2 not require invasive treatment on Patients RE, CH and WW.

3 17. The standard of care requires a physician performing thermal ablations to  
4 rule out DVT. Respondent deviated from the standard of care by failing to rule out  
5 possible deep venous obstruction for patients CH and WW.

6 18. Actual patient harm was identified in that patients experienced excessive  
7 exposure to uncomfortable, painful invasive procedures as well as numerous  
8 appointments for procedures, ultrasounds and follow-ups.

9 19. There was the potential for patient harm in that each EVLT procedure carries  
10 a risk of DVT, infection, nerve injury among other complications, and excessive use of  
11 thermal ablations increases the risk of those complications.

#### 12 **Procedural History**

13 20. From August 28 through August 31, 2017, Respondent underwent a  
14 competency assessment at the UC San Diego Physician Assessment and Education  
15 Program ("PACE") specific to his evaluation and treatment of varicose veins. PACE  
16 reported that his performance was satisfactory with the exception of deficiencies in his  
17 medical recordkeeping.

18 21. During a Formal Interview on this matter, Respondent testified with regard to  
19 changes in his practice based on the additional education and better familiarity with  
20 evolving guidelines since the initiation of the case. Respondent testified that he had  
21 registered for a Board-approved intensive, in-person medical recordkeeping course  
22 scheduled to take place in January and planned to take an upcoming course in ethics as  
23 well.

24 22. During that same Formal Interview, Board members commented that  
25 Respondent demonstrated candor in his testimony to the Board, and stated that it was

1 commendable that Respondent had gone to great lengths to train himself on current  
2 practices. Board members further agreed that the Board needed some mechanism to  
3 ensure that changes to his practice persist, in recognition of the vulnerability of the  
4 population that Respondent treats.

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) ("Failing or refusing to maintain adequate  
10 records on a patient.").

11 3. The conduct and circumstances described above constitute unprofessional  
12 conduct pursuant to A.R.S. § 32-1401(27)(r) ("Committing any conduct or practice that is  
13 or might be harmful or dangerous to the health of the patient or the public.").

14 **ORDER**

15 IT IS HEREBY ORDERED THAT:

- 16 1. Respondent is issued a Letter of Reprimand.  
17 2. Respondent is placed on Probation for a period of 2 years with the following terms  
18 and conditions:

19 **a. Continuing Medical Education**

20 Respondent shall within 6 months of the effective date of this Order obtain no less  
21 than 10 hours of Board Staff pre-approved Category I Continuing Medical Education  
22 ("CME") in an intensive, in-person course regarding medical recordkeeping, and no less  
23 than 15 hours of Board staff pre-approved Category I CME in an intensive, in-person  
24 course regarding ethics. Respondent shall within **thirty days** of the effective date of this  
25 Order submit his request for CME to the Board for pre-approval. Upon completion of the

1 CME, Respondent shall provide Board staff with satisfactory proof of attendance. The  
2 CME hours shall be in addition to the hours required for the biennial renewal of medical  
3 licensure.

4 **b. Chart Reviews**

5 Within 30 days of the effective date of this Order, Respondent shall enter into a  
6 contract with a Board-approved monitoring company to perform monthly chart reviews at  
7 Respondent's expense. The chart reviews shall involve a minimum of 10 current patients'  
8 charts pertaining to vein treatment for care rendered after the effective date of this Order.  
9 Based upon the chart review, the Board retains jurisdiction to take additional disciplinary or  
10 remedial action.

11 **c. Obey All Laws**

12 Respondent shall obey all state, federal and local laws, all rules governing the  
13 practice of medicine in Arizona, and remain in full compliance with any court ordered  
14 criminal probation, payments and other orders.

15 **d. Tolling**

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

23 **e. Probation Termination**

24 After one year of successful chart reviews, Respondent may petition the Board to  
25 request termination. Respondent must submit a written request to the Board for release

1 from the terms of this Order. Respondent's request for release will be placed on the next  
2 pending Board agenda, provided a complete submission is received by Board staff no less  
3 than 30 days prior to the Board meeting. Respondent's request for release must provide  
4 the Board with evidence establishing that he has successfully satisfied all of the terms and  
5 conditions of this Order. The Board has the sole discretion to determine whether all of the  
6 terms and conditions of this Order have been met or whether to take any other action that  
7 is consistent with its statutory and regulatory authority.

8 3. The Board retains jurisdiction and may initiate new action against Respondent  
9 based upon any violation of this Order. A.R.S. § 32-1401(27)(s).

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

11 Respondent is hereby notified that he has the right to petition for a rehearing or  
12 review. The petition for rehearing or review must be filed with the Board's Executive  
13 Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The  
14 petition for rehearing or review must set forth legally sufficient reasons for granting a  
15 rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after  
16 date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed,  
17 the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

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

20 DATED AND EFFECTIVE this 7<sup>th</sup> day of February, 2019.

21 ARIZONA MEDICAL BOARD

22  
23 By Patricia E. McSorley  
24 Patricia E. McSorley  
25 Executive Director

1 EXECUTED COPY of the foregoing mailed  
2 this 7<sup>th</sup> day of February 2019 to:

3 Stephen Myers  
4 Mitchell Stein Carey  
5 One Renaissance Square  
6 2 North Central Avenue #1450  
7 Phoenix, AZ 85004  
8 Attorney for Respondent

9 ORIGINAL of the foregoing filed  
10 this 7<sup>th</sup> day of February, 2019 with:

11 Arizona Medical Board  
12 1740 West Adams, Suite 4000  
13 Phoenix, Arizona 85007

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15 Michelle Rebes  
16 Board staff

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