RE: Wu Zhuge, MD
Master Case No.: M2015-668
Document: Agreed Order

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health, Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld: NONE

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center
P.O. Box 47865
Olympia, WA 98504-7865
Phone: (360) 236-4700
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Privacy Officer, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.
STATE OF WASHINGTON
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of:

WU ZHU GE, MD
License No. MD60087703

No. M2015-668
STIPULATED FINDINGS OF FACT, CONCLUSIONS OF LAW, AND AGREED ORDER

Respondent

The Medical Quality Assurance Commission (Commission), through Rick Glein, Commission Staff Attorney, and Respondent, represented by counsel, Justin A. Steiner, stipulate and agree to the following.

1. PROCEDURAL STIPULATIONS

1.1 On March 24, 2016, the Commission issued a Statement of Charges against Respondent.

1.2 In the Statement of Charges, the Commission alleges that Respondent violated RCW 18.130.180(4).

1.3 The Commission is prepared to proceed to a hearing on the allegations in the Statement of Charges.

1.4 Respondent has the right to defend against the allegations in the Statement of Charges by presenting evidence at a hearing.

1.5 The Commission has the authority to impose sanctions pursuant to RCW 18.130.160 if the allegations are proven at a hearing.

1.6 The parties agree to resolve this matter by means of this Stipulated Findings of Fact, Conclusions of Law, and Agreed Order (Agreed Order).

1.7 Respondent waives the opportunity for a hearing on the Statement of Charges if the Commission accepts this Agreed Order.

1.8 This Agreed Order is not binding unless it is accepted and signed by the Commission.

1.9 If the Commission accepts this Agreed Order, it will be reported to the National Practitioner Data Bank (45 CFR Part 60), the Federation of State Medical Boards' Physician Data Center and elsewhere as required by law.
1.10 This Agreed Order is a public document. It will be placed on the Department of Health's website, disseminated via the Commission's electronic mailing list, and disseminated according to the Uniform Disciplinary Act (Chapter 18.130 RCW). It may be disclosed to the public upon request pursuant to the Public Records Act (Chapter 42.56 RCW). It will remain part of Respondent's file according to the state's records retention law and cannot be expunged.

1.11 If the Commission rejects this Agreed Order, Respondent waives any objection to the participation at hearing of any Commission members who heard the Agreed Order presentation.

2. FINDINGS OF FACT

Respondent and the Commission acknowledge that the evidence is sufficient to justify the following findings, and the Commission makes the following findings of fact:

2.1 On May 21, 2009, the State of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active.

Respondent is board certified in orthopedic surgery.

2.2 On July 24, 2012, Patient A saw Respondent for a preoperative appointment concerning the decision for unilateral decompression surgery at L4-5 secondary to chronic lower back pain radiating to the right lower extremity with numbness and tingling.

2.3 Respondent failed to document in his preoperative report his intention to use the iO-flex, (minimally invasive micro-blade shaver), a newly-marketed surgical device, during Patient A's upcoming surgery. Respondent did not disclose to Patient A that he had never used this device before. Specifically, Respondent did not obtain Patient A's informed consent to use the iO-flex.

2.4 On August 9, 2012, Patient A returned to Respondent's clinic presenting with a sudden onset of back pain radiating to the left lower extremity. Magnetic Resonance Imaging (MRI) revealed a new large disk herniation at L4-5. This newly discovered injury caused the original surgical plan to change, which Respondent failed to document in his preoperative report and failed to tell Patient A.

2.5 On August 15, 2012, Respondent began Patient A's decompression with the iO-flex and the progress was being observed by a remote neuromonitoring physician and
an on-site neuromonitoring technician. The neuromonitoring technician informed Respondent that there was a decrease in some of Patient A's sensory nerve signals. In response, Respondent removed all of the iO-Flex tools and waited for improvement.

2.6 While waiting for improvement, there was a lack of clear communication between the Respondent, the neuromonitoring physician, and the neuromonitoring technician about a drop in neuromonitoring function. Respondent had the duty to make sure the information received from the neuromonitoring physician and the neuromonitoring technician was correct. The changes in function should have been noted in Respondent's operative report, but were not included. Due to this omission, Respondent's report incorrectly implied that there were no complications.

2.7 When Respondent inserted the iO-flex micro-blade shaver into Patient A's spine and performed about sixty reciprocations for decompression, Respondent unknowingly damaged Patient A's cauda equina (bundle of spinal nerves and spinal nerve roots).

2.8 On August 16, 2012, Respondent examined Patient A in the recovery room. Patient A had weakness and numbness in both feet.

2.9 On August 17, 2012, based on Patient A's presentation of weakness in both feet and a newly experienced loss of bladder control, an MRI was ordered and Respondent recommended exploratory surgery.

2.10 On August 18, 2012, Respondent performed the exploratory surgery, based on Patient A's neurological complications. The exploratory surgery revealed cauda equine damage and a tear in Patient A's dura (a watertight sac of tissue that covers the spinal cord and spinal nerves). Given the seriousness of the neurological complications (weakness, numbness, bladder dysfunction), the exploratory operation should have been completed when those symptoms were first noted, not two days later.

2.11 Respondent treated Patient A's dural tear with a sealant. There is was documentation in Respondent's post-operative report about whether or how the tear to the dura was sutured shut. Respondent failed to document fluid leaking in Patient A's spine in his post-operative report and there was no documentation of an appearance of fluid collection in Patient A's exploratory MRI report. Respondent should have documented these complications.
3. CONCLUSIONS OF LAW

The Commission and Respondent agree to the entry of the following Conclusions of Law.

3.1 The Commission has jurisdiction over Respondent and over the subject matter of this proceeding.

3.2 Respondent has committed unprofessional conduct in violation of RCW 18.130.180(4).

3.3 The above violation provides grounds for imposing sanctions under RCW 18.130.160.

4. AGREED ORDER

Based on the Findings of Fact and Conclusions of Law, Respondent agrees to entry of the following Agreed Order:

4.1 **Compliance Orientation.** Respondent shall complete a compliance orientation in person or by telephone within sixty (60) days of the effective date of this Agreed Order. Respondent must contact the Compliance Unit at the Commission by calling (360) 236-2763, or by sending an email to: Medical.compliance@doh.wa.gov within ten (10) days of the effective date of this Agreed Order. Respondent must provide a contact phone number where Respondent can be reached for scheduling purposes.

4.2 **Term of Commission Oversight.** Respondent's license to practice as a physician and surgeon in the state of Washington is subject to this Agreed Order for a period of at least two (2) years from the effective date of this Agreed Order. During the term of the Agreed Order, Respondent must comply with all the terms and conditions and Respondent's treatment of his patients must meet the standard of care.

4.3 **Personal Appearances.** Respondent must personally appear before the Commission in approximately six (6) months, or as soon thereafter as the Commission's schedule permits. The purpose of appearances is to provide meaningful oversight of Respondent's compliance with the requirements of this Agreed Order. Thereafter, Respondent must make personal appearances annually or as frequently as the
Commission otherwise requires until the Commission terminates this Agreed Order, unless the Commission waives the need for an appearance. Dates and locations of appearances will be determined by the Commission. Following his initial appearance, Respondent may request a telephonic appearance only if his Washington license has expired and he has no intention of renewing it. The decision of a telephonic appearance will be at the sole discretion of the Commission.

4.4 **Ethics Course.** Within four (4) months of the effective date of this Agreed Order, Respondent will complete a continuing medical education course entitled “The ProBE Program - Professional/Problem-Based Ethics” offered by the Center for Personalized Education for Physicians (CPEP). Information about the course can be found at [www.cpepdoc.org/ProBE](http://www.cpepdoc.org/ProBE). Respondent will submit proof of completion of the required coursework to:

- Compliance Officer
- Medical Quality Assurance Commission
- P.O. Box 47866
- Olympia, Washington 98504-7866.

4.5 **Medical Recordkeeping Course.** Within six (6) months of the effective date of this Agreed Order, Respondent will complete a continuing medical education course entitled “Medical Record Keeping Seminar” offered by The Center for Personalized Education for Physicians (CPEP), [www.cpepdoc.org/ProBE](http://www.cpepdoc.org/ProBE), or a comparable course or courses approved in advance by the Commission’s designee. Respondent will submit proof of completion of the required coursework to:

- Compliance Officer
- Medical Quality Assurance Commission
- P.O. Box 47866
- Olympia, Washington 98504-7866.

4.6 **Paper.** Within sixty (60) days of completing the courses in ethics and medical recordkeeping, Respondent shall write and submit a paper of at least one thousand (1,000) words, on what he learned from the course and how the information he learned applies to this case. The paper must be submitted to the Commission, in both electronic and printed format, to the respective addresses below:
4.7 **Fine.** Respondent will pay a fine to the Commission in the amount of five thousand dollars ($5,000.00) which must be received by the Commission within six (6) months of the effective date of this Agreed Order. The reimbursement shall be paid by certified or cashier's check or money order, made payable to the Department of Health and mailed to the

Department of Health  
Medical Quality Assurance Commission  
P.O. Box 1099  
Olympia, Washington 98507-1099  

4.8 **Obey all laws.** Respondent shall obey all federal, state and local laws and all administrative rules governing the practice of the profession in Washington.  

4.9 **Compliance Costs.** Respondent is responsible for all costs of complying with this Agreed Order.  

4.10 **Violation of Order.** If Respondent violates any provision of this Agreed Order in any respect, the Commission may initiate further action against Respondent's license.  

4.11 **Change of Address.** Respondent shall inform the Commission and the Adjudicative Clerk Office, in writing, of changes in Respondent's residential and/or business address within thirty (30) days of the change.  

4.12 **Effective Date of Order.** The effective date of this Agreed Order is the date the Adjudicative Clerk Office places the signed Agreed Order into the U.S. mail. If required, Respondent shall not submit any fees or compliance documents until after the effective date of this Agreed Order.  

4.13 **Termination.** Respondent may petition in writing to terminate the terms of this Agreed Order no sooner than two (2) years from the effective date of this Agreed Order. If the Commission determines that Respondent has satisfied the terms and
requirements of this Agreed Order, the Commission will terminate the Agreed Order. When Respondent files a petition, a date and time will be arranged for the Respondent’s appearance before the Commission, unless the Commission waives the need for Respondent’s personal appearance. The Commission has sole discretion to grant or deny Respondent’s petition.

5. COMPLIANCE WITH SANCTION RULES

5.1 The Commission applies WAC 246-16-800, et seq., to determine appropriate sanctions. Tier B of the “Practice Below Standard of Care” schedule, WAC 246-16-810, applies to cases where substandard practices cause moderate patient harm or risk of moderate to severe patient harm. Respondent’s failure to inform Patient A of his intention to use a new surgical device, failure to document Patient A’s injury in the preoperative report, and lack of effective communication with the neurotransmitting physician caused or contributed to moderate to severe patient harm.

5.2 Tier B requires the imposition of sanctions ranging from two years of oversight to five years of oversight, unless revocation.

Under WAC 246-16-800(3)(d), the starting point for the duration of the sanctions is the middle of the range. The Commission uses aggravating and mitigating factors to move towards the maximum or minimum ends of the range. The mitigating and aggravating factors in this case, listed below, justify the two (2) year term of oversight in this Agreed Order. The terms of this Agreed Order include oversight for two (2) years, personal appearances, a medical recordkeeping course, an ethics course, a paper, and fine.

5.3 The following are aggravating factors:
- The injury caused by Respondent’s unprofessional conduct.

5.4 The following are mitigating factors:
- Respondent cooperated with the Commission’s investigation by promptly providing requested medical records.
- Respondent’s conduct was not intentional.
- The allegations in this case are limited to one patient.
6. RESPONDENT'S ACCEPTANCE

I, WU ZHUGE, MD, Respondent, have read, understand and agree to this Agreed Order. This Agreed Order may be presented to the Commission without my appearance. I understand that I will receive a signed copy if the Commission accepts this Agreed Order.

WU ZHUGE, MD  
RESPONDENT  

1/5/2017  
DATE

JUSTIN A. STEINER, WSBA#46314  
ATTORNEY FOR RESPONDENT

1/5/2017  
DATE

7. COMMISSION'S ACCEPTANCE AND ORDER

The Commission accepts and enters this Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

DATED: 1/12/17  

STATE OF WASHINGTON  
MEDICAL QUALITY ASSURANCE COMMISSION.

PANEL CHAIR

PRESENTED BY:  

RICK GLEIN, WSBA# 23692  
COMMISSION STAFF ATTORNEY

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