GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF MEDICINE

IN RE: 

MUDIT SHARMA, M.D. 

License No.: MD035546

Respondent

CONSENT ORDER

This matter comes before the District of Columbia Board of Medicine (the “Board” or “D.C. Board”) pursuant to the Health Occupations Revision Act (HORA). D.C. Official Code § 3-1201.01, et seq. (2009). The HORA authorizes the Board to regulate the practice of medicine in the District of Columbia and, in doing so, the Board has broad jurisdiction to impose a variety of disciplinary sanctions upon a finding of a violation of the HORA. D.C. Official Code, § 3-1201.03; Mannan v. District of Columbia Board of Medicine, 558 A.2d 329, 333 (D.C.1989). The Council of the District of Columbia, in amending the HORA, “intended to strengthen enforcement of its licensing laws.” Davidson v. District of Columbia Board of Medicine, 562 A.2d 109, 113 (D.C.1989). And the HORA “was designed to ‘address modern advances and community needs with the paramount consideration of protecting the public interest.’” Joseph v. District of Columbia Board of Medicine, 587 A.2d 1085, 1088 (D.C.1991) (quoting Report of the D.C. Council on Consumer and Regulatory Affairs on Bill 6-317, at 7 (November 26, 1985)) (emphasis added by court).

Background

Respondent has been licensed to practice medicine and surgery in the District of Columbia since June 8, 2005. Respondent is also licensed in Virginia.
By an order dated November 30, 2015 (the “Virginia Order”), the Virginia Board of Medicine (the “Virginia Board”) reprimanded Respondent for violating Section 54.1-2915.A(3) of the Virginia Code, arising from his care and treatment of two patients from January 2008 through February 2010, during which the Virginia Board found that Respondent performed unnecessary surgeries and mismanaged the patients’ post-surgical conditions.

The Board received notice of the Virginia Order and determined to take reciprocal action. The Virginia Board recited specific allegations regarding six patients whom Respondent treated as follows:

- On or about March 7, 2008, Respondent performed kyphoplasty of the spine on Patient A, a 32 year old male who suffered an L1 compression fracture following an all-terrain vehicle rollover accident on January 19, 2008. According to the Virginia Board, this surgery was “unwarranted given that after [Respondent] diagnosed Patient A’s compression fracture on January 19, 2008, [Respondent] placed [the patient] in a rigid back brace and prescribed pain medication[.]” Based on that treatment, Patient A’s fracture “was clinically stable and improving, posing little long-term risk of developing a kyphotic deformity.” During the kyphoplasty procedure, Patient A’s vertebral body was too dense to accept the cement which extruded out of the fracture planes into the epidural space. Respondent addressed this complication by performing posterior laminectomy and decompression of the thecal sac. Consequently, the laminectomy procedure subjected Patient A to a far greater risk of developing kyphosis than had existed prior to the kyphoplasty.

- On February 19, 2010, Respondent performed a thoracic laminectomy on Patient B, a 65 year old male who first consulted Respondent on January 18, 2010, complaining of pain in his spine, chest, arms, and right lower extremity. Respondent performed this procedure “after
evaluating the patient’s November 25, 2009 MRI as showing spinal compression at T5-6 causing indentation of the thecal sac and nerve root stenosis.” In fact, the MRI report described the thoracic cord as “normal,” did not show overt cord or nerve compression (but only a thickening of the ligamentum flavum at T5-6), and Patient B’s complaints did not correspond to the diagnosis of thoracic cord or thoracic nerve root compression. Following surgery, Patient B arrived in the post anesthesia care unit exhibiting lower extremity paraparesis and Respondent failed to order any neural imaging to determine the cause of the paraparesia.

Based on the foregoing facts, the Virginia Board issued the reprimand.

On December 30, 2015, the D.C. Board considered the terms of the Virginia Order and determined that the Respondent’s conduct warranted reciprocal action with respect to Respondent’s District of Columbia medical license. Accordingly, the D.C. Board voted to issue the instant Consent Order to Respondent.

**Conclusions of Law**

The D.C. Board is authorized, pursuant to D.C. Official Code § 3-1205.14(a)(3), to take reciprocal action when a licensee under the Board’s governance has been disciplined by a licensing authority of another jurisdiction for conduct that would be grounds for Board action. In pertinent part, D.C. Official Code § 3-1205.14(a)(3) states:

```
Each board, subject to the right of a hearing as provided by this subchapter, on an affirmative vote of a quorum of its appointed members may take one or more of the disciplinary actions...against any person permitted by this subchapter to practice a health occupation regulated by the board in the District who is disciplined by a licensing or disciplinary authority...of any jurisdiction for conduct that would be grounds for disciplinary action under this section. (Emphasis added)
```

The foregoing factual basis recounting Respondent’s performing unnecessary surgery and mismanagement of a patient’s post-surgical condition, with respect to Patients A and B,
respectively, had those incidents occurred in the District, would be a violation of D.C. law, including D.C. Official Code §§ 3-1205.14, specifically, subsections: (a)(24) (violating any provision of the HORA or rules and regulations issued pursuant to the HORA); (a)(26) (failing to conform to standards of acceptable conduct and prevailing practice within a health profession); and (a)(28) (demonstrating a willful or careless disregard for the health, welfare, or safety of a patient, regardless of whether the patient sustains actual injury as a result). Respondent also violated 17 DCMR §§ 4612.7 by failing to conform standards of acceptable conduct and prevailing practice within the practice of medicine. Therefore, The Board may impose reciprocal discipline against Respondent’s license to practice medicine in the District under D.C. Official Code § 3-1205.14(a)(3).

Accordingly, Respondent’s violation of the HORA and the Board’s regulations provide the D.C. Board with a basis in law and fact to warrant reciprocal, disciplinary action.

**ORDER**

Based upon the foregoing, it is by the District of Columbia Board of Medicine hereby,

**ORDERED**, that Respondent’s license to practice medicine in the District of Columbia be sanctioned with the following terms and conditions and Respondent is hereby issued a public **REPRIMAND**; and it is further

**ORDERED**, that Respondent shall satisfactorily comply with all terms of the Virginia Order, dated November 30, 2015; and it is further

**ORDERED**, that within six (6) months from the entry of this Consent Order, Respondent shall submit evidence to the D.C. Board verifying full and satisfactory compliance of all of the terms of the Virginia Order; and it is further
Ordered, that any continuing medical education required under the Virginia Order shall not be counted toward compliance with the Board’s continuing medical education requirement for license renewal; and it is further

ORDERED, that Respondent shall comply with all laws, rules, and regulations of the District of Columbia; and it is further

ORDERED, that if Respondent fails to satisfactorily fulfill the terms of this Consent Order the D.C. Board may issue a notice of intent to take formal disciplinary action against Respondent’s license.

DISTRICT OF COLUMBIA BOARD OF MEDICINE

3.30.16  By: Janis M. Orlowski, M.D., M.A.C.P.
Date Chairperson