

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2019-036

In the Matter of)
Adam P. Beck, M.D.)
_____)

STATEMENT OF ALLEGATIONS

The Board of Registration in Medicine ("Board") has determined that good cause exists to believe the following acts occurred and constitute a violation for which a licensee may be sanctioned by the Board. The Board therefore alleges that Adam P. Beck, M.D. ("Respondent") has practiced medicine in violation of law, regulations, or good and accepted medical practice as set forth herein. The investigative docket numbers associated with this order to show cause are docket numbers 17-298 and 18-199.

Biographical Information

1. The Respondent was born in May 1974. He graduated from Loyola University of Chicago, Stritch School of Medicine in 1999 and is certified by the American Board of Ophthalmology.
2. The Respondent has been licensed to practice medicine in Massachusetts under certificate number 217143 since May 7, 2003.
3. The Respondent has also been licensed to practice medicine in New Hampshire since February 2, 2005.

Factual Allegations

Reciprocal Discipline:

4. On October 6, 2017, the Respondent and the State of New Hampshire Board of Medicine ("NH Board") entered into a Settlement Agreement in which the Respondent admitted that if a disciplinary hearing were to take place, Hearing Counsel for the NH Board could present evidence upon which the NH Board could conclude that he engaged in professional misconduct.

5. Specifically, the Respondent admitted that by engaging in the following acts the NH Board could conclude that he was negligent:

- a. The Respondent treated Patient A from September 2006 through January 7, 2013 for wet macular degeneration;
- b. During the course of his treatment of Patient A he kept inadequate handwritten notes, which at times were illegible and contradicted by the electronic medical record ("EMR");
- c. At no time during his treatment of Patient A did he consult with, or refer Patient A to, a glaucoma specialist;
- d. Between September 2006 and October 2010, the Respondent administered four Intravitreal injections to Patient A's left eye. The frequency at which the Respondent administered these injections was outside the standard of care;
- e. Between January 2011 and May 2011, the Respondent administered hot focal laser treatments to Patient A's left eye. His decision to use hot focal lasers in Patient A's case was outside the standard of care and resulted in the vision in her left eye rapidly deteriorating;
- f. In July 2012, the Respondent diagnosed Patient A with wet macular degeneration in her right eye. He subsequently administered a number of injections into her right eye in a manner which was outside the standard of care;
- g. The Respondent subsequently performed an unsuccessful surgery on Patient A's right eye which resulted in her suffering a retinal detachment; and
- h. The Respondent performed a series of additional surgeries on Patient A in 2012 which were unsuccessful and resulted in her becoming functionally blind.

Patient B:

6. Patient B is a female born in 1934.
7. During 2015 and 2016, Patient B was under the care of the Respondent.
8. In 2016 Patient B saw the Respondent on four separate occasions between January and September for complaints of blurry vision in both eyes.
9. Between January and September 2016 the Respondent diagnosed Patient B with the following conditions: wet macular degeneration, primary open angle glaucoma, peripheral retinal degeneration, dry macular degeneration, posterior vitreous detachment, and glaucoma suspect.
10. On September 28, 2016 the Respondent performed an examination of Patient B's eyes and observed that she had 2+ nuclear scleroses (cataracts) in both eyes.
11. The Respondent failed to diagnose Patient B with having nuclear cataracts or note the diagnosis in her medical record along with all of his other diagnoses.
12. The Respondent failed to inform Patient B that she had nuclear cataracts.
13. The Respondent failed to advise Patient B of the available treatment options for nuclear cataracts and the risks and benefits of each.
14. Patient B learned that she had nuclear cataracts when she obtained a second opinion from a subsequent provider in November 2016.
15. The Respondent's treatment of Patient B fell outside the standard of care because he failed to properly diagnose Patient B with cataracts, record his diagnosis in the medical record, and inform Patient B of same.
16. At each of Patient B's appointments in 2016 the Respondent examined and recorded his observations of the fundus of Patient B's eyes.

17. On January 20, 2016 the Respondent noted that the fundus of both eyes had ischemia.

18. On February 10, 2016 the Respondent noted that the fundus of both eyes had multiple chorioretinal scars, bone spicules and ischemia.

19. On July 13, 2016, the Respondent again recorded in Patient B's medical record the presence of multiple chorioretinal scars in both of her eyes along with pigmentary changes.

20. On September 28, 2016, the Respondent noted that the fundus (periphery only) of both eyes appeared normal and had no tears, breaks, holes or masses.

21. The Respondent's notes regarding the results of the fundus examinations of the periphery are inconsistent and are insufficient to enable another health care provider to provide proper diagnosis and treatment as required by 243 C.M.R. 2.07(13)(a).

22. The Respondent's care of Patient B fell outside the standard of care because he failed to accurately document the fundus examinations.

23. The Respondent did not provide Patient B with a complete copy of her medical record as requested in writing on April 26, 2017 as required by 243 C.M.R. 2.07(13)(b).

Legal Basis for Proposed Relief

A. Pursuant to 243 C.M.R. 1.03(5)(a)12, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician has been disciplined in another jurisdiction in any way by the proper licensing authority for reasons substantially the same as those set forth in G.L. c. 112, § 5 or 243 C.M.R. 1.03(5). More specifically, the Respondent has:

1. Engaged in conduct which places into question his competence to practice medicine, including but not limited to gross misconduct in the practice of medicine, or practicing medicine fraudulently, or beyond its authorized scope,

- or with gross incompetence, or with gross negligence on a particular occasion
or negligence on repeated occasions in violation of 243 C.M.R. 1.03(5)(a)3;
and
- 2. Failed to maintain adequate medical records in violation of 243 C.M.R.
2.07(13)(a).

B. Pursuant to 243 C.M.R. 1.03(5)(a)3, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician has engaged in conduct which calls into question his competence to practice medicine, including but not limited to gross misconduct in the practice of medicine, or practicing medicine fraudulently, or beyond its authorized scope, or with gross incompetence, or with gross negligence on a particular occasion or negligence on repeated occasions in violation of 243 C.M.R. 1.03(5)(a)3.

C. Pursuant to 243 CMR 2.07(13)(a) the Board may discipline a physician who failed to maintain a medical record which is adequate to enable the licensee to provide proper diagnosis and treatment.

D. Pursuant to 243 C.M.R. 2.07(13)(b) the Board may discipline a physician who failed to provide a copy of the patient's medical record to a patient, other licensee or other specifically authorized person , in a timely manner.

The Board has jurisdiction over this matter pursuant to G.L. c. 112, §§ 5, 61 and 62. This adjudicatory proceeding will be conducted in accordance with the provisions of G.L. c. 30A and 801 CMR 1.01.

Nature of Relief Sought

The Board is authorized and empowered to order appropriate disciplinary action, which may include revocation or suspension of the Respondent's license to practice medicine. The

Board may also order, in addition to or instead of revocation or suspension, one or more of the following: admonishment, censure, reprimand, fine, the performance of uncompensated public service, a course of education or training or other restrictions upon the Respondent's practice of medicine.

Order

Wherefore, it is hereby **ORDERED** that the Respondent show cause why the Board should not discipline the Respondent for the conduct described herein.

By the Board of Registration in Medicine,

Candace Lapidus Sloane, MD

Candace Lapidus Sloane, M.D.
Board Chair

Date: *July 17, 2019*