

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2014-036

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In the Matter of )  
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DAVID M. WAHL, M.D. )  
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**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 David M. Wahl, 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 Nos. 12-507 and 12-535.

**Biographical Information**

1. The Respondent was born on September 30, 1968. He graduated from the George Washington University School of Medicine and Health Science in June 1995. He has been licensed to practice medicine in Massachusetts under certificate number 153874 since 1997.
2. The Respondent had a solo practice where he visited patients in their private homes, assisted-living facilities, and nursing homes.

**Factual Allegations**

3. On December 12, 2011, Coverys Insurance cancelled the Respondent's medical malpractice insurance coverage for non-payment of premium.

4. The Respondent continued to practice medicine without medical malpractice insurance coverage until on or about early October 2012.

5. On September 30, 2012, the Respondent's license to practice medicine in Massachusetts lapsed.

Patient A

6. In May 2012, Patient A was a seventy-three-year-old woman who had a history of strokes.

7. Patient A lived in a private residence, and was assisted by caregivers.

8. Patient A was prescribed Coumadin because of her history of strokes.

9. Patient A needed to have her blood Coumadin level monitored because Coumadin is dosed based on its levels in a patient's blood.

10. Patient A became disruptive when she had to travel to have her blood monitored.

11. In May 2012, the Respondent agreed to take over the medical care of Patient A as her primary care provider, and to provide treatment to Patient A in her home.

12. On May 17, 2012, the Respondent visited Patient A at her home. He performed a medical evaluation, which included taking Patient A's blood pressure and checking her blood.

13. Patient A authorized the Respondent to obtain her medical records from her previous primary care physician.

14. The Respondent visited Patient A on three or four occasions between late May 2012 and late July 2012, in order to monitor Patient A's Coumadin level.

15. On July 30, 2012, the Respondent failed to appear for his scheduled visit with Patient A.

16. In late July 2012, the Respondent failed to notify Patient A or her caregivers about her Coumadin level.

17. In late July 2012, the Respondent failed to renew Patient A's Coumadin prescription, causing her to be without medication for approximately one month.

18. The Respondent failed to respond to numerous telephone calls from Patient A's caregivers, who sought to reschedule a visit.

19. The Respondent never contacted Patient A again.

20. The Respondent's abandonment of Patient A caused her to be without any medical oversight from late July 2012 until October 2012.

21. As part of his care of Patient A, the Respondent was required to maintain a medical record that was complete, timely, legible, and adequate to enable the Respondent or any other health care provider to provide proper diagnosis and treatment.

22. The only medical record the Respondent maintained concerning Patient A, was a single piece of paper, dated May 17, 2012.

23. The May 17, 2012 medical record did not contain a patient history, any reference to medications or to a physical examination, any notation of blood drawn, or any documentation concerning Patient A's Coumadin level.

#### Facts in Mitigation

24. In 2012 and 2013, the Respondent suffered from a severe depression that adversely affected his ability to practice medicine.

25. During this time, the Respondent also had personal and financial issues that preoccupied him.

26. The Respondent is currently receiving medical and psychological treatment for his depression.

Legal Basis for Proposed Relief

A. Pursuant to G.L. c. 112, §5, ninth par. (c) and 243 CMR 1.03(5)(a)3, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that he engaged in conduct that places into question the Respondent's competence to practice medicine.

B. Pursuant to G.L. c. 112, §5, ninth par. (d) and 243 CMR 1.03(5)(a)4, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician practiced medicine while his ability to do so was impaired by mental instability.

C. Pursuant to 243 CMR 1.03(5)(a)18, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician committed misconduct in the practice of medicine.

D. Pursuant to G.L. c. 112, §5, ninth par. (h) and 243 CMR 1.03(5)(a)11, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician has violated of a rule or regulation of the Board. Specifically:

1. 243 CMR 2.07(13), which requires a physician to maintain a medical record for each patient that is complete, timely, legible, and adequate to enable the licensee or any other health care provider to provide proper diagnosis and treatment.
2. 243 C.M.R. 2.07(16), which requires that a physician obtain professional malpractice liability insurance as a condition of rendering any direct or indirect patient care in the Commonwealth of Massachusetts.

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*

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Candace Lapidus Sloane, M.D.  
Board Chair

Date: September 10, 2014