

51 09/12/14 09/12/14 536

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2014-036

In the Matter of)
)
)
DAVID M. WAHL, M.D.)
_____)

CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, David M. Wahl, M.D. (Respondent) and the Board of Registration in Medicine (Board) (hereinafter referred to jointly as the "Parties") agree that the Board may issue this Consent Order to resolve the above-captioned adjudicatory proceeding. The Parties further agree that this Consent Order will have all the force and effect of a Final Decision within the meaning of 801 CMR 1.01(11)(d). The Respondent admits to the findings of fact specified below and agrees that the Board may make the conclusions of law and impose the sanction set forth below in resolution of investigative Docket Nos. 12-507 and 12-535.

Findings of Fact

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.

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.

Conclusion of Law

A. The Respondent has violated G.L. c. 112, § 5, ninth par. (c) and 243 CMR 1.03(5)(a)3 by engaging in conduct that places into question the Respondent's competence to practice medicine.

B. The Respondent has violated G.L. c. 112, §5 ninth par. (d) and 243 CMR 1.03(5)(a)4 by practicing medicine while his ability to do so was impaired by mental instability.

C. The Respondent has violated 243 MCR 1.03(5)(a)18 by committing misconduct in the practice of medicine.

D. The Respondent has violated G.L. 112, §5, ninth par. (h) and 243 CMR 1.03(5)(a)11 by violating regulations of the Board – to wit:

1. 243 CMR 2.07(13) by failing 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 CMR 2.07(16) by rendering patient care without having medical malpractice insurance.

Sanction and Order

The Respondent's inchoate right to renew his license is hereby suspended indefinitely. The Respondent may petition for a stay of suspension upon: 1) completion of an independent psychiatric evaluation by a Board-approved psychiatrist; 2) entrance into and compliance with a

Physician Health Services (PHS) contract; 3) demonstration that the Respondent has paid any outstanding taxes and child support; 4) demonstration that the Respondent has obtained current malpractice insurance, including tail coverage for the period of time that he was practicing medicine without malpractice insurance coverage; 5) entry into a five-year Probation Agreement, the terms of which will require, but not be limited to compliance with a PHS contract and other terms and conditions to be determined by the Board at the time of said petition; 6) completion of a Board-approved clinical skills assessment program, providing the Board with the report from that program, and incorporating the recommendations emanating from that report into the Probation Agreement; and 7) executing sufficient authorizations and waivers allowing the Board to communicate with, and share information with all of the required evaluators, including PHS, the independent psychiatric evaluator and the clinical skills evaluator.

Execution of this Consent Order

The Respondent shall provide a complete copy of this Consent Order with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which s/he practices medicine; any in- or out-of-state health maintenance organization with whom the Respondent has privileges or any other kind of association; any state agency, in- or out-of-state, with which the Respondent has a provider contract; any in- or out-of-state medical employer, whether or not the Respondent practices medicine there; the state licensing boards of all states in which the Respondent has any kind of license to practice medicine; the Drug Enforcement Administration Boston Diversion Group; and the Massachusetts Department of Public Health Drug Control Program. The Respondent shall also provide this notification to any such designated entities

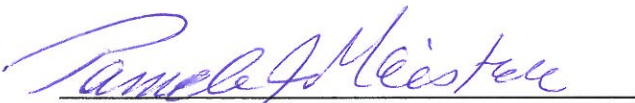
with which the Respondent becomes associated for the duration of this suspension. The Respondent is further directed to certify to the Board within ten (10) days that the Respondent has complied with this directive.

The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.



David M. Wahl, M.D.
Licensee

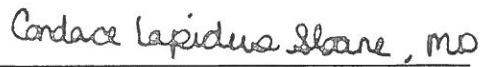
7-29-2014
Date



Pamela J. Meister
Complaint Counsel

7/31/14
Date

So ORDERED by the Board of Registration in Medicine this 10th day of September, 2014.



Candace Lapidus Sloane, M.D.
Board Chair