

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 80033 - 005

In the Matter of

WILLIAM A. MITCHELL, MD.

CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, William A. Mitchell, 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. 18-399 and 20-185.

Findings of Fact

1. The Respondent graduated from the Columbia University College of Physicians & Surgeons in 1976. He is certified by the American Board of Orthopedic Surgery. He has been licensed to practice medicine in Massachusetts under certificate number 52543 since 1984. He has privileges at Newton-Wellesley Hospital.

Patient A

2. Patient A is a female who was 69 years-old in 2019.

3. On October 1, 2019, the Respondent evaluated Patient A who had complaints of right shoulder pain which was chronic for two years.
4. Patient A had a previous surgery on the same shoulder.
5. Patient A had significant co-morbidities including severe morbid obesity, asthma, and sleep apnea.
6. Patient A's morbid obesity, chronic asthma, and sleep apnea increased her risks of postoperative pulmonary complications.
7. On October 1, 2019, the Respondent reviewed with Patient A a recent shoulder MRI.
8. The MRI found partial tears of the rotator cuff and a dislocated but not a disrupted bicep tendon.
9. The Respondent recommended arthroscopic surgery based on clinical findings.
10. On November 8, 2019, Patient A underwent arthroscopic repair of her rotator cuff tear.
11. The fact that this second surgery was a revision surgery made the second surgery more complex.
12. Patient A's hospital course was complicated by an overnight stay because of shortness of breath following the surgery, which was attributed to her morbid obesity, asthma, and the nerve block.
13. The surgery was supported by clinical findings. MRIs do not always detect important issues.
14. The Respondent failed to:
 - a. Document a period of nonoperative treatment or shared decision making with Patient A accepting the increased risks of the surgery.
 - b. Document his surgical decision making in light of the MRI findings.

Patient B

15. Patient B is a female who was 57 years-old in 2017.
16. The Respondent treated Patient B on separate occasions for left knee pain and for left shoulder pain.
17. On December 14, 2017, the Respondent evaluated Patient B who had complaints of left lateral knee pain.
18. The Respondent diagnosed Patient B with a lateral meniscus tear.
19. On December 19, 2017, an MRI documented a medial meniscal tear and mild osteoarthritis – it did not show a lateral meniscal tear.
20. Although, Patient B's knee symptoms and examination did not correlate to her MRI findings, the Respondent recommended surgery.
21. On January 5, 2018, the Respondent performed an arthroscopic surgery on Patient B's left knee.
22. There is no documentation in the operative note that the lateral meniscus was examined.
23. On November 6, 2018, the Respondent saw Patient B for left shoulder pain.
24. The Respondent diagnosed instability of the shoulder and recommended an MRI of the left shoulder.
25. The MRI showed tendinosis of the rotator cuff, tendinitis, and bursitis with evidence of a previous surgery. A partial rotator cuff tear was also seen.
26. There was no evidence of any structural injury that would cause instability.
27. On August 20, 2019, the Respondent re-evaluated Patient B, reviewed the MRI, and recommended surgery.

28. The Respondent's preoperative diagnosis and indications for surgery include a rotator cuff tear and instability.
29. On October 11, 2019, Patient B underwent left shoulder arthroscopic surgery.
30. Examination under anesthesia documented the shoulder was stable. A near full thickness rotator cuff tear was diagnosed at surgery and repaired.
31. In the operative note there is no documentation that the anatomic structures that contribute to shoulder instability were examined.
32. The Respondent failed:
- a. To document nonoperative treatment options.
 - b. To document in the operative note that he correlated pre-operative diagnosis with surgical treatment.
 - c. To document that he correlated imaging findings with clinical findings prior to surgery.

Patient C

33. Patient C is a male who was 57 years-old in 2019.
34. On July 16, 2019, the Respondent evaluated Patient C who had complaints of chronic bilateral knee pain that had been symptomatic for more than five years.
35. The Respondent diagnosed Patient C with chondromalacia patella and a possible meniscal tear and referred him for an MRI of his right knee.
36. On July 18, 2019, a right knee MRI report documented a possible lateral meniscus tear and mild thinning of the cartilage consistent with mild osteoarthritis.
37. On July 25, 2019, the Respondent recommended Patient C undergo arthroscopic surgery.

38. The Respondent's preoperative diagnoses included instability and chondromalacia of the right knee.

39. On August 23, 2019, Patient C underwent arthroscopic surgery of the right knee.

40. The procedure was a right knee partial lateral meniscectomy, microfracture and drilling of the femoral condyle.

41. The Respondent failed:

a. To document discussions with Patient C regarding nonoperative treatment options.

b. To document why his preoperative diagnosis differed from his operative findings.

Restriction of Hospital Privileges

42. Patient D is a male who was 77 years-old in 2019.

43. On December 30, 2019, the Respondent performed a revision of a right total knee arthroplasty on Patient D.

44. The Respondent began the surgery and had Patient D placed under anesthesia without the implant being present in the operating room. The Respondent understood that the implant would be readily available. It was brought into the room in 20 minutes and the surgery proceeded successfully.

45. On February 13, 2020, the Respondent's surgical privileges at Newton-Wellesley Hospital were restricted.

Conclusion of Law

A. The Respondent has violated G.L. c. 112, § 5, eighth par. (b) and 243 CMR 1.03(5)(a)2 by committing an offense against a provision of the laws of the Commonwealth relating to the practice of medicine, or a rule or regulation adopted thereunder—to wit: 243 CMR

2.07(13)(a), which requires a physician to maintain a medical record for each patient, which is adequate to enable the licensee to provide proper diagnosis and treatment.

B. The Respondent has engaged in conduct that undermines the public confidence in the integrity of the medical profession. *See Levy v. Board of Registration in Medicine*, 378 Mass. 519 (1979); *Raymond v. Board of Registration in Medicine*, 387 Mass. 708 (1982).

Sanction and Order

The Respondent's license is hereby REPRIMANDED. A license restriction is also imposed pursuant to M.G.L. c. 112, s. 5A and 243 C.M.R. 1.05(7), that prohibits the Respondent from the independent performance of surgeries and procedures.

Execution of this Consent Order

Complaint Counsel and the Respondent agree that the approval of this Consent Order is left to the discretion of the Board. The signature of Complaint Counsel, the Respondent, and the Respondent's counsel are expressly conditioned on the Board accepting this Consent Order. If the Board rejects this Consent Order in whole or in part, then the entire document shall be null and void; thereafter, neither of the parties nor anyone else may rely on these stipulations in this proceeding.


As to any matter in this Consent Order left to the discretion of the Board, neither the Respondent, nor anyone acting on his behalf, has received any promises or representations regarding the same.

The Respondent waives any right of appeal that he may have resulting from the Board's acceptance 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

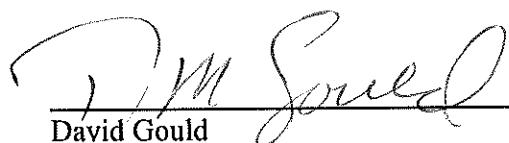
delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which s/he practices medicine; any in- or out-of-state health maintenance organization with whom the Respondent has privileges or 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 reprimand and restriction. 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.



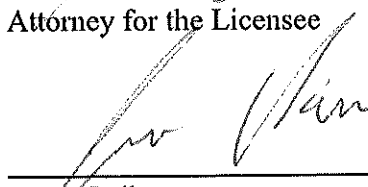
William A. Mitchell, M.D.
Licensee

4/5/2023
Date



David Gould
Attorney for the Licensee

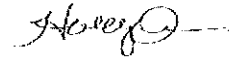
4/7/2023
Date



James Paikos
Complaint Counsel

4/11/2023
Date

So ORDERED by the Board of Registration in Medicine this 13th day of July, 2023

A handwritten signature in cursive script, appearing to read "Holly Oh", written over a horizontal line.

Holly Oh, M.D.