COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2018-004

In the Matter of

Ankur M. Parikh, 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 Ankur M. Parikh, M.D. (Respondent) has practiced medicine in violation of law, regulations, or good and accepted medical practice as set forth herein. The investigative docket number associated with this order to show cause is Docket No. 16-287.

Biographical Information

1. The Respondent was born in August 1981. He graduated from Temple University School of Medicine in 2007 and is certified by the American Board of Urology. He has been licensed to practice medicine in Massachusetts under certificate number 251385 since 2012. He holds privileges at Saint Vincent Hospital, UMass Memorial Medical Center (UMMC) and Marlborough Hospital.

Factual Allegations

2. During the afternoon of July 12, 2016, Respondent had an initial consultation scheduled with Patient A, a sixty-five year old male suffering from gross hematuria

(presence of blood in the urine). Patient A appeared as an "add on" to Respondent's schedule at some point that morning. As a result, Respondent did not review Patient A's referral and records at the start of the day.

3. At the outset of the consultation Respondent asked Patient A if he had a Computerized Axial Tomography (CT) scan performed. Patient A responded in the affirmative and informed Respondent that he had a CT scan performed at UMMC on July 8, 2016.
4. The Respondent subsequently logged into the UMMC medical records system and attempted to access the CT scan of Patient A's bladder, kidneys and ureters by entering in Patient A's first and last name. The Respondent did not ask Patient A to provide a second identifier such as a date of birth.
5. The Respondent's medical record query yielded a copy of a CT scan performed on another individual who has the same first and last name as Patient A. This other individual had the exact same CT scan of the abdomen and pelvis performed on the same day as Patient A at UMMC. That individual's CT scan revealed the presence of a large kidney tumor.
6. Based on his review of the wrong CT scan Respondent incorrectly informed Patient A that he had a large tumor on his left kidney and would need to undergo a radical nephrectomy (removal of a kidney). The Respondent scheduled the surgery to be performed on July 20, 2016 at Saint Vincent Hospital.
7. On July 15, 2016, Respondent saw Patient A at his office a second time. During this visit he conducted a cystoscopy to rule out the presence of any bladder tumors. The result of that procedure revealed that Patient A had a small bladder tumor. The

Respondent advised Patient A of this information and informed him that he would remove the bladder tumor immediately before he removed the left kidney.

8. At various times between the initial office visit on July 12, 2016 and the evening before surgery on July 19, 2016, Respondent logged into the UMMC medical records system to view Patient A's CT scan. However, Respondent accessed the scan by using a tool that allows users to access images they recently viewed without reentering the patient identifiers. As a result, Respondent continuously reviewed the wrong CT scan.
9. On July 20, 2016, Respondent attempted to log into UMMC's medical records system from a computer at Saint Vincent Hospital. However, he was unable to log in due to problems with a recently installed firewall that prevented access to UMMC's system. Respondent elected to proceed with the surgery without reviewing Patient A's CT scan.
10. Prior to removing Patient A's left kidney Respondent noted that that the kidney did not feel particularly heavy. Despite his observations Respondent did not stop and attempt to review Patient A's CT scan.
11. After removing Patient A's left kidney Respondent received a call from the pathologist who indicated that there was no tumor present. Respondent went to the pathology lab and confirmed the absence of a large tumor.
12. Respondent's surgical assistant subsequently logged into UMMC's medical records system on his personal laptop computer. At that time, the surgical assistant noted that there were two individuals with the same name who had CT scans performed at UMMC on July 8, 2016. The Respondent looked at the CT scans, realized that he

had diagnosed and operated on Patient A based on his analysis of the wrong CT scan, and informed the patient what had happened.

13. Respondent's treatment of Patient A fell below the standard of care at three distinct points: 1) at the initial visit when Respondent failed to use multiple patient identifiers to retrieve the correct CT scan; 2) on the morning of surgery when Respondent elected to begin the procedure without looking at the CT scan; and 3) during the second phase of the surgery when Respondent elected to continue removing the kidney after observing that the left kidney did not feel as heavy as one would expect given the size of the tumor.

14. Patient A suffered harm as a result of having his left kidney removed.

Legal Basis for Proposed Relief

A. Pursuant to G.L. c. 112, §5, eighth par. (h) and 243 CMR 1.03(5)(a)17, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician committed malpractice within the meaning of G.L. c. 112, §61.

B. Pursuant to G.L. c. 112, § 5, eighth 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 said physician engaged in negligence on repeated occasions.

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: December 20, 2018