

IN THE MATTER OF	*	BEFORE THE MARYLAND
Mehrdad Aalai, M.D.	*	STATE BOARD OF
Respondent	*	PHYSICIANS
License Number: D26712	*	Case Number: 2008-0347

**CHARGES UNDER THE MARYLAND MEDICAL PRACTICE ACT
AND VIOLATION OF PROBATION**

The Maryland State Board of Physicians (the "Board"), hereby charges Mehrdad Aalai, M.D. (the "Respondent"), License Number D26712, under the Maryland Medical Practice Act (the "Act"), Md. Health Occ. Code Ann. ("Health Occ.") § 14-404(a).

The pertinent provisions of the Act provide the following:

- (22) Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State;
- ...
- (40) Fails to keep adequate medical records as determined by appropriate peer review[.]

Additionally, the Board charges the Respondent with violating the terms and conditions of its March 29, 2012 Order Staying Suspension and Imposing Probation,¹ providing in pertinent part:

...

ORDERED that the Respondent is placed on **PROBATION** for **TWO YEARS**, subject to the following terms and conditions, which are terms and conditions of probation and also of the stay of suspension:

...

¹ The Board reiterated the terms and conditions set forth in its Final Decision and Order dated December 28, 2011, and for purposes of this document the March 29, 2012 Order Staying Suspension and Imposing Probation will be referred to as the Probationary Order.

2. During the period of probation, the Board, or its agents, may conduct a peer review and/or chart review of Dr. Aalai's medical practice;
3. Dr. Aalai shall comply with the Maryland Medical Practice Act and all laws, statutes, and regulations pertaining to the practice of medicine in Maryland;

...

IT IS FURTHER ORDERED that if the Respondent violates any term or condition of this Order or of probation, the Board, after notice and an opportunity to be heard, may impose an additional sanction, including a reprimand, an additional period of probation or additional conditions of probation, or an additional period of suspension or the revocation of his license to practice medicine in Maryland. Additionally the Board may lift the stay of suspension if, after notice and a show cause hearing before the Board, the Board determines that the Respondent has violated a term or condition of this Order...

ALLEGATIONS OF FACT²

I. BACKGROUND

The Board bases its charges on the following facts that the Board has cause to believe are true:

1. At all times relevant to these charges, the Respondent was and is a physician licensed to practice medicine in the State of Maryland. The Respondent was initially licensed in Maryland on or about July 29, 1981, and his license is presently active.³ The Respondent's license expires on September 30, 2014.
2. At the time of the acts described herein, the Respondent was a physician engaged in the practice of gynecology in Bladensburg, Maryland. The Respondent does not hold hospital privileges.

² The allegations set forth in this document are intended to provide the Respondent with notice of the alleged charges. They are not intended as, and do not necessarily represent, a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with these charges.

³ The Board revoked the Respondent's license in December 1994 following a conviction for Medicaid fraud; he was reinstated in May 1996 with probation. In September 1997, the Board terminated the Respondent's probation.

3. On December 28, 2011, the Board issued a Final Decision and Order ("Final Order") concluding that the Respondent engaged in unprofessional conduct in the practice of medicine, had failed to meet appropriate standards for the delivery of quality medical and surgical care and that he had failed to keep adequate medical records with regard to his care and treatment of a patient undergoing a termination of pregnancy. The Final Order imposed a six month suspension of the Respondent's license to practice medicine, staying the final three months.
4. On March 29, 2012, the Board issued a Probationary Order placing the Respondent on a minimum of two years of probation subject to terms and conditions.
5. On or about February 7, 2013, the Board transmitted six patient records to Permedion, a peer review organization, requesting that a formal peer review be conducted. The results are set forth below.
6. On or about July 2, 2013, the Board's staff sent the Respondent redacted copies of the completed peer review reports and offered him the opportunity to file a supplemental response.
7. On July 11, 2013, the Respondent submitted a supplemental response to the Board.
8. As of the date of these Charges, the Respondent has not yet completed the coursework required under the terms of the Board's Probationary Order: the proper handling of obstetrical emergencies and medical record documentation. The Board's Probationary Order does not impose a specific time frame for completion of the coursework other than placing the Respondent on a minimum

of two years of probation. He began the medical record documentation course in January 2012, but has not yet completed the requirements. He has not yet enrolled in a course addressing the proper handling of obstetrical emergencies.

II. PEER REVIEW

PATIENT A

9. Patient A, a female, was in her twenties when she saw the Respondent on July 14, 2012 for a termination of pregnancy. She had a history of four pregnancies, including two cesarean sections and one previous elective abortion.
10. The Respondent conducted an ultrasound which revealed Patient A's intrauterine pregnancy to be 16 weeks and five days.
11. The Respondent inserted laminaria⁴ into Patient A's cervix, and dispensed "antibiotics" and Cytotec⁵ to her.
12. The Respondent instructed Patient A to return the following morning. On July 15, 2013, the Respondent performed a surgical abortion on Patient A, under conscious sedation and a paracervical block. He documented that there were no complications, and the bleeding was minimal.
13. The Respondent failed to document any intraoperative or postoperative vital signs, pulse oximetry or cardiac rhythms for Patient A.
14. The Respondent discharged Patient A with doxycycline and instructions to follow-up in two weeks. Patient A failed to appear for the appointment.

⁴ Kelp used to dilate the cervix and induce labor.

⁵ Synthetic prostaglandin used to induce labor.

15. The Respondent failed to document any dated or timed entries in Patient A's medical record that his office had made attempts to contact her when she failed to follow up for the postoperative appointment.
16. The Respondent's documentation was inadequate in violation of Health Occ. § 14-404(a)(40).

PATIENT B

17. Patient B, a female, was in her twenties when she presented to the Respondent on October 20, 2012 for an elective abortion. This was Patient B's first pregnancy.
18. The Respondent performed a pregnancy test which was positive, and an ultrasound which showed no gestational sack. According to the Respondent's documentation, Patient B had a six to seven week intrauterine pregnancy according to the date of her last menstrual period.
19. The Respondent failed to perform a pelvic examination on Patient B.
20. According to standard pre-printed documentation, the Respondent (or his staff) administered methotrexate⁶ and provided Patient B with instructions to take misoprostol⁷ at home in five to eight days, and then repeat the dose 24 hours later.
21. The Respondent documented that there was "no [intrauterine pregnancy] yet too early."

⁶ Chemotherapeutic agent used in the induction of a medical abortion.

⁷ Generic for Cytotec.

22. In a typed, unsigned discharge summary, the Respondent documented that he had "advised" Patient B of the risk of an ectopic pregnancy. He subsequently sent her home, advising her to return for a follow-up visit in four weeks.
23. The Respondent failed to ensure through an adequate workup including a quantitative beta HCG within 48 hours and a follow-up ultrasound, that Patient B did not have an ectopic pregnancy.
24. On November 19, 2012, Patient B contacted the Respondent's office complaining of lower abdominal pain and vaginal bleeding. The Respondent instructed her to come to his office.
25. The Respondent performed an ultrasound which revealed retained tissue. He subsequently performed a dilation and suction curettage and removed a "fair amount" of tissue. The Respondent performed a follow-up ultrasound which revealed an empty uterus. The Respondent discharged Patient B and instructed her to follow up in a week, which she did.
26. The Respondent failed to meet the standard of quality medical and surgical care for Patient B in violation of Health Occ. § 14-404(a)(22).

PATIENT C

27. Patient C, a female, was in her thirties on September 11, 2012 when she presented to the Respondent for a termination of her pregnancy. She had been pregnant on one other occasion and had a spontaneous abortion.
28. The Respondent performed an ultrasound which revealed a seven and a half week intrauterine pregnancy. The Respondent provided Patient C with a

termination of pregnancy protocol involving methotrexate and misoprostol. The Respondent instructed Patient C to return to his office in four weeks.

29. The Respondent documented on Patient C's summary sheet that she had been called "several times" but never answered her telephone, and failed to return for follow-up.
30. The Respondent failed to document any dated or timed entries regarding the follow-up telephone calls to Patient C.
31. The Respondent failed to sign the discharge summary for Patient C.
32. The Respondent's documentation was inadequate in violation of Health Occ. § 14-404(a)(40).

PATIENT D

33. Patient D, a female, was in her thirties on October 8, 2012, when she presented to the Respondent for a surgical termination of an eight week intrauterine pregnancy. She had a history of seven prior pregnancies, with one vaginal delivery, one cesarean section delivery and five previous abortions. The Respondent discharged her instructing her to follow-up in two weeks.
34. Patient D failed to appear for her follow-up appointment.
35. The Respondent failed to document any dated or timed entries in the medical record regarding attempts to contact Patient D.
36. The Respondent failed to sign the discharge summary.
37. The Respondent's documentation was inadequate in violation of Health Occ. § 14-404(a)(40).

NOTICE OF POSSIBLE SANCTIONS

If, after a hearing, the Board finds that there are grounds for action under Md. Health Occ. § 14-404(a)(22) and/or (40) and/or its March 29, 2012 Order Staying Suspension and Imposing Probation, the Board may impose disciplinary sanctions against Respondent's license, including revocation, suspension, reprimand and/or probation and/or may impose a fine.

**NOTICE OF DISCIPLINARY COMMITTEE FOR
CASE RESOLUTION⁸**

A Disciplinary Committee for Case Resolution in this matter is scheduled for **February 5, 2014, at 10:00 a.m.** at the Board's office, 4201 Patterson Avenue, Baltimore, Maryland 21215. The nature and purpose of the case resolution conference is described in the attached letter to the Respondent. If this matter is not resolved on terms accepted by the Board, an evidentiary hearing will be scheduled.

**DOUGLAS F. GANSLER
ATTORNEY GENERAL OF MARYLAND**



Dawn L. Rubin
Assistant Attorney General
Administrative Prosecutor
Maryland Office of the Attorney General
Health Occupations Prosecution & Litigation
Division
300 West Preston Street, Suite 201
Baltimore, Maryland 21215
(410) 767-1874

9/30/2013
Date

⁸ Md. Code Regs. 10.32.02.03E(9) (2013), effective January 21, 2013, renamed the Case Resolution Conference ("CRC") to the Disciplinary Committee for Case Resolution ("DCCR") without any changes as to its functions.