

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

Case No. MD-19-0276A

3 **MOHAMMAD R. KARAMI-SICHANI, M.D.**

**FINDINGS OF FACT, CONCLUSIONS  
OF LAW AND ORDER FOR LETTER  
OF REPRIMAND AND PROBATION**

4 Holder of License No. 31022  
5 For the Practice of Allopathic Medicine  
6 In the State of Arizona.

7 The Arizona Medical Board ("Board") considered this matter at its public meeting on  
8 October 7, 2019. Mohammad R. Karami-Sichani, M.D. ("Respondent"), appeared with  
9 legal counsel, Paul Giancola, Esq., before the Board for a Formal Interview pursuant to the  
10 authority vested in the Board by A.R.S. § 32-1451(H). The Board voted to issue Findings  
11 of Fact, Conclusions of Law and Order after due consideration of the facts and law  
12 applicable to this matter.

13 **FINDINGS OF FACT**

14 1. The Board is the duly constituted authority for the regulation and control of  
15 the practice of allopathic medicine in the State of Arizona.

16 2. Respondent is the holder of license number 31022 for the practice of  
17 allopathic medicine in the State of Arizona.

18 3. The Board initiated case number MD-19-0276A after receiving a complaint  
19 regarding Respondent's care and treatment of a 32 year-old female patient ("AD") alleging  
20 unprofessional conduct including inappropriate patient discharge.

21 4. During the course of the Board's investigation, a Medical Consultant ("MC")  
22 reviewed Respondent's care and treatment of AD.

23 5. AD established care with Respondent for treatment of depression on  
24 November 22, 2017. Respondent's care included medication management for AD's  
25 diagnoses, including Effexor XR and Abilify.

1           6.     On February 7, 2019, Respondent noted that AD complained of severe  
2 depression, recent suicidal thoughts and fatigue. Respondent documented exploring AD's  
3 suicidal thoughts and adjusted AD's medications.

4           7.     On February 14, 2019, an unsigned progress note stated that AD "no  
5 showed" for an appointment.

6           8.     On March 7, 2019, an unsigned progress note again stated that AD "no  
7 showed" for an appointment. Respondent's office mailed AD a letter stating that she was  
8 being discharged for non-adherence of treatment.

9           9.     The standard of care requires a physician to provide medical  
10 management/treatment to a patient for thirty days after notification of discharge from  
11 practice. Respondent deviated from this standard of care by failing to provide medical  
12 management/treatment to the patient for thirty days after notification of discharge from  
13 practice.

14          10.    There was the potential for patient harm in that the patient could have  
15 suffered continuing or even worsening symptoms that did not respond to the medication  
16 changes made at the last appointment.

17          11.    The MC opined that Respondent's documentation was inadequate.

18          12.    In MD-14-1363, Respondent was ordered to complete an intensive, in-  
19 person Continuing Medical Education ("CME") course in medical recordkeeping in March,  
20 2017.

21          13.    During a Formal Interview on this matter, Respondent testified that he was  
22 aware of the requirement to provide a 30-day notice prior to discharging a patient from the  
23 practice, and agreed that the notice was not sent to Patient AD. Respondent admitted that  
24 his handwritten medical records were difficult to read, and instituted changes with regard  
25

1 to his patient scheduling process. Respondent stated that AD was the only patient he had  
2 ever discharged.

3 14. During that same Formal Interview, Board members observed that abrupt  
4 patient discharge was a particularly problematic for psychiatric practice. Board members  
5 recognized that Respondent regretted what occurred with this patient, but noted  
6 Respondent's recent prior Board history involving medical recordkeeping deficiencies,  
7 including a requirement that Respondent complete relevant education.

### 8 CONCLUSIONS OF LAW

9 1. The Board possesses jurisdiction over the subject matter hereof and over  
10 Respondent.

11 2. The conduct and circumstances described above constitute unprofessional  
12 conduct pursuant to A.R.S. § 32-1401(27)(e) ("Failing or refusing to maintain adequate  
13 records on a patient.").

14 3. The conduct and circumstances described above constitute unprofessional  
15 conduct pursuant to A.R.S. § 32-1401(27)(r) ("Committing any conduct or practice that is  
16 or might be harmful or dangerous to the health of the patient or the public.").

### 17 ORDER

18 IT IS HEREBY ORDERED THAT:

- 19 1. Respondent is issued a Letter of Reprimand.  
20 2. Respondent is placed on Probation for a period of 12 months with the following  
21 terms and conditions:

#### 22 a. Continuing Medical Education

23 Within 6 months, Respondent shall complete a minimum of 10 hours of Board staff  
24 pre-approved Category I non-disciplinary CME in an intensive, in-person course regarding  
25 medical recordkeeping. Respondent shall within thirty days of the effective date of this

1 Order register for the intensive, in-person medical recordkeeping program offered by the  
2 Center for Personalized Education for Professionals (“CPEP”), and provide proof of  
3 registration to Board staff. Upon completion of the CME, Respondent shall provide Board  
4 staff with satisfactory proof of attendance in satisfaction of this requirement.

5       Within thirty days of completion of the CME, Respondent shall enroll in the  
6 Personalized Implementation Program (“PIP”) and successfully complete it. Respondent  
7 shall provide Board staff with proof of enrollment in the PIP. Respondent shall sign any  
8 and all consents or releases necessary to allow CPEP to communicate to the Board  
9 directly. Respondent shall not revoke any releases prior to successful completion of the  
10 CME and PIP. Respondent shall comply with any and all requirements and practice  
11 recommendations made by his PIP reviewer as well as follow any and all  
12 recommendations made for further education and/or remediation by the PIP, subject to the  
13 approval of the Board or its staff. Respondent shall provide Board staff with proof that he  
14 successfully completed the PIP.

15       Respondent shall be responsible for any and all expenses related to participation in  
16 the CME and PIP.

17       The CME hours shall be in addition to the hours required for biennial renewal of his  
18 medical license. Respondent’s failure to complete the CME will subject him to future  
19 disciplinary action by the Board. A.R.S. § 32-1401(27)(s).

20       **b. Obey All Laws**

21       Respondent shall obey all state, federal and local laws, all rules governing the  
22 practice of medicine in Arizona, and remain in full compliance with any court ordered  
23 criminal probation, payments and other orders.



1 EXECUTED COPY of the foregoing mailed  
this 11<sup>th</sup> day of December, 2019 to:

2  
3 Paul Giancola, Esq.  
4 Snell & Wilmer, LLP  
5 One Arizona Center  
6 400 E. Van Buren #1900  
7 Phoenix, AZ 85004  
8 Attorney for Respondent

9 ORIGINAL of the foregoing filed  
10 this 11<sup>th</sup> day of December, 2019 with:

11 Arizona Medical Board  
12 1740 West Adams, Suite 4000  
13 Phoenix, Arizona 85007

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Michelle Rubles  
Board staff