

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **DONOVAN J. ANDERSON, M.D.**

4 Holder of License No. 13491  
5 For the Practice of Allopathic Medicine  
6 In the State of Arizona.

Case No. MD-19-0816A, MD-20-0319A,  
MD-20-0819A

**INTERIM FINDINGS OF FACT,  
CONCLUSIONS OF LAW AND ORDER  
FOR SUMMARY SUSPENSION OF  
LICENSE**

7 **INTRODUCTION**

8 The above-captioned matter came for discussion before the Arizona Medical Board  
9 (“Board”) at its April 8, 2021 meeting, where it had been placed on the agenda to consider  
10 possible summary action against Donovan J. Anderson, M.D. (“Respondent”). Having  
11 considered the information in the matter and being fully advised, the Board enters the  
12 following Interim Findings of Fact, Conclusions of Law and Order for Summary Suspension  
13 of License, pending a formal hearing or other Board action. A.R.S. § 32-1451(D).

14 **INTERIM FINDINGS OF FACT**

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

17 2. Respondent is the holder of license number 13491 for the practice of  
18 allopathic medicine in the State of Arizona.

19 3. Respondent’s license is subject to an Order for Decree of Censure and  
20 Probation; and Consent to Same arising out of case MD-15-0691A, as modified by the  
21 Board’s Findings of Fact, Conclusions of Law and Order for Decree of Censure, Practice  
22 Restriction and Probation issued in case MD-17-0235A (“Prior Orders”). Pursuant to the  
23 Prior Orders, Respondent is subject to terms and conditions of Probation, including a  
24 requirement that Respondent undergo quarterly chart monitoring through the Center for  
25 Personalized Education for Professionals (“CPEP”).

1 **MD-19-0816A**

2 4. The Board initiated case MD-19-0816A after receiving an unfavorable  
3 review from CPEP. Based on CPEP's review, Board staff requested Medical Consultant  
4 ("MC") review of Respondent's care and treatment of two patients ("BF" and "JL").

5 5. BF was a 59 year-old female with complaints of mild asthma who  
6 established care with Respondent in April, 2018. On November 20, 2018, Respondent  
7 prescribed Prednisone for asthma with wheezing. On December 13, 2018, Respondent  
8 documented direction to continue Medrol. Respondent continued to prescribe BF  
9 Prednisone 30 days for uncontrolled asthma on both January 16 and April 2, 2019.

10 6. JL was a 79 year-old male who presented to Respondent's office with  
11 complaints of scratches on his arms and hands from working in the yard and playing with  
12 his dog. Respondent diagnosed JL with cellulitis and prescribed amoxicillin.

13 7. The standard of care requires a physician to appropriately treat asthma.  
14 Respondent deviated from the standard of care by prescribing oral steroids for BF's  
15 asthma without clinical justification.

16 8. The standard of care requires a physician to diagnose cellulitis using an  
17 appropriate history and physical examination. Respondent deviated from the standard of  
18 care by diagnosing JL with cellulitis without clinical justification.

19 9. There was the potential patient harm in that BF and JL were at  
20 unreasonable risk from the side effects of medications improperly prescribed by  
21 Respondent.

22 **MD-20-0319A**

23 10. The Board initiated case MD-20-0319A after receiving a report from the  
24 Arizona Department of Health Services ("DHS") indicating that Respondent did not  
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1 complete the appropriate requirements to certify patients for the medical marijuana  
2 program.

3 11. On April 16, 2020, the Board initiated this case after receiving notification  
4 from DHS that for date range of July 1, 2019 through December 31, 2019, Respondent  
5 signed 489 Medical Marijuana Certification (“MMC”) forms certifying patients as eligible to  
6 obtain medical marijuana but performed only 60 Controlled Substances Prescription  
7 Monitoring Program (“CSPMP”) queries.

8 12. During the course of the Board’s investigation, Respondent provided a  
9 narrative describing a breakdown of his staff processes due to employee turnover,  
10 resulting in CSPMP queries not being completed.

11 **MD-20-0819A**

12 13. The Board initiated case number MD-20-0819A after receiving five  
13 unfavorable chart reviews from CPEP. Based on CPEP’s review, Board staff requested  
14 Medical Consultant (“MC”) review of Respondent’s care and treatment of four patients  
15 (“SE” “RG” “BH” and “TB”).

16 14. SE was a 66 year-old female with a past medical history of diabetes,  
17 hyperlipidemia, hypertension (“HTN”), and chronic pain with a prior left leg amputation.  
18 On February 3, 2020, SE saw Respondent with complaints of fatigue and a cold with  
19 production of clear sputum. Respondent noted that SE had an infection of the left hand  
20 with redness and an ulceration of the right ankle with cellulitis and prescribed Zithromax  
21 and promethazine DM for bronchitis. Additionally, Respondent prescribed Ferrous Sulfate  
22 325mg for iron deficiency anemia.

23 15. RG was a 94 year-old male with HTN, hypothyroidism, dementia, and  
24 macular degeneration. On February 11, 2020, RG saw Respondent with complaints of left  
25 arm pain to the mid-humerus with arm movement and one episode of dizziness.

1 Respondent prescribed Meclizine for the dizziness and instructed RG to follow-up in four  
2 weeks.

3 16. BH was an 83 year-old female with a past medical history of HTN, chronic  
4 low back pain with degenerative disc disease, hypothyroidism, and obesity. On April 7,  
5 2020, BH saw Respondent with a complaint of swollen feet. BH's vital signs showed a  
6 blood pressure of 146/84. Respondent documented a physical exam that noted 2+ edema  
7 in both ankles. Respondent's assessment included essential hypertension, lumbago, and  
8 generalized edema. Respondent prescribed Lasix 40mg daily for 30 days with 3 refills  
9 and potassium chloride 10mEq daily for 30 days with 5 refills.

10 17. The standard of care requires a physician to address skin infections.  
11 Respondent deviated from the standard of care for Patient SE by failing to address and  
12 treat cellulitis.

13 18. The standard of care requires a physician to evaluate and treat extremity  
14 pain. Respondent deviated from the standard of care for Patient RG by failing to evaluate  
15 and treat right upper extremity pain.

16 19. The standard of care requires a physician to investigate possible etiologies  
17 of dizziness. Respondent deviated from the standard of care by failing to investigate the  
18 etiology of Patient RG's dizziness.

19 20. The standard of care requires a physician to investigate possible etiologies  
20 of edema. Respondent deviated from the standard of care by failing to investigate the  
21 etiology of Patient BH's edema.

22 21. The standard of care requires a physician to have clinical justification for a  
23 diagnosis. Respondent deviated from the standard of care by diagnosing Patient TB with  
24 pyelonephritis without clinical justification.

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1 22. There was potential for patient harm to Patient SE in that the incomplete  
2 treatment for multiple areas of cellulitis could have led to osteomyelitis and sepsis, Patient  
3 RG was at risk of falls and trauma. Additionally the Board's MC noted that the dizziness  
4 experienced by RG could have been caused by a stroke that was not diagnosed by  
5 Respondent. Patient BH was at risk for acute or chronic renal failure, hyper or  
6 hypokalemia, and heart failure. Patient TB was at risk for sepsis in the event that the  
7 cause of the pyelonephritis is antibiotic resistant.

8 23. Additionally, cases MD-19-0992A and MD-19-0196A are currently pending  
9 Formal Hearing pursuant to A.R.S. § 32-1451(J). Both cases arose out of unfavorable  
10 chart reviews from CPEP arising out the Prior Orders, and in both cases, a Board MC  
11 identified alleged deviations from the standard of care for multiple patients.

12 24. During the Board's consideration of the above captioned matters on April 8,  
13 2021, Board staff presented the foregoing. Based on the evidence presented, the Board  
14 voted unanimously to summarily suspend Respondent's license.

#### 15 **INTERIM CONCLUSIONS OF LAW**

16 1. The Board possesses jurisdiction over the subject matter hereof and over  
17 Respondent.

18 2. The conduct and circumstances described in MD-19-0816A and MD-20-0819A  
19 constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(e) ("Failing or refusing  
20 to maintain adequate records on a patient.").

21 3. The conduct and circumstances described in MD-19-0816A and MD-20-0819A  
22 constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(r) ("Committing any  
23 conduct or practice that is or might be harmful or dangerous to the health of the patient or  
24 the public.").

1 4. The conduct and circumstances described in MD-20-0319A constitute  
2 unprofessional conduct pursuant to A.R.S. § 32-1401(27)(u) ("Knowingly making any false  
3 or fraudulent statement, written or oral, in connection with the practice of medicine or if  
4 applying for privileges or renewing an application for privileges at a health care  
5 institution..").

6 5. Based on the foregoing Interim Findings of Fact and Conclusions of Law, the public  
7 health, safety or welfare imperatively requires emergency action. A.R.S. § 32-1451(D).

8 **ORDER**

9 Based on the foregoing Interim Findings of Fact and Conclusions of Law, set forth  
10 above,

11 **IT IS HEREBY ORDERED THAT:**

12 1. Respondent's license to practice allopathic medicine in the State of Arizona,  
13 License No. 13491, is summarily suspended. Respondent is prohibited from practicing  
14 medicine in the State of Arizona and is prohibited from prescribing any form of treatment  
15 including prescription medications or injections of any kind.

16 2. The Interim Findings of Fact and Conclusions of Law constitute written notice  
17 to Respondent of the charges of unprofessional conduct made by the Board against  
18 Respondent. Respondent is entitled to a formal hearing to defend these charges as  
19 expeditiously as possible after the issuance of this Order.

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1 3. The Board's Executive Director is instructed to refer this matter to the Office  
2 of Administrative Hearings for scheduling of an administrative hearing to be commenced  
3 within sixty days from the date of the issuance of this Order, unless stipulated and agreed  
4 otherwise by Respondent. A.R.S. § 32-1451(D).

5  
6 DATED AND EFFECTIVE this 8<sup>th</sup> day of April, 2021.

7  
8 ARIZONA MEDICAL BOARD

9 By Patricia E. McSorley  
10 Patricia E. McSorley  
11 Executive Director

12 EXECUTED COPY of the foregoing mailed  
13 this 8<sup>th</sup> day of April, 2021 to:

14 Donovan J. Anderson, M.D.  
15 Address of Record  
  
16 Nathan S. Ryan, Esq.  
17 Holden & Amer, P.C.  
18 4505 East Chandler Boulevard, Suite 210  
Phoenix, Arizona 85048  
Attorney for Respondent

19 ORIGINAL of the foregoing filed  
20 this 8<sup>th</sup> day of April, 2021 with:

21 Arizona Medical Board  
22 1740 West Adams, Suite 4000  
Phoenix, Arizona 85007

23 Middlebrook  
24 Board staff  
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