

## INDEX

### Orthopaedics, Sports & Worker's Medical Group, Inc & Gary Wisner, MD.

<b>Exhibit #</b>	<b>Document</b>	<b>File Date</b>
1	People v. Gary Wisner	5/30/2018
2	Superior Court San Joaquin Criminal Case Information	
3	Medical Board of California Accusation Against: Gary Royce Wisner, MD.	7/23/2018
4	CA Secretary of State: Articles of Incorporation: Orthopaedics, Sports & Workers' Medical Group, Inc.	3/13/1996
5	CA Secretary of State: Statement by Domestic Stock Corporation: Orthopaedics, Sports & Workers' Medical Group, Inc.	6/13/1996
6	CA Secretary of State: Statement of Information: Orthopaedics, Sports & Workers' Medical Group, Inc.	01/18/2018

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IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
FOR THE COUNTY OF SAN JOAQUIN

The People of the State of California, ) D.A. GJ-2018-4169455  
 )  
Plaintiff, )  
 ) INDICTMENT  
v. )  
 ) CR No. 16AW021769  
 )  
GARY WISNER )  
 )  
 )  
Defendant(s). )

The Grand Jury of the County of San Joaquin, State of California,  
accuses the Defendant(s) of committing, in the County of San  
Joaquin, State of California, before the finding of this  
Indictment, the following crime(s):

**COUNT 1: MAKING FALSE OR FRAUDULENT CLAIMS PC.550(A)(6)**

On or about October 1, 2009 - March 21, 2017, in the County of San  
Joaquin, California, GARY WISNER, did commit the crime of MAKING  
FALSE OR FRAUDULENT CLAIMS, in violation of Section 550(a)(6) of  
the Penal Code, a FELONY, in that said defendant(s) did willfully,  
unlawfully, and knowingly make and cause to be made a false and  
fraudulent claim for payment of a health care benefit to HARTFORD  
INUSURANCE COMPANY.

1 For a further and separate cause of complaint, being a different  
2 offense from but connected in its commission with the charge(s)  
3 above, complainant further complains and says:

4  
5 **COUNT 2: MAKING FALSE OR FRAUDULENT CLAIMS PC.550(A)(6)**

6 On or about October 1, 2009 - March 21, 2017, in the County of San  
7 Joaquin, California, GARY WISNER, did commit the crime of MAKING  
8 FALSE OR FRAUDULENT CLAIMS, in violation of Section 550(a)(6) of  
9 the Penal Code, a FELONY, in that said defendant(s) did willfully,  
10 unlawfully, and knowingly make and cause to be made a false and  
11 fraudulent claim for payment of a health care benefit to HARTFORD  
12 INSURANCE COMPANY.  
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14  
15 For a further and separate cause of complaint, being a different  
16 offense from but connected in its commission with the charge(s)  
17 above, complainant further complains and says:

18  
19 **COUNT 3: MAKING FALSE OR FRAUDULENT CLAIMS PC.550(A)(6)**

20 On or about October 1, 2009 - March 21, 2017, in the County of San  
21 Joaquin, California, GARY WISNER, did commit the crime of MAKING  
22 FALSE OR FRAUDULENT CLAIMS, in violation of Section 550(a)(6) of  
23 the Penal Code, a FELONY, in that said defendant(s) did willfully,  
24 unlawfully, and knowingly make and cause to be made a false and  
25 fraudulent claim for payment of a health care benefit to HARTFORD  
26 INSURANCE COMPANY.  
27  
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1 For a further and separate cause of complaint, being a different  
2 offense from but connected in its commission with the charge(s)  
3 above, complainant further complains and says:

4  
5 **COUNT 4: MAKING FALSE OR FRAUDULENT CLAIMS PC.550(A)(6)**

6 On or about October 1, 2009 - March 21, 2017, in the County of San  
7 Joaquin, California, GARY WISNER, did commit the crime of MAKING  
8 FALSE OR FRAUDULENT CLAIMS, in violation of Section 550(a)(6) of  
9 the Penal Code, a FELONY, in that said defendant(s) did willfully,  
10 unlawfully, and knowingly make and cause to be made a false and  
11 fraudulent claim for payment of a health care benefit to HARTFORD  
12 INSURANCE COMPANY.

13  
14 For a further and separate cause of complaint, being a different  
15 offense from but connected in its commission with the charge(s)  
16 above, complainant further complains and says:

17  
18 **COUNT 5: MAKING FALSE OR FRAUDULENT CLAIMS PC.550(A)(6)**

19 On or about October 1, 2009 - March 21, 2017, in the County of San  
20 Joaquin, California, GARY WISNER, did commit the crime of MAKING  
21 FALSE OR FRAUDULENT CLAIMS, in violation of Section 550(a)(6) of  
22 the Penal Code, a FELONY, in that said defendant(s) did willfully,  
23 unlawfully, and knowingly make and cause to be made a false and  
24 fraudulent claim for payment of a health care benefit to STATE  
25 COMPENSATION INSURANCE FUND..

1 For a further and separate cause of complaint, being a different  
2 offense from but connected in its commission with the charge(s)  
3 above, complainant further complains and says:

4  
5 **COUNT 6: MAKING FALSE OR FRAUDULENT CLAIMS PC.550(A)(6)**

6 On or about October 1, 2009 - March 21, 2017, in the County of San  
7 Joaquin, California, GARY WISNER, did commit the crime of MAKING  
8 FALSE OR FRAUDULENT CLAIMS, in violation of Section 550(a)(6) of  
9 the Penal Code, a FELONY, in that said defendant(s) did willfully,  
10 unlawfully, and knowingly make and cause to be made a false and  
11 fraudulent claim for payment of a health care benefit to STATE  
12 COMPENSATION INSURANCE FUND.

13  
14 For a further and separate cause of complaint, being a different  
15 offense from but connected in its commission with the charge(s)  
16 above, complainant further complains and says:

17  
18 **COUNT 7: MAKING FALSE OR FRAUDULENT CLAIMS PC.550(A)(6)**

19 October 1, 2009 - March 21, 2017, in the County of San Joaquin,  
20 California, GARY WISNER, did commit the crime of MAKING FALSE OR  
21 FRAUDULENT CLAIMS, in violation of Section 550(a)(6) of the Penal  
22 Code, a FELONY, in that said defendant(s) did willfully,  
23 unlawfully, and knowingly make and cause to be made a false and  
24 fraudulent claim for payment of a health care benefit to ZENITH  
25 INSURANCE COMPANY.  
26

1 For a further and separate cause of complaint, being a different  
2 offense from but connected in its commission with the charge(s)  
3 above, complainant further complains and says:

4  
5 **COUNT 8: MAKING FALSE OR FRAUDULENT CLAIMS PC.550 (A) (6)**

6 On or about October 1, 2009 - March 21, 2017, in the County of San  
7 Joaquin, California, GARY WISNER, did commit the crime of MAKING  
8 FALSE OR FRAUDULENT CLAIMS, in violation of Section 550(a) (6) of  
9 the Penal Code, a FELONY, in that said defendant(s) did willfully,  
10 unlawfully, and knowingly make and cause to be made a false and  
11 fraudulent claim for payment of a health care benefit to ZENITH  
12 INSURANCE COMPANY.  
13

14  
15 For a further and separate cause of complaint, being a different  
16 offense from but connected in its commission with the charge(s)  
17 above, complainant further complains and says:

18  
19 **COUNT 9: MAKING FALSE OR FRAUDULENT CLAIMS PC.550 (A) (6)**

20 On or about October 1, 2009 - March 21, 2017, in the County of San  
21 Joaquin, California, GARY WISNER, did commit the crime of MAKING  
22 FALSE OR FRAUDULENT CLAIMS, in violation of Section 550(a) (6) of  
23 the Penal Code, a FELONY, in that said defendant(s) did willfully,  
24 unlawfully, and knowingly make and cause to be made a false and  
25 fraudulent claim for payment of a health care benefit to ZENITH  
26 INSURANCE COMPANY.  
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1 For a further and separate cause of complaint, being a different  
2 offense from but connected in its commission with the charge(s)  
3 above, complainant further complains and says:  
4

5 **COUNT 10: MAKING FALSE OR FRAUDULENT CLAIMS PC.550(A)(6)**

6 On or about October 1, 2009 - March 21, 2017, in the County of San  
7 Joaquin, California, GARY WISNER, did commit the crime of MAKING  
8 FALSE OR FRAUDULENT CLAIMS, in violation of Section 550(a)(6) of  
9 the Penal Code, a FELONY, in that said defendant(s) did willfully,  
10 unlawfully, and knowingly make and cause to be made a false and  
11 fraudulent claim for payment of a health care benefit to TRISTAR  
12 INSURANCE GROUP.  
13

14 For a further and separate cause of complaint, being a different  
15 offense from but connected in its commission with the charge(s)  
16 above, complainant further complains and says:  
17

18 **COUNT 11: MAKING FALSE OR FRAUDULENT CLAIMS PC.550(A)(6)**

19 On or about October 1, 2009 - March 21, 2017, in the County of San  
20 Joaquin, California, GARY WISNER, did commit the crime of MAKING  
21 FALSE OR FRAUDULENT CLAIMS, in violation of Section 550(a)(6) of  
22 the Penal Code, a FELONY, in that said defendant(s) did willfully,  
23 unlawfully, and knowingly make and cause to be made a false and  
24 fraudulent claim for payment of a health care benefit to TRISTAR  
25 INSURANCE GROUP.  
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"A TRUE BILL"

TORI VERBER SALAZAR

DISTRICT ATTORNEY  
County of San Joaquin  
State of California

Nicholas Justin date: 5/30/18  
FOREMAN OF THE GRAND JURY

JH Traversy dated: 5/30  
Deputy District Attorney

Superior Court San Joaquin



SEARCHES CASES SCHEDULING

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CASE LOOKUP CR 2018 0007019 RETRIEVE

CASE **CRIMINAL CASE** ▶ STK-CR-FE-2018-0007019 People of the State of California vs. Gary Wisner **CASE STATUS** ▶ Pending - May 30, 2018

- Associated Cases
- Case Status
- Criminal Case
- Document Mgmt
- Hearings
- Judges
- Prosecutors
- DEFENDANT**
- Attorneys
- Estimated Balance Due
- ROA

CASE INFORMATION

JUDGE	Northup, Ronald	APPELLATE CASE NO.	
PROSECUTOR	Adams, Sherri L	LOCATION	
COURT LOCATION	Stockton	FILING DATE	05/30/2018
CASE SUBTYPE	Felony	APPEAL DATE	
FILE LOCATION		APPEAL UPHELD DATE	
REMAND DATE		UNDER ADVISEMENT DATE	
DOM. VIOLENCE	<input type="checkbox"/>	PREVIOUS CASE NO.	
JURISDICTION	Superior	OTHER AGENCY CASE NO.	4172378
PHYSICAL FILE	<input type="checkbox"/>	BATCH LABEL	<input checked="" type="checkbox"/>
SEALED	<input type="checkbox"/>	PROBATION OFFICER	
COMMENT	GJ-2018-4169455 **INDICTMENT**	COURTESY NOTICE	<input type="checkbox"/>
JURY REQUESTED	<input type="checkbox"/>	INTERSTATE COMPACT TRANSFER	
JURY VERDICT	<input type="checkbox"/>		
CAPITAL CASE	<input type="checkbox"/>		
TIME WAIVER	Time Waived		
DOJ ERROR MESSAGE			

DEFENDANT INFORMATION

1 of 1

DEFENDANT	Wisner, Gary	BOOKING NUMBER	
NEXT APPEARANCE	01/28/2019 08:30 AM-Pretrial Conference	SPEEDY TRIAL	
FIRST APPEARANCE		FTP HOLD DATE	
TRIAL BY		FTPV HOLD DATE	
MONEY DUE		ATTORNEY WAIVED	<input type="checkbox"/>
EXTENSION DATE		CUSTODY STATUS	
AMOUNT DUE	0.00	INTEREST START DATE	
FTP HOLD INDEFINITE	<input type="checkbox"/>	BAIL SET	
FTPV HOLD INDEFINITE	<input type="checkbox"/>	NO BAIL	<input type="checkbox"/>
FTA HOLD DATE			
FTC HOLD DATE			
LEAD ATTORNEY	Ellis, Albert M		
CII			
NO EPAY	<input type="checkbox"/>		
TOTAL JAIL IMPOSED	Yrs Mos Days		
COURT ORDERED BOOKING	06/23/2018 09:00 AM		
REMAND TO JAIL	<input type="checkbox"/>		

REFRESH CANCEL



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8 *Attorneys for Complainant*

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO July 23 20 18  
BY K. Young ANALYST

10 BEFORE THE  
11 MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
12 STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:  
14 **Gary Royce Wisner, M.D.**  
621 S. Ham Lane, Suite A  
15 Lodi, CA 95242  
16 **Physician's and Surgeon's Certificate**  
No. A 41236,  
17  
18 Respondent.

Case No. 800-2015-016673

**ACCUSATION**

19  
20 Complainant alleges:

21 **PARTIES**

- 22 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
23 capacity as the Executive Director of the Medical Board of California, Department of Consumer  
24 Affairs (Board).
- 25 2. On or about October 1, 1984, the Medical Board issued Physician's and Surgeon's  
26 Certificate Number A 41236 to Gary Royce Wisner, M.D. (Respondent). The Physician's and  
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
28 herein and will expire on July 31, 2020, unless renewed.

**JURISDICTION**

1  
2       3.     This Accusation is brought before the Board, under the authority of the following  
3 laws. All section references are to the Business and Professions Code (Code) unless otherwise  
4 indicated.

5       4.     Section 2227 of the Code states:

6           “(a) A licensee whose matter has been heard by an administrative law judge of the  
7 Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or  
8 whose default has been entered, and who is found guilty, or who has entered into a stipulation for  
9 disciplinary action with the board, may, in accordance with the provisions of this chapter:

10           “(1) Have his or her license revoked upon order of the board.

11           “(2) Have his or her right to practice suspended for a period not to exceed one year upon  
12 order of the board.

13           “(3) Be placed on probation and be required to pay the costs of probation monitoring upon  
14 order of the board.

15           “(4) Be publicly reprimanded by the board. The public reprimand may include a  
16 requirement that the licensee complete relevant educational courses approved by the board.

17           “(5) Have any other action taken in relation to discipline as part of an order of probation,  
18 as the board or an administrative law judge may deem proper.

19           “(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical  
20 review or advisory conferences, professional competency examinations, continuing education  
21 activities, and cost reimbursement associated therewith that are agreed to with the board and  
22 successfully completed by the licensee, or other matters made confidential or privileged by  
23 existing law, is deemed public, and shall be made available to the public by the board pursuant to  
24 Section 803.1.”

25       5.     Section 2234 of the Code states:

26     ///

27     ///

28     ///

1 "The board shall take action against any licensee who is charged with unprofessional  
2 conduct<sup>1</sup>. In addition to other provisions of this article, unprofessional conduct includes, but is not  
3 limited to, the following:

4 "(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the  
5 violation of, or conspiring to violate any provision of this chapter.

6 "(b) Gross negligence.

7 "(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or  
8 omissions. An initial negligent act or omission followed by a separate and distinct departure from  
9 the applicable standard of care shall constitute repeated negligent acts.

10 "(1) An initial negligent diagnosis followed by an act or omission medically appropriate  
11 for that negligent diagnosis of the patient shall constitute a single negligent act.

12 "(2) When the standard of care requires a change in the diagnosis, act, or omission that  
13 constitutes the negligent act described in paragraph (1), including, but not limited to, a  
14 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the  
15 applicable standard of care, each departure constitutes a separate and distinct breach of the  
16 standard of care.

17 "(d) Incompetence.

18 "(e) The commission of any act involving dishonesty or corruption which is substantially  
19 related to the qualifications, functions, or duties of a physician and surgeon.

20 "(f) Any action or conduct which would have warranted the denial of a certificate.

21 "(g) The practice of medicine from this state into another state or country without meeting  
22 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not  
23 apply to this subdivision. This subdivision shall become operative upon the implementation of  
24 the proposed registration program described in Section 2052.5.

25  
26 <sup>1</sup> Unprofessional conduct under California Business and Professions Code section 2234 is  
27 conduct which breaches the rules or ethical code of the medical profession, or conduct which is  
28 unbecoming a member in good standing of the medical profession, and which demonstrates an  
unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564,  
575.)



1 Respondent's plan was to obtain an MRI of the cervical spine, thoracic spine, and lumbar spine to  
2 "rule out HNP." He also planned MRI's of both hips and pelvis, to "rule out AVN."

3 11. On or about November 17, 2015, Respondent obtained an MRI of Patient A's left  
4 hip which revealed "moderate osteoarthritic changes left hip... Milder osteoarthritic changes right  
5 hip..." An MRI of the lumbar spine was done that same day reportedly showing "mild discopathy  
6 L1/2 - L4/5, mild L4/5 central stenosis." Respondent's request for a thoracic spine MRI was  
7 denied by insurance for lack of symptoms.

8 12. On or about November 30, 2015, Respondent saw Patient A for an office visit.  
9 Respondent documented the chief complaint as "CTL-spine left hip, right knee, both feet."  
10 Respondent documented "his back is doing good-most pain is in left hip." Respondent also  
11 documented "back pain radiates into his knees at times." Respondent ordered x-rays of Patient  
12 A's right knee, right femur, right tibia, left tibia, left foot, left ankle, and left calcaneus.  
13 Respondent's plan was to obtain an MRI of the cervical and thoracic spine to "rule out HNP" and  
14 to obtain an MRI of the right hip and pelvis to "rule out AVN."

15 13. On or about December 8, 2015, Respondent obtained an MRI of Patient A's  
16 cervical spine for "neck pain." The report of the study showed "disc bulges at C4/5, C5/6, C6/7.  
17 Right-sided foraminal stenosis at C5/6, C6/7 with potential compression of right C6 and C7 nerve  
18 roots."

19 14. On or about January 4, 2016, Respondent saw Patient A for an office visit.  
20 Respondent documented Patient A's chief complaint as "CTL spine, left hip, both knees, both  
21 shoulders, both feet/ankles." Respondent documented "CTL-spine has been doing okay-most  
22 pain is in left hip still... C-spine pain radiates into his shoulders, and low back pain goes into his  
23 feet/knee." Respondent ordered x-rays that included a scoliosis film, a full-length left lower  
24 extremity x-ray, x-rays of Patient A's ankles, right shoulder, right humerus, left shoulder, and left  
25 humerus. The chart notation states the review of the x-rays revealed "OA." Respondent's plan  
26 was to obtain an MRI of the thoracic spine and an MRI of the right hip and pelvis. Respondent  
27 documented, left total hip replacement was suggested "if/when he is ready." "Second opinion  
28 encouraged."



1           22.     On or about December 28, 2010, Respondent saw Patient B for a post-operation  
2 visit. Respondent ordered x-rays of Patient B's left femur, left knee, left tibia, and full-length left  
3 lower extremity.

4           23.     During the period of January 2011 to December 2011, Respondent saw Patient B  
5 monthly for office visits. At each of these visits, Respondent ordered x-rays of Patient B's left  
6 femur, left knee, and left tibia.

7           24.     During the period of January 2012 to December 2012, Respondent saw Patient B  
8 multiple times for office visits. On or about March 16, 2012, Respondent ordered x-rays of  
9 Patient B's left femur, left knee, and left tibia. On or about April 20, 2012, Respondent ordered  
10 x-rays of Patient B's right and left lower extremities, full length. On or about August 1, 2012,  
11 Respondent ordered x-rays of Patient B's left femur, left, knee, and left tibia. On or about  
12 November 12, 2010, Respondent ordered x-rays of Patient B's right and left lower extremities,  
13 full length.

14           25.     During the period of January 2013 to December 2013, Respondent saw Patient B,  
15 multiple times for office visits. On or about January 16, 2013, Respondent ordered repeat MRIs  
16 of Patient B's left knee, showing osteoarthritis and a small medial meniscus tear. On or about  
17 January 22, 2013, Respondent ordered x-rays of Patient B's left femur, left knee, and left tibia.  
18 On or about March 5, 2013, Respondent ordered x-rays of Patient B's left femur, left knee, and  
19 left tibia. On or about April 2, 2013, Respondent ordered x-rays of Patient B's right and left  
20 lower extremities, full length. On or about May 3, 2013, Respondent ordered x-rays of Patient  
21 B's left tibia, left calcaneus, left foot, and left ankle. Respondent failed to document any medical  
22 indication of any foot or ankle complaints. On or about June 28, 2013, Respondent ordered x-  
23 rays of Patient B's left femur, left knee, and left tibia. On or about October 10, 2013, Respondent  
24 ordered repeat full-length lower extremity x-rays of Patient B's right and left legs. On or about  
25 December 5, 2013, Respondent ordered x-rays of Patient B's left femur, left knee, and left tibia.  
26 On or about December 27, 2013, Respondent ordered x-rays Patient B's left tibia, left calcaneus,  
27 left foot, and left ankle.

28

1           26.     During the period of January 2014 to December 2014, Respondent saw Patient B  
2 multiple times for office visits. On or about January 3, 2014, Respondent ordered a repeat MRI of  
3 Patient B's left knee showing an "altered medial meniscus, not clearly torn, patellofemoral and  
4 medial compartment osteoarthritis." On or about January 29, 2014, Respondent ordered x-rays of  
5 Patient B's thoracic spine, lumbosacral spine, pelvis, and both hips. On or about February 19,  
6 2014, Respondent ordered x-rays of Patient B's lumbosacral spine and a full-length spine x-ray,  
7 which he documented as "scoliosis."

8           27.     On or about March 12, April 9, May 13, June 20, 2014, Respondent saw Patient B  
9 for follow up visits. During these visits, Respondent ordered x-rays of Patient B's left femur, left  
10 knee, left tibia, left calcaneus, left foot, and left ankle, with additional x-rays taken of the full  
11 length of the spine. During the March 12, 2014, and June 20, 2014 visits, Respondent  
12 documented "scoliosis."

13           28.     On or about July 25, August 29, November 10, December 1 and December 22,  
14 2014; Respondent saw Patient B for follow up visits. During these visits, Respondent ordered x-  
15 rays of Patient B's left femur, left knee, and left tibia at each visit. Respondent also ordered x-  
16 rays of Patient B's thoracic spine and lumbar spine. During the August 29, 2014 visit,  
17 Respondent ordered a full-length study of both lower extremities, lumbosacral spine series and a  
18 full-length spine x-ray. During the November 10, 2014, and December 1 and 22, 2014 visits,  
19 Respondent ordered x-rays of Patient B's left foot, left calcaneus, and left ankle. During the  
20 December 22, 2014 visit, Respondent ordered a repeat full-length spine x-ray and x-rays of the  
21 cervical spine.

22           29.     On or about January 15, 2014, Respondent saw Patient B for a right knee injury  
23 that Patient B sustained on or about May 11, 2013. On or about January 15, 2014, and  
24 September 22, 2014, Respondent ordered x-rays of Patient B's right knee, right femur, right tibia  
25 and a full-length x-ray of the entire right lower extremity. On or about October 6, 2014, and  
26 October 20, 2014, Respondent ordered x-rays of Patient B's right knee, right femur, right tibia,  
27 right foot, right ankle, and right calcaneus.

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1           30.     During the period of January 2015 to September 2015, Respondent saw Patient B  
2 multiple times for office visits. On or about January 12, 2015, Respondent saw Patient B for  
3 “pain radiating to the back.” Respondent ordered x-rays of Patient B’s cervical, thoracic and  
4 lumbar spine, pelvis, and hips. On or about February 17, 2015, Respondent ordered x-rays of  
5 Patient B’s left femur, left knee, left tibia, as well as cervical and lumbosacral spine x-rays, and a  
6 full-length or “scoliosis” x-ray. On or about March 10, 2015, Respondent saw Patient B for  
7 complaints of “pain into the back on occasion.” Respondent ordered full-length x-rays of Patient  
8 B’s spine, and lower extremities. On or about March 25, 2015, April 15, 2015, and May 12,  
9 2015, Respondent ordered x-rays of Patient B’s left femur, left knee, left tibia, left calcaneus, left  
10 foot, and left ankle. On or about July 24, 2015, Respondent ordered x-rays of Patient B’s  
11 cervical, thoracic and lumbosacral spine, pelvis and both hips.

12           31.     On or about February 2, February 23, March 16, April 6, April 27, June 16, July 3,  
13 August 21, and September 25, 2015, Respondent saw Patient B for an office visit involving  
14 Patient B’s prior right knee injury. During these visits, Respondent ordered x-rays of Patient B’s  
15 right knee, right femur, right tibia, right foot, right ankle, and right calcaneus.

16           32.     On or about October 1, 2015, Patient B had an arthroscopic procedure for his right  
17 knee, an arthroscopic debridement, partial medial meniscectomy, microfracture chondroplasty,  
18 and lateral release. Respondent saw Patient B six times post-operatively and at each of these  
19 visits he had x-rays taken of the right knee, right femur, right tibia, right foot, right ankle, and  
20 right calcaneus. Respondent also ordered an additional x-ray of Patient B’s left lower extremity a  
21 day after surgery.

22           33.     During the period of January 2016 to December 2016, Respondent saw Patient B  
23 multiple times for office visits. On or about January 8 and 29, 2016, Respondent ordered x-rays  
24 of Patient B’s right knee, right femur, right tibia, right foot, right ankle, and right calcaneus. On  
25 or about February 19, 2016, Respondent ordered x-rays of Patient B’s right knee, right femur, and  
26 right tibia. On or about March 11, 2016, Respondent ordered x-rays of Patient B’s right foot,  
27 right ankle, and right calcaneus. On or about April 1, April 22, 2016 and May 19, 2016,  
28 Respondent ordered x-rays of Patient B’s right knee, right femur, right tibia, right foot, right

1 ankle, and right calcaneus. On or about June 9 and July 11, 2016, Respondent ordered x-rays of  
2 Patient B's right femur, right knee, and right tibia. On or about June 29, 2016, Respondent  
3 ordered x-rays of Patient B's left lower extremity. On or about July 29, 2016, Respondent  
4 ordered x-rays of Patient B's right tibia, right calcaneus, right foot, and right ankle. On or about  
5 October, 21, 2016, Respondent ordered x-rays of Patient B's right femur, right knee, and right  
6 tibia.

7 34. On or about August 18, 2016, Respondent saw Patient B for a qualified medical  
8 examination for Patient B's knees. On or about December 2, 2016, Respondent ordered x-rays of  
9 Patient B's left knee, left femur, and left tibia. On or about December 30, 2016, Respondent  
10 ordered a full length x-ray of Patient B's left lower extremity.

11 35. On or about January 27, 2017, Respondent ordered x-rays of left tibia, left foot, left  
12 ankle. On or about January 20 and February 17, 2017, Respondent ordered x-rays of Patient B's  
13 right femur, right knee, and right tibia.

14 36. Respondent committed gross negligence in his care and treatment of Patient B in  
15 that Respondent obtained excessive, non-medically necessary and repeated x-rays of Patient B's  
16 knees, lower extremities, and spine, with no documented change in Patient B's complaints or  
17 documented additional trauma.

18 **THIRD CAUSE FOR DISCIPLINE**  
19 **(Gross Negligence Patient C)**

20 37. On or about January 12, 2004<sup>4</sup>, Respondent saw Patient C for an office visit.  
21 Patient C was a 55-year-old female who presented with a chief complaint of left knee pain arising  
22 from a work related injury she sustained on or about November 13, 2003. Respondent ordered x-  
23 rays of Patient C's left knee during this visit. On or about March 22, 2004, Respondent saw  
24 Patient C for a preoperative examination. During this visit, Respondent ordered x-rays of Patient  
25 C's left knee.

26  
27 <sup>4</sup> Conduct occurring prior to July, 2011, is for informational purposes only, and is not  
28 alleged as a basis for disciplinary action.

1           38.     On or about March 25, 2004, Patient C had an arthroscopic procedure on her left  
2 knee, an arthroscopic debridement, partial medial meniscectomy, partial lateral meniscectomy,  
3 and a microfracture chondroplasty of the trochlea and medial femoral condyle. During the  
4 surgery, Patient C was found to have an absent or deficient anterior cruciate ligament.  
5 Respondent saw Patient C post-operatively 3 times, with x-rays being taken on each visit.

6           39.     On June 30, 2004, Respondent saw Patient C for a for preoperative examination  
7 for another left knee surgery. During this visit, Respondent ordered x-rays of Patient C's left  
8 knee.

9           40.     On or about July 8, 2004, Patient C had another procedure on the left knee, another  
10 arthroscopic debridement, partial medial meniscectomy, partial lateral meniscectomy,  
11 microfracture chondroplasty of the trochlea, medial femoral condyle, lateral femoral condyle, and  
12 an allograft anterior cruciate ligament reconstruction. Respondent saw Patient C on or about July  
13 23, August 19, October 1, November 8 and December 31, 2004. Respondent ordered x-rays of  
14 Patient C's left knee at every visit.

15           41.     During the period of February to August, 2005, Respondent ordered x-rays of  
16 Patient C' left knee on April 1, and August 10, 2005.

17           42.     During the period February to December 2005, Respondent also saw Patient C for  
18 upper extremity complaints arising from an injury on or about December 31, 2004. Respondent  
19 ordered x-rays of both of Patient C's wrists on February 2, and April 25, 2005. On or about April  
20 28, 2005, Respondent performed a right carpal tunnel release. On or about May 13, 2005,  
21 Respondent ordered an x-ray of Patient C's right wrist during a postoperative visit. On or about  
22 December 9, 2005, Respondent saw Patient C. Respondent documented, "bilateral wrist... left  
23 greater than right due to using crutches..." During this visit Respondent ordered x-rays of Patient  
24 C's hands and wrists.

25           43.     On or about February 6, 2006 Respondent saw Patient C for a preoperative visit.  
26 During this visit, Respondent orderèd x-rays of Patient C's left wrist. On or about February 9,  
27 2006 Respondent performed a left carpal tunnel release. On or about February 24, April 28,  
28 2006, Respondent ordered x-rays of Patient C's left wrist. On or about July 6, 2006,

1 Respondent documented that Patient C was "happy with results." Respondent ordered x-rays of  
2 Patient C's wrists.

3 44. On or about May 3, and September 8, 2006, Respondent ordered x-rays of Patient  
4 C's left knee.

5 45. During the period of 2007 through 2011, Respondent ordered multiple x-rays of  
6 Patient C's left knee and upper extremities

7 46. During the period of January to November 2012, Respondent saw Patient C  
8 multiple times for office visits. On or about January 25, 2012, Respondent ordered full length x-  
9 rays of Patient C's lower extremities. On or about July 30, and November 19, 2012, Respondent  
10 ordered x-rays of Patient C's left knee, left femur, and left tibia. Respondent ordered an  
11 additional full length x-ray of Patient C's lower extremities during the November 19, 2012 visit.

12 47. Respondent also saw Patient C for upper extremity complaints. On or about April  
13 10, 2012, Respondent ordered x-rays of Patient C's wrists, hands, and elbows. On or about  
14 August 2, 2012, Respondent documented "left elbow flare into left hand... Right elbow occasional  
15 pain, right hand occasionally numb." During this visit, Respondent ordered x-rays of both  
16 forearms. On or about October 25, 2012, Respondent documented "right long and ring fingers  
17 stuck." During this visit, Respondent ordered x-rays of Patient C's wrists and hands. On or about  
18 December 17, 2012, Respondent documented "pain right hand, finger gets stuck, left hand okay."  
19 During this visit, Respondent ordered x-rays of Patient C's left and right humerus, elbows, and  
20 forearms.

21 48. During the period of January to October, 2013, Respondent saw Patient C multiple  
22 times for office visits. On or about January 30, March 1 and March 18, 2013, Respondent ordered  
23 x-rays of Patient C's left knee, left femur, and left tibia. On or about March 28, 2013, Patient C  
24 had another left knee surgery, an arthroscopic debridement with a partial medial meniscectomy  
25 and partial lateral meniscectomy, finding absent anterior cruciate ligament. On or about March  
26 29, April 5, April 12, April 29, May 21, June 10, July 29, and September 18, 2013, Respondent  
27 saw Patient C postoperatively. During these visits, Respondent ordered x-rays of Patient C's left  
28 knee, left femur, and left tibia. On or about September 24, 2013, Patient C had another left knee

1 surgery, an arthroscopic debridement with a partial medial meniscectomy and partial lateral  
2 meniscectomy, a microfracture chondroplasty of the medial femoral condyle and an allograft  
3 revision anterior cruciate ligament reconstruction. Following this surgery, Respondent saw  
4 Patient C on or about September 27, October 7, October 14, October 28, November 4, and  
5 November 18, 2013. During these visits, Respondent ordered x-rays of the left knee, left femur,  
6 and left tibia. On or about September 27, 2013, Respondent ordered a full length x-ray of Patient  
7 C's left lower extremity.

8 49. Respondent also saw Patient C for upper extremity complaints. On or about  
9 January 28, June 17, July 8, August 19, 2013, Respondent documented triggering of fingers of  
10 the right hand. On or about January 28, 2013, Respondent ordered x-rays of Patient C's wrists.  
11 On or about June 17, 2013, Respondent ordered x-rays of Patient C's humeri, elbows, and  
12 forearms. On or about July 17, 2013, Respondent ordered x-rays of Patient C's forearms, wrists,  
13 and hands. On or about August 19, 2013, Respondent ordered x-rays of both wrists.

14 50. During the period of January to December 2014, Respondent saw Patient C  
15 multiple times for office visits. On or about January 6, January 20, March 5, March 31, April 28,  
16 May 21, July 9, July 30, September 3, October 17, November 20, 2014, Respondent ordered x-  
17 rays of Patient C's left knee, left femur, and left tibia. On or about January 6, January 20, March  
18 31, April 28, May 21, July 9, July 30, September 3, October 17, November 20, 2014, Respondent  
19 also ordered x-rays of Patient C's left calcaneus, left foot, and left ankle. Respondent also  
20 ordered full length x-rays of Patient C's lower extremity. Respondent documented that Patient C  
21 complained of pain in the foot and ankle on or about January 20, March 31, April 28, May 21,  
22 July 30, and November 20, 2014.

23 51. Respondent also saw Patient C for upper extremity complaints. On or about  
24 January 8, 2014, Respondent ordered x-rays of Patient C's humeri, both elbows, and both  
25 forearms. On or about June 11, 2014, Respondent ordered x-rays of Patient C's forearms, wrists,  
26 and hands. On or about July 16, 2014, Respondent ordered x-rays of Patient C's humeri, elbows,  
27 and forearms. On or about October 1, 2014, Respondent ordered x-rays of Patient C's forearms,  
28 wrists, and hands. On or about November 13, 2014, Respondent documented Patient C's

1 complaints, "hands equal to last visit, increased pain and stiffness." Respondent ordered x-rays of  
2 Patient C's wrists.

3 52. During the period of January to December 2015, Respondent saw Patient multiple  
4 times for office visits. On or about February 2, February 9, February 13, March 12, April 14,  
5 June 1, July 15, November 16, and December 7, 2015, Respondent ordered x-rays of Patient  
6 C's left knee, left femur, and left tibia. On or about February 2, February 9, February 13,  
7 March 12, June 1, July 15, November 16, and December 7, 2015, Respondent ordered x-rays  
8 of Patient C's left calcaneus, left foot, and left ankle. On or about March 12, April 14, and  
9 June 1, 2015, Respondent documented Patient C complained of back pain. During these  
10 visits, Respondent ordered x-rays of Patient C's spine.

11 53. Respondent also saw Patient C for upper extremity complaints. On or about  
12 January 14, 2015, Respondent ordered x-rays of Patient C's humeri, forearms, and elbows. On or  
13 about February 11, 2015, Respondent ordered x-rays of Patient C's forearms, wrists, and hands.  
14 On or about May 12, 2015, Respondent ordered x-rays of Patient C's humeri, elbows, forearms,  
15 and wrists. On or about June 17, 2015, Respondent ordered x-rays of Patient C's forearms,  
16 wrists, and hands. On or about July 16, 2015, Respondent ordered x-rays of Patient C's humeri,  
17 elbows, and forearms. On or about October 6, 2015, Respondent ordered x-rays of Patient C's  
18 right forearm, right wrist, and right hand. On or about November 13, 2015, Respondent ordered  
19 x-rays of Patient C's left forearm, left wrist, and left hand. Respondent documented Patient C's  
20 complaints for each of these visits as, "referred primarily to painful triggering of fingers in the  
21 right hand."

22 54. During the period of January to December 2016, Respondent saw Patient C  
23 multiple times for office visits. On or about January 19 and February 9, 2016, Respondent saw  
24 Patient C for an office visit with a chief complaint of left knee pain. During these visits,  
25 Respondent ordered x-rays of Patient C's left knee, left femur, and left tibia. On or about  
26 February 9, 2016, Respondent also ordered x-rays of Patient C's left calcaneus, left foot, and left  
27 ankle. On or about February 18, 2016, Patient C had another arthroscopic procedure on her  
28 left knee, an arthroscopic debridement with partial medial meniscectomy, a partial lateral

1 meniscectomy, and a microfracture chondroplasty of the patellofemoral joint, medial femoral  
2 condyle, and medial tibial plateau. On or about February 19, 2016, Respondent ordered a  
3 postoperative full length x-ray of Patient C's lower extremity. On or about February 19,  
4 March 1, March 7, March 29, March 25, June 15, July 11, 2016, Respondent saw Patient C  
5 postoperatively. During these visits, Respondent ordered x-rays of Patient C's left knee, left  
6 femur, left tibia, left calcaneus, left foot, and left ankle. Respondent documented that Patient  
7 C was improved or "doing good."

8 55. Respondent also saw Patient C for upper extremity complaints. On or about  
9 January 27, 2016, Respondent ordered x-rays of Patient C's humeri, elbows, and forearms. On or  
10 about March 22, 2016, Respondent ordered x-rays of Patient C's wrists. On or about July 27,  
11 2016, Respondent ordered x-rays of Patient C's shoulders, forearms, and elbows. On or about  
12 November 2, 2016, Respondent ordered x-rays of both wrists. Respondent documented that  
13 Patient C had complained of some shoulder pain during the March and July visits, as well as  
14 elbow pain during the July visit.

15 56. On or about January 9, 2017, Respondent saw Patient C for an office visit.  
16 Respondent ordered full length x-rays of Patient C's lower extremity.

17 57. Respondent also saw Patient C for upper extremity complaints. On or about  
18 January 18, and February 13, 2017, Respondent ordered x-rays of Patient C's humeri, elbows and  
19 forearms. Respondent also ordered additional x-rays of Patient C's wrists and hands during the  
20 February 13 visit. On or about February 23, 2017, Patient C had hand surgery. Respondent failed  
21 to document an operative report with respect to this procedure. On or about February 24, March 6  
22 and March 16, 2017, Respondent ordered x-rays of Patient C's humeri, elbows, forearms, wrists,  
23 and hands.

24 58. Respondent committed gross negligence in his care and treatment of Patient C in  
25 that Respondent obtained excessive, non-medically necessary and repeated x-rays of Patient C's  
26 left lower extremity, both upper extremities, and spine.

27 ///

28 ///

**FOURTH CAUSE FOR DISCIPLINE**  
**(Gross Negligence Patient D)**

1  
2  
3         59.     On or about January 7, 2005<sup>5</sup>, Respondent first saw Patient D for an office visit.  
4 Patient D was a 77-year-old female who presented with a chief complaint of left knee pain arising  
5 from a work related injury she sustained on or about September 22, 2004. A prior MRI study  
6 revealed a left medial meniscus tear. During this visit, Respondent decided to proceed with an  
7 arthroscopic surgery for her left knee.

8         60.     On or about March 10, 2005, Respondent saw Patient D for a preoperative  
9 examination and x-ray of Patient D's left knee. On or about March 17, 2005, Patient D had  
10 surgery on her left knee, an arthroscopic partial medial meniscectomy, lateral release, and  
11 microfracture chondroplasty.

12         61.     On or about April 1, 2005, Respondent saw Patient D for a postoperative exam.  
13 Respondent ordered x-rays of Patient D's left knee. On or about May 13, 2005, Respondent saw  
14 Patient D for another postoperative visit. During this visit, Respondent ordered x-rays of Patient  
15 D's left knee.

16         62.     During the period of June 2005 to 2009, Respondent saw Patient D multiple times  
17 for office visits. During this period, Respondent ordered multiple x-rays of Patient D's left knee.

18         63.     On or about July 24, 2006, Respondent also saw Patient D for lower back pain.  
19 Respondent ordered x-rays of Patient D's lumbosacral spine, pelvis, and both hips. Respondent  
20 documented Patient D's chief complaint as, "low back pain and bilateral leg pain." On or about  
21 August 17, 2006, Respondent ordered an MRI study, which revealed degenerative disc disease  
22 and lumbosacral spine and mild to moderate spinal stenosis at the L4/5 level.

23         64.     During the period of February to December 2009, Respondent saw Patient D  
24 multiple times for office visits. On or about May 1, 2009, Respondent ordered exploratory x-rays  
25 of Patient D's left knee and both full length extremities. On or about September 4, 2009,  
26 Respondent ordered x-rays of Patient D's left knee.

27         <sup>5</sup> Conduct occurring prior to July, 2011, is for informational purposes only, and is not  
28 alleged as a basis for disciplinary action.

1           65.    On or about September 25, 2009, Respondent saw Patient D for complaints with  
2 respect to Patient D's left ankle, left hand, and right elbow, having fallen 2 days earlier. During  
3 this visit, Respondent ordered x-rays of Patient D's left calcaneus, left foot, left ankle, right  
4 elbow, both wrists, and both hands. On or about October 9, 2009, Respondent ordered x-rays of  
5 Patient D's right elbow, right wrist, and right hand.

6           66.    During the period of January to December 2010, Respondent saw Patient D for  
7 multiple office visits. During these visits, Respondent ordered x-rays of Patient D's left knee, left  
8 femur, and left tibia.

9           67.    During the period of January to December 2011, Respondent saw Patient D for  
10 multiple office visits. On or about January 22, 2011, Respondent ordered full-length x-rays of  
11 Patient D's lower extremity. On or about April 28, 2011, Respondent ordered x-rays of Patient  
12 D's left knee, left femur, and left tibia. On or about August 31, 2011, Respondent ordered full-  
13 length x-rays of Patient D's lower extremities. On or about October 12, 2011, Respondent  
14 ordered x-rays of Patient D's left femur, left knee, and left tibia.

15           68.    During the period of January to December 2012, Respondent saw Patient D for  
16 multiple office visits. On or about January 18, 2012, Respondent ordered full length x-rays taken  
17 of Patient D's lower extremities. On or about April 9, 2012, Respondent ordered x-rays of Patient  
18 D's left knee, left femur, and left tibia. On or about August 30, 2012, Respondent ordered full-  
19 length x-rays of Patient D's lower extremities. On or about October 18, 2012, Respondent  
20 ordered x-rays of Patient D's left femur, left knee, and left tibia.

21           69.    On or about May 2, 2012, Patient D underwent another MRI of the lumbosacral  
22 spine, upon orders of a third party physician. The MRI scan revealed L4/5 spinal stenosis.  
23 Respondent saw Patient D on or about November 12, 2012 with a chief complaint of "TL spine...  
24 Low back pain radiating into left leg." Respondent ordered x-rays of Patient D's lumbosacral  
25 spine, pelvis, both hips, and the thoracic spine.

26           70.    On or about December 5, 2012, Patient D had another MRI of her thoracic spine  
27 and both hips. The spinal MRI revealed degenerative disc disease, and the hip study showed no  
28

1 avascular necrosis. Respondent saw Patient D on or about December 13, 2012 with a complaint  
2 of "TL spine" and had x-rays of the lumbosacral spine, left femur, and a scoliosis study.

3 71. During the period of January to December 2013, Respondent saw Patient D for  
4 multiple office visits. On or about February 4, 2013, Respondent ordered full-length x-rays of  
5 Patient D's lower extremities. On or about April 11, 2013, Respondent ordered x-rays of Patient  
6 D's left femur, left knee, and left tibia. On or about August 30, 2013, Respondent ordered full  
7 length x-rays of Patient D's lower extremities. On or about October 23, 2013, Respondent  
8 ordered x-rays of the Patient D's left femur, left knee, and left tibia. On or about December 19,  
9 2013, Respondent ordered x-rays of Patient D's left tibia, left calcaneus, left foot, and left ankle.

10 72. During the period of January to December 2013, Respondent also saw Patient D  
11 multiple times for back pain. On or about January 31, 2013, Respondent ordered x-rays of Patient  
12 D's cervical spine, right humerus, right elbow, right forearm, left tibia, left calcaneus, left foot,  
13 and left ankle. On or about February 5, 2013 Respondent ordered an MRI study of Patient D's  
14 cervical spine, which revealed degenerative disc disease. On or about February 14, 2013,  
15 Respondent documented complaints of "CTL spine, left sciatica" and ordered x-rays of Patient  
16 D's cervical spine, a full-length right lower extremity x-ray, x-rays of Patient D's left forearm,  
17 wrists, and hands. On or about March 14, 2013, Respondent documented complaints of "CTL  
18 spine, left sciatica, right hand, left and right ankle begin." Respondent ordered x-rays Patient D's  
19 right tibia, right calcaneus, right foot, and right ankle. On or about May 2, 2013, Respondent  
20 documented complaints of "CTL spine, right hand, both ankles." Respondent ordered x-rays of  
21 Patient D's left foot, and left ankle. On or about May 20, 2013, Respondent documented  
22 complaints of "CTL spine, both ankles." Respondent ordered x-rays of Patient D's cervical spine  
23 and lumbosacral spine. Respondent's chart notation for that day stated "CTL spine good." On or  
24 about May 28, 2013 Respondent ordered an MRI study of Patient D's cervical, thoracic, and  
25 lumbar spine, which revealed degenerative disc disease. On or about June 28, 2013, Respondent  
26 documented complaints of "CTL spine, both ankles." Respondent ordered a scoliosis x-ray, x-  
27 rays of Patient D's pelvis and both hips. On or about the July 26, 2013, Respondent documented  
28 complaints of "CTL spine, both feet." Respondent ordered x-rays of Patient D's cervical spine,

1 and a scoliosis study. Respondent documented "CTL spine okay." On or about August 30, 2013,  
2 Respondent ordered an MRI of Patient D's left ankle and left foot, which revealed left midfoot  
3 osteoarthritis. On the same day, Patient D had an MRI of her chest showing left sternoclavicular  
4 osteoarthritis. On or about September 6, 2013, Respondent documented a chief complaint of  
5 "CTL spine, both feet." Respondent ordered an x-ray of Patient D's left ankle and sternum, with  
6 a chart notation that stated "chest bump."

7 73. On or about October 15, 2013, Respondent saw Patient D for her 2009 fall and  
8 complaints of the left ankle, left hand, and right elbow pain. Respondent ordered x-rays of Patient  
9 D's right elbow, right wrist, right hand, left calcaneus, left foot, and left ankle.

10 74. During the period of January to December 2014, Respondent saw Patient D for  
11 multiple office visits. On or about January 16, 2014, Respondent ordered full length x-rays of  
12 Patient D's lower extremities. On or about February 11, 2014, Respondent documented Patient  
13 D's chief complaint of "left knee and CTL-spine." During this visit, Respondent ordered x-rays  
14 of Patient D's thoracic spine, lumbosacral spine, pelvis, and both hips. On or about March 4,  
15 2014, Respondent documented a chief complaint of "left knee" and a notation stating "pain  
16 radiating into [Patient D's] back." During this visit, Respondent ordered x-rays of Patient D's  
17 lumbosacral spine and a full-length scoliosis film. On or about April 1, 2014, Respondent  
18 documented a chief complaint of "left knee pain radiating into the back." Respondent ordered x-  
19 rays of Patient D's left femur, left knee, left tibia, and another full-length scoliosis x-ray. On or  
20 about May 6, 2014, Respondent documented a chief complaint of "knee pain radiating into the  
21 lower back and into both feet and ankles." Respondent ordered x-rays of Patient D's left tibia,  
22 left calcaneus, left foot, and left ankle. On or about July 28, 2014, Respondent documented a  
23 chief complaint of "left knee pain radiating into the left foot and ankle." Respondent ordered full  
24 length x-rays taken of Patient D's lower extremities. On or about August 22, and September 12,  
25 2014, Respondent ordered x-rays of Patient D's left femur, left knee, and left tibia. On or about  
26 October 10, 2014, Respondent documented a chief complaint of "left knee, CTL-spine."  
27 Respondent ordered x-rays of Patient D's thoracic spine, lumbosacral spine, pelvis, and both hips.  
28 On or about November 7, 2014, Respondent documented a chief complaint of "left knee, CTL-

1 spine... knee pain radiating into back.” Respondent ordered x-rays of Patient D’s lumbosacral  
2 spine, a full-length scoliosis study, and x-rays of both femurs. On or about December 5, 2014,  
3 Respondent ordered x-rays of Patient D’s left femur, left knee, and left tibia x-rays, and another  
4 scoliosis film.

5 75. During the period of January to December 2015, Respondent saw Patient D for  
6 multiple office visits. On or about January 7, 2015, Respondent ordered x-rays of Patient D’s left  
7 femur, left knee, left tibia, left calcaneus, left foot, left ankle. On or about February 9, 2015,  
8 Respondent documented a chief complaint of “left knee, CTL spine... Pain/stiffness radiating into  
9 the neck and mid lower back.” Respondent ordered x-rays of Patient D’s cervical spine and lower  
10 extremities, full length. On or about March 2, 2015, Respondent ordered x-rays of the Patient D’s  
11 left femur, left knee, left tibia, and cervical spine. On or about April 6, 2015, Respondent ordered  
12 x-rays of Patient D’s left femur, left knee, and left tibia. On or about May 11, 2015, Respondent  
13 documented a chief complaint of “left knee... Pain into back and neck.” Respondent ordered x-  
14 rays of Patient D’s thoracic spine, lumbosacral spine, pelvis, hips, and both femurs. On or about  
15 June 11, 2015, Respondent documented a chief complaint of “left knee... pain into back.”  
16 Respondent ordered x-rays of Patient D’s lumbosacral spine and a full length scoliosis study. On  
17 or about July 16, 2015, Respondent ordered a full length scoliosis film, x-rays of the left femur,  
18 left knee, and left tibia. On or about August 20, 2015, Respondent ordered x-rays of Patient D’s  
19 cervical spine, and full length lower extremities. On or about December 4, 2015, Respondent  
20 ordered x-rays Patient D’s left femur, left knee, and left tibia.

21 76. During the period of January to December 2016, Respondent saw Patient D for  
22 multiple office visits. On or about January 11, 2016, Respondent ordered x-rays of Patient D’s  
23 thoracic and lumbosacral spine, pelvis, hips, and femur. On or about February 10, Respondent  
24 ordered x-rays of Patient D’s lumbosacral spine, and a full-length lateral scoliosis study. On or  
25 about March 16, 2016, Respondent ordered x-rays of Patient D’s left femur, left tibia, left knee,  
26 and an AP scoliosis study. On or about April 29, 2016, Respondent ordered x-rays of Patient D’s  
27 left lower extremity, full length, x-rays of the left tibia, left calcaneus, left foot, and left ankle. On  
28 or about June 13, 2016, Respondent ordered x-rays of Patient D’s left femur, left knee, and left

1 tibia. On or about July 28, 2016, Respondent ordered x-rays Patient D's left tibia, left calcaneus,  
2 left foot, and left ankle. On or about October 19, 2016, Respondent ordered x-rays of Patient D's  
3 left lower extremity.

4 77. On or about January 4, 2017, Respondent ordered x-rays of Patient D's left femur,  
5 left knee, and left tibia. On or about February 24, 2017, Respondent ordered x-rays of Patient D's  
6 left tibia, left calcaneus, left foot, and left ankle.

7 78. Respondent committed gross negligence in his care and treatment of Patient D in  
8 that Respondent obtained excessive, non-medically necessary and repeated x-rays of Patient D's  
9 left knee, left femur, left tibia, spine, left foot, left ankle, left calcaneus, right elbow, right  
10 wrist, and right hand.

11 **FIFTH CAUSE FOR DISCIPLINE**  
12 **(Gross Negligence Patient E)**

13 79. On or about August 6, 2014, Respondent first saw Patient E for an office visit.  
14 Patient E was a 65-year-old female who presented with a chief complaint of "both knees left  
15 greater than right and both hips." Patient E's knees had been popping, locking and have  
16 interfered with her sleep. Patient E also complained that she had "pain in both hips especially at  
17 night when lying down or doing activities." Respondent documented "I firmly believe that her  
18 pain is sciatic from her back." Respondent ordered x-rays of Patient E's pelvis, hips, right femur,  
19 right knee, right tibia, left femur, left knee, and left tibia. Respondent documented his plan was to  
20 obtain MRIs of both hips, pelvis, and both knees.

21 80. On or about August 20, 2014 Patient E had an MRI study of both hips and pelvis.  
22 This study was unremarkable for any bony abnormalities. On or about August 22, 2014, Patient E  
23 had an MRI study of both knees showing medial and lateral meniscus tears, osteoarthritis and  
24 mild patellar tilt on the left, and medial and lateral meniscal tears and osteoarthritis on the right.

25 81. On or about August 25, 2014, Respondent saw Patient E for an office visit.  
26 Respondent documented Patient E's chief complaint as "both knees left greater than right, both  
27 hips, C-T-L-spine, left foot, ankle." During this visit Respondent ordered x-rays of Patient E's  
28

1 lower extremities, full length, a scoliosis x-ray, x-rays of Patient E's cervical and lumbar spine,  
2 left foot, left ankle, left heel, and left tibia.

3 82. On or about September 10, 2014, Respondent saw Patient E for a preoperative  
4 examination of her left knee. Respondent documented Patient E's chief complaint as "bilateral  
5 knees left greater than right and bilateral hips." Respondent documented that both hips had some  
6 pain and that the knees continue to have pain, popping, and catching. Respondent documented  
7 that Patient E had pain into her back and neck. Respondent ordered x-rays of Patient E's cervical  
8 and lumbar spine, a scoliosis x-ray, left femur, left knee, left tibia, left ankle, left foot, and left  
9 heel. Patient E had surgery on September 25, 2014.

10 83. On or about September 26, 2014, Respondent saw Patient E for a post operative  
11 visit. Respondent ordered x-rays of Patient E's left lower extremity, full length, the left knee, left  
12 femur, left tibia, left heel, left ankle, and left foot.

13 84. On or about October 3, 2014, Respondent saw Patient E for an office visit.  
14 Respondent ordered x-rays of Patient E's left knee, left femur, left tibia, left foot, left ankle, and  
15 the left heel.

16 85. On or about October 10, 2014, Respondent saw Patient E for an office visit.  
17 Respondent ordered x-rays of Patient E's left knee, left femur, left tibia, left foot, left ankle, and  
18 the left heel.

19 86. On or about October 24, 2014, Respondent saw Patient E for an office visit.  
20 Respondent documented "status post left knee, both hips, right knee," knee is "50% better, at the  
21 C-T-L-spine is fine, feet and ankle are good." During this visit, Respondent ordered x-rays of  
22 Patient E's left femur, left knee, left ankle, left foot, and left heel, with no acute changes noted.

23 87. On or about November 18, 2014, Respondent saw Patient E for an office visit.  
24 Respondent documented, "left knee 90% better, C-T-L-spine doing good." Respondent ordered  
25 x-rays of Patient E's left knee, left femur, left tibia, left foot, left ankle, left heel, and thoracic  
26 spine. Respondent noted "no acute changes."

27 88. On or about November 13, 2015, Respondent saw Patient E for an office visit.  
28 Respondent documented a "15 mm diameter mass left lateral anterior knee." Patient E stated that

1 a bump appeared on the knee approximately 6 months prior to the office visit. Patient E noted  
2 that there was some pain at this location. She also stated that her "left knee was 90-95% better  
3 and that her right knee was doing good." During this visit, Respondent ordered x-rays of Patient  
4 E's left femur, left knee, left tibia, right femur, right knee, and right tibia.

5 89. On or about December 1, 2015, Respondent saw Patient E for an office visit.  
6 Respondent documented a "both knees left greater than right, C-T-L-spine." Respondent noted  
7 that Patient E had a left knee flare up because of prolonged walking, and that the right knee was  
8 95% better. Respondent ordered x-rays of Patient E's cervical, thoracic, and lumbar spine, pelvis,  
9 and both hips. Respondent failed to note any information regarding the left knee mass discussed  
10 in the November 13, 2015 visit.

11 90. Respondent committed gross negligence in his care and treatment of Patient E in  
12 that Respondent obtained excessive, non-medically necessary and repeated x-rays of Patient E's  
13 lower extremities, and cervical and lumbar spine.

14 **SIXTH CAUSE FOR DISCIPLINE**  
15 **(Gross Negligence Patient F)**

16 91. On or about November 20, 2014, Respondent first saw Patient F for an office visit.  
17 Patient F was a 56-year-old male who presented with a chief complaint of "bilateral shoulder  
18 pain, right greater than left." He had a history of right shoulder pain with overhead activities for  
19 approximately 3 months. During this visit, Respondent ordered x-rays of Patient F's shoulders,  
20 humeri, and clavicles. Patient F also had an MRI of his right shoulder which revealed "adhesive  
21 capsulitis, tendinopathy, bursitis, degenerative changes."

22 92. On or about December 4, 2014, Respondent saw Patient F for an office visit.  
23 Respondent documented a chief complaint of "both shoulders right greater than left," and "left  
24 shoulder doing good." Respondent ordered x-rays of Patient F's shoulders, humeri, and clavicles.

25 93. On or about December 18, 2014, Respondent saw Patient F for an office visit.  
26 Respondent saw Patient F for shoulder pain and an additional chief complaint of "pain radiating  
27 into both hands." Respondent ordered x-rays of Patient F's forearms, wrists, and hands.  
28

1           94.    On or about January 7, 2015, Respondent saw Patient F for a pre-operative  
2 examination of Patient F's right shoulder scheduled for January 15, 2015. Respondent  
3 documented Patient F's chief complaint as "both shoulders, right greater than left." Respondent  
4 ordered x-rays of Patient F's right shoulder, right humerus, right elbow, right forearm, wrists,  
5 cervical spine, thoracic spine, lumbar spine, pelvis, and hips. Respondent failed to document any  
6 spinal or hip issues.

7           95.    On or about January 15, 2015, Patient F had a right shoulder arthroscopy that  
8 included a glenohumeral joint debridement, a microfracture chondroplasty, a subacromial  
9 bursectomy, and a subacromial decompression.

10          96.    During the period of January 15 to February 20, 2015, Respondent saw Patient F  
11 multiple times for post operative visits. On or about January 16, 2015, Respondent ordered x-rays  
12 of Patient F's right shoulder, right humerus, right elbow, right forearm, and clavicles. On or  
13 about January 23, 2015, Respondent documented "CTL spine, left/right shoulder" and ordered x-  
14 rays of Patient F's right shoulder, right humerus, right elbow, and right forearm. On or about  
15 January 30, 2015, Respondent documented "CTL spine, right/left shoulder." Respondent ordered  
16 x-rays of Patient F's right shoulder, right humerus, right elbow, and right forearm, cervical and  
17 lumbar spine, and a full-length of the spine. On or about February 20, 2015, Respondent  
18 documented "S/P right shoulder, left shoulder CTL-spine" and a "history of gout both knees and  
19 both ankles/feet last attack 03/2014." Respondent ordered x-rays of Patient F's right shoulder,  
20 right humerus, right elbow, right forearm, left knee, left femur, left tibia, right tibia, right ankle,  
21 right foot, right heel. On or about March 6, 2015, Respondent documented "CTL-spine, S/P  
22 right shoulder." Respondent also documented that Patient F was "about 70% better since  
23 surgery-CTL-spine pain radiates into both lower extremities." Respondent ordered x-rays of  
24 Patient F's right femur, right knee, both tibias, left calcaneus, left foot, left ankle, right  
25 humerus, and right shoulder.

26          97.    On or about March 19, 2015, Patient F called Respondent's office asking for an  
27 appointment for an evaluation for injuries sustained in an accident on March 2, 2015. He reported  
28

1 that "a chair fell down on him while he was sitting in it and that he had fallen backward hurting  
2 his right shoulder/arm." He also complained of pain in his right ankle.

3 98. On or about March 19, 2015, Respondent saw Patient F for an office visit.  
4 Respondent documented Patient F's chief complaint as "right shoulder, ankle." Respondent  
5 ordered x-rays of Patient F's right tibia, right calcaneus, right foot, right ankle, right shoulder,  
6 right humerus, right elbow, and right forearm.

7 99. During the period of April 2015 to December 30, 2015, Respondent saw Patient F  
8 multiple times for office visits. On or about April 7, April 10, April 17, April 24, May 4, May 18,  
9 June 1, June 22, July 14, July 8, August 12, September 2, September 16, October 7, November 4,  
10 December 9, and December 30, 2015, Respondent ordered x-rays of Patient F's right tibia, right  
11 calcaneus, right foot, right ankle, right shoulder, right humerus, right elbow, and right forearm.  
12 During this period, Respondent also ordered x-rays of Patient F's spine three times.

13 100. During the period of January 2016 to November 2016, Respondent saw Patient F  
14 multiple times for office visits. On or about January 20, 2016, Respondent documented that  
15 Patient F's right shoulder was "75% better." Respondent ordered x-rays of Patient F's right  
16 shoulder and right humerus. On or about February 10, 2016, Respondent ordered x-rays of  
17 Patient F's right shoulder and right humerus. On or about February 29, 2016, Respondent  
18 documented that the right foot was "about 90% better." Respondent ordered x-rays of Patient F's  
19 right tibia, right calcaneus, right foot, and right ankle, with the right foot. On or about April 8,  
20 2016, Respondent documented that Patient F's right shoulder felt "about 75% better", right foot  
21 "about 90% better." Respondent ordered x-rays of Patient F's shoulders and humeri. On or about  
22 May 6, 2016, Respondent documented that Patient F's right foot was "about 90%." Respondent  
23 ordered x-rays of Patient F's right foot, right ankle, right heel, and right tibia. On or about May  
24 27, 2016 Respondent documented Patient F's right shoulder was "75% better." Respondent  
25 ordered x-rays of Patient F's right shoulder, left shoulder, right humerus, and left humerus. On or  
26 about June 24, 2016, Respondent documented Patient F's right shoulder was "75-80% better,"  
27 "his right foot still same as last visit, with pain on and off." Respondent ordered x-rays of Patient  
28 F's right foot, right ankle, right heel, and right tibia. On or about July 15, 2016, Patient F left

1 without being seen, due to reported illness. On or about August 17, 2016, Respondent ordered x-  
2 rays of Patient F's left tibia, left foot, left ankle, and left heel. On or about September 14, 2016,  
3 Respondent documented Patient F's chief complaint as "S/P right shoulder, right foot, both  
4 knees." Respondent ordered x-rays of Patient F's left shoulder and left humerus. On or about  
5 October 10, 2016, Patient F called and asked to come in to talk to Respondent "about working."  
6 Respondent documented Patient F's chief complaint as "S/P right shoulder, right foot, both knees,  
7 CTL-spine." Respondent documented "right shoulder feels better since last visit-75-80%," and  
8 that "Patient has pain in CTL-spine (especially lower) because of falling out of a chair@ Jiffy  
9 Lube." Respondent ordered x-rays of Patient F's cervical spine, thoracic spine, lumbar spine,  
10 pelvis, and hips. On or about November 7, 2016, Respondent documented Patient F's chief  
11 complaint as "S/P right shoulder, right foot, CTL-spine; right shoulder feels about 75% better-  
12 occasional pain into his foot." Respondent ordered x-rays of Patient F's cervical spine, lumbar  
13 spine, and both clavicles.

14 101. Respondent committed gross negligence in his care and treatment of Patient F in  
15 that Respondent obtained excessive, non-medically necessary and repeated x-rays of remote areas,  
16 without complaints specific to that area, and/or without a change in complaint, and/or sufficient  
17 time to demonstrate radiographic degenerative changes.

18 **SEVENTH CAUSE FOR DISCIPLINE**  
19 **(Gross Negligence Patient G)**

20 102. On or about June 26, 2012, Respondent first saw Patient G for an office visit.  
21 Patient G was a 59-year-old female who presented with a chief complaint of "low back pain  
22 spasms into both legs," and "TL spine." Respondent ordered x-rays of Patient G's thoracic  
23 and lumbar spine, pelvis, and both hips. Respondent also referred Patient G for an MRI of  
24 her thoracolumbar spine to "R/O HNP," and an MRI of her pelvis and both hips, "R/O  
25 AVN."

26 103. During the period of June 29, 2012 to December 31, 2012, Respondent saw  
27 Patient G multiple times for office visits. Respondent ordered x-rays of Patient G's spine,  
28

1 left ankle, both knees, both femurs, and both tibias, multiple times without any acute  
2 changes.

3 104. During the period of January 2013 to December 31, 2013, Respondent saw Patient  
4 G, multiple times for office visits. Throughout the year, Respondent ordered 8 spinal x-ray sets, 2  
5 sets of x-rays of Patient G's knees, 17 x-rays of Patient G's left tibia, 18 x-rays of Patient G's left  
6 calcaneus, 18 x-rays of Patient G's left foot, 18 x-rays of Patient G's left ankle, 4 full-length x-  
7 rays of Patient G's lower extremity, 4 x-rays of both of Patient G's wrists, 2 x-rays of Patient G's  
8 hands, 4 x-rays of Patient G's shoulders, 4 x-rays of Patient G's humeri, and 3 x-rays of Patient  
9 G's clavicles. Patient G's February 22, 2013 x-ray reveal no rotator cuff tears. Patient G's July  
10 23, 2013 MRI of both wrists reveal only mild osteoarthritis of the thumb carpometacarpal joints.  
11 Patient G's July 14 and July 24, 2013, MRI reveal mild osteoarthritis of the thumb  
12 carpometacarpal joints. Respondent also documented no upper extremity complaints during the  
13 February 4, 2013 and July 8, 2013, visits.

14 105. During the period of January 2014 to December 31, 2014, Respondent saw Patient  
15 G, multiple times for office visits. On or about March 12, 2014, Patient G had an MRI of her  
16 cervical, thoracic, and lumbar spines which revealed degenerative disc disease. Patient G also  
17 had an MRI of her right hip which revealed "no avascular necrosis." On or about March 13,  
18 2014, Patient G had an MRI of her left hip which revealed "avascular necrosis." Patient G also  
19 had an MRI of her pelvis which revealed "avascular necrosis." Throughout the year, Respondent  
20 ordered 18 x-ray sets of Patient G's left femur, 18 x-rays of Patient G's left knee, 20 x-rays of  
21 Patient G's left tibia, 17 x-rays of Patient G's left calcaneus, 17 x-rays of Patient G's left foot, 17  
22 x-rays of Patient G's left ankle, 10 x-rays of Patient G's spine, 3 x-rays of Patient G's pelvis, and  
23 3 x-rays of both Patient G's hips. On or about May 29, 2014, Patient G underwent left knee  
24 arthroscopy, for an arthroscopic debridement, a microfracture chondroplasty of a lesion of the  
25 medial femoral condyle, and a lateral release.

26 106. During the period of January 2015 to December 31, 2015, Respondent saw Patient  
27 G, multiple times for office visits. On or about April 21, 2015 Patient G had an MRI of her  
28 cervical and thoracic spine showing degenerative disease disc disease. On or about April 22,

1 2015, Patient G had an MRI of her lumbosacral spine showing an "L2/3 disk bulge." On or about  
2 August 4, 2015, Patient G had a left total hip replacement. Throughout the year, Respondent  
3 ordered x-rays of Patient G's left femur 23 times, left knee 23 times, left tibia 22 times, left  
4 calcaneus 15 times, left foot 16 times, left ankle 16 times, 7 separate spine studies, x-rays of  
5 Patient G's pelvis 11 times, x-rays of Patient G's left hip 16 times, and x-rays of Patient G's right  
6 hip 5 times.

7 107. During the period of January 2016 to June, 2016, Respondent saw Patient G,  
8 multiple times for office visits. During these visits, Respondent ordered x-rays of Patient G's  
9 pelvis 7 times, left hip 7 times, left femur 9 times, left knee 5 times, left tibia 5 times, calcaneus 2  
10 times, left foot 2 times, left ankle 2 times, and 3 spinal studies.

11 108. Respondent committed gross negligence in his care and treatment of Patient G in  
12 that Respondent ordered excessive and/or non-medically necessary x-rays without complaints  
13 specific to that area, and/or without a change in complaint, and/or sufficient time to demonstrate  
14 radiographic degenerative changes

15 **EIGHTH CAUSE FOR DISCIPLINE**  
16 **(Gross Negligence Patient H)**

17 109. On or about December 31, 2015, Respondent first saw Patient H for an office visit.  
18 Patient H was a 37-year-old male who was seen by another provider with complaints of "pain in  
19 the left knee for 1 month, swelling of the left knee for 4 days." Before being seen by Respondent,  
20 Patient H had an MRI which revealed "horizontal cleavage tear left medial meniscus." Patient H  
21 was referred to Respondent. Patient H completed a patient questionnaire that noted "meniscus  
22 tear 2-3 weeks", and "knee pain." Respondent documented a chief complaint of "both knees left  
23 greater than right" and states "patient states he kneeled down and felt some popping and burning."  
24 Respondent ordered x-rays of Patient H's left knee, the left femur, left tibia, right knee, right  
25 femur, and right tibia. Respondent also ordered an MRI of the right knee to "R/O internal  
26 derangement," and extensive laboratory studies including a "CBC, complete chem panel, uric  
27 acid, sed rate, C-reactive protein, Lyme disease panel, RA panel."  
28



1 acts in his care and treatment of Patient A, B, C, D, E, F, G, and H, as more particularly alleged  
2 hereinafter: Paragraphs 7 through 113, above, are hereby incorporated by reference and realleged  
3 as if fully set forth herein.

4 **TENTH CAUSE FOR DISCIPLINE**  
5 **(Failure to Keep Adequate Records)**

6 115. Respondent is further subject to discipline under sections 2227 and 2334, as  
7 defined by section 2266, of the Code, in that he failed to maintain adequate and accurate medical  
8 records in the care and treatment of Patient A, B, C, D, E, F, G, and H, as more particularly  
9 alleged in paragraphs 7 through 113, above, which are hereby incorporated by reference and  
10 realleged as if fully set forth herein.

11 **ELEVENTH CAUSE FOR DISCIPLINE**  
12 **(General Unprofessional Conduct)**

13 116. Respondent is further subject to discipline under sections 2227 and 2234, as  
14 defined by section 2234 of the Code, in that he has engaged in conduct which breaches the rules  
15 or ethical code of the medical profession, or conduct which is unbecoming a member in good  
16 standing of the medical profession, and which demonstrates an unfitness to practice medicine, as  
17 more particularly alleged hereinafter: Paragraphs 7 to 113, above, are hereby incorporated by  
18 reference and realleged as if fully set forth herein.

19 **PRAYER**

20 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
21 and that following the hearing, the Medical Board of California issue a decision:

- 22 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 41236,  
23 issued to Gary Royce Wisner, M.D.;
- 24 2. Revoking, suspending or denying approval of Gary Royce Wisner, M.D.'s  
25 authority to supervise physician assistants and advanced practice nurses;
- 26 3. Ordering Gary Royce Wisner, M.D., if placed on probation, to pay the Board the  
27 costs of probation monitoring; and  
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4. Taking such other and further action as deemed necessary and proper.

DATED: July 23, 2018

  
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

SA2018300840  
33400251.doc

1963451

FILED  
in the office of the Secretary of State  
of the State of California

MAR 13 1996

ARTICLES OF INCORPORATION

OF

*Bill Jones*  
Bill JONES, Secretary of State

ORTHOPAEDICS, SPORTS & WORKER'S MEDICAL GROUP, INC.

I. NAME

The name of this corporation is ORTHOPAEDICS, SPORTS & WORKER'S MEDICAL GROUP, INC.

II. PROFESSIONAL CORPORATION

This corporation is a professional corporation within the meaning of the Moscone-Knox Professional Corporation Act.

III. PURPOSE

The purpose of this corporation is to engage in the profession of medicine and any other lawful activities (other than the banking or trust company business) not prohibited to a corporation engaging in such profession by applicable laws and regulations.

IV. AGENT FOR SERVICE OF PROCESS

The name and address in the State of California of this corporation's initial agent for service of process are:

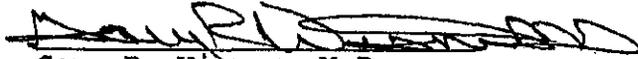
Gary R. Wisner, M.D.  
621 S. Ham Lane, Suite A  
Lodi, California 95242

V. STOCK

The corporation is authorized to issue only one class of shares of stock. The total number of shares that the corporation is authorized to issue is 100,000.

**Execution**

**IN WITNESS WHEREOF**, the undersigned has executed these  
Articles of Incorporation on March 13, 1996.



Gary R. Wisner, M.D.,  
Incorporator



State of California

Bill Jones
Secretary of State

P.O. Box 944230
Sacramento, CA 94244-2300
Phone: (916) 657-3537

96-185070

STATEMENT BY DOMESTIC STOCK CORPORATION

THIS STATEMENT MUST BE FILED WITH CALIFORNIA SECRETARY OF STATE [SEC. 1502, CORPORATIONS CODE]

A \$10 FILING FEE MUST ACCOMPANY THIS STATEMENT.

WHEN COMPLETING FORM, PLEASE USE BLACK TYPEWRITER RIBBON OR BLACK INK

IMPORTANT—Please Read Instructions On Back Of Form

1. DUE DATE: JUNE 13, 1996

1963451

ORTHOPAEDICS, SPORTS & WORKER'S MEDICAL GROUP, INC.

FILED
SACRAMENTO, CALIF

APR 12 '96

Handwritten initials and marks

DO NOT ALTER PREPRINTED NAME. IF ITEM NO. 1 IS BLANK, PLEASE ENTER CORPORATE NAME

DO NOT WRITE IN THIS SPACE

THE CALIFORNIA CORPORATION NAMED HEREIN, MAKES THE FOLLOWING STATEMENT

Table with 4 columns: Item No., Street Address, Room No., City and State, and Zip Code. Rows include Principal Executive Office (Lodi, CA) and Principal Business Office (Stockton, CA).

THE NAMES OF THE FOLLOWING OFFICERS ARE:

Must have these three officers (Sec. 312, Corporations Code). An officer may hold more than one office.

Table with 4 columns: Officer No., Name, Street Address, City and State, and Zip Code. Lists Gary R. Wisner, M.D. as Chief Executive Officer, Secretary, and Financial Officer.

DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (Attach supplementary list if necessary)

Must have one or more directors (Chap. 3, Sec. 301a, Corporations Code). Statements not listing directors will be rejected.

Table with 4 columns: Director No., Name, Street Address, City and State, and Zip Code. Lists Gary R. Wisner, M.D. as a director.

11. THE NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

DESIGNATED AGENT FOR SERVICE OF PROCESS (Only one agent may be named and must reside in California.)

Table with 2 columns: Item No. and Name/Address. Lists Gary R. Wisner, M.D. as the designated agent.

DESCRIBE TYPE OF BUSINESS OF THE CORPORATION NAMED IN ITEM 1.

14. TYPE OF BUSINESS: Professional Medical Practice

15. I DECLARE THAT I HAVE EXAMINED THIS STATEMENT AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Gary R. Wisner, M.D.

TYPE OR PRINT NAME OF SIGNING OFFICER OR AGENT

Handwritten signature of Gary R. Wisner

SIGNATURE

President

TITLE

3/29/96

DATE

27



**State of California**  
**Secretary of State**

**S**

**Statement of Information**

(Domestic Stock and Agricultural Cooperative Corporations)

**FEES (Filing and Disclosure): \$25.00.**

If this is an amendment, see instructions.

**IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

**FT83065**

**FILED**

In the office of the Secretary of State  
of the State of California

**JAN-18 2018**

**1. CORPORATE NAME**

ORTHOPAEDICS, SPORTS & WORKER'S MEDICAL GROUP, INC.

**2. CALIFORNIA CORPORATE NUMBER**

C1963451

This Space for Filing Use Only

**No Change Statement** (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 17.

**Complete Addresses for the Following** (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4	CITY	STATE	ZIP CODE

**Names and Complete Addresses of the Following Officers** (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

7. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
8. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
9. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE

**Names and Complete Addresses of All Directors, Including Directors Who are Also Officers** (The corporation must have at least one director. Attach additional pages, if necessary.)

10. NAME	ADDRESS	CITY	STATE	ZIP CODE
11. NAME	ADDRESS	CITY	STATE	ZIP CODE
12. NAME	ADDRESS	CITY	STATE	ZIP CODE

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

**Agent for Service of Process** If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS

15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE

**Type of Business**

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

01/18/2018

GARY R WISNER

PRESIDENT

DATE

TYPE/PRINT NAME OF PERSON COMPLETING FORM

TITLE

SIGNATURE