

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **HETALKUMAR C. SHAH, M.D.**

4 Holder of License No. 25006
5 For the Practice of Allopathic Medicine
6 In the State of Arizona.

Case No. MD-23-0011A, MD-23-0243A

**ORDER FOR LETTER OF REPRIMAND
AND PROBATION; AND CONSENT TO
THE SAME**

7 Hetalkumar C. Shah, M.D. ("Respondent") elects to permanently waive any right to
8 a hearing and appeal with respect to this Order for Letter of Reprimand and Probation;
9 admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of
10 this Order by the Board.

FINDINGS OF FACT

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

13 2. Respondent is the holder of license number 25006 for the practice of
14 allopathic medicine in the State of Arizona.

MD-23-0011A

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16 3. The Board initiated case number MD-23-0011A after receiving notification of
17 a malpractice settlement involving Respondent's care and treatment alleging improper
18 management of a twin pregnancy with subsequent stillborn and death of other twin at 3
19 years old.

20 4. On March 26, 2018, RM a 27 year-old female was seen by a Physician
21 Assistant ("PA") at the Clinic where Respondent holds privileges. RM was diagnosed with
22 a dichorionic-diamniotic (di-di) twin pregnancy.

23 5. On June 4, 2018, RM presented to the Clinic and was seen at 17 weeks
24 gestation by Respondent. An ultrasound was performed and normal cervical length was
25 noted.

1 6. On July 2, 2018, RM presented to the Clinic and was seen by a Nurse
2 Practitioner ("NP"). The ultrasound report noted di-di twins.

3 7. On August 3, 2018, RM presented to the Clinic and was seen by an NP. The
4 ultrasound noted growth discordance to be minimal at 4.7%.

5 8. On August 15, 2018, RM called the office reporting cramping. The NP called
6 RM but the discussion was not documented.

7 9. On August 20, 2018, RM presented to the Clinic at 28 weeks gestation and
8 was seen by Respondent. Twin B was noted to have no fetal heart tones ("FHT"). RM was
9 transferred to a Hospital. An ultrasound confirmed fetal demise of twin B. RM was seen by
10 maternal fetal medicine ("MFM"). Twin A was noted to have hydrops and elevated MCA
11 dopplers, indicating severe anemia. RM was transferred to a Second Hospital where a
12 MFM ultrasound showed a monochorionic-diamniotic (mono-di) pregnancy and a 10%
13 growth discordance with twin B polyhydramnios.

14 10. On August 22, 2018, RM underwent a percutaneous umbilical blood
15 sampling (PUBS) procedure at the Second Hospital with fetal hemoglobin increase from
16 5.8 to 14.2. RM was discharged from the Second Hospital on August 26, 2018.

17 11. On August 28, 2018, RM was seen by a Perinatologist for follow-up. Twin A
18 was noted to have ventriculomegaly and an MRI was ordered that showed Monochorionic-
19 diamniotic twin gestation with known fetal demise of twin B. Additionally, the MRI showed
20 extensive supratentorial encephalomalacia of twin A, most likely from a severe hypoxic
21 ischemic event.

22 12. On September 21, 2018, RM presented to the Second Hospital at 32 weeks
23 and 6 days gestation with breech presentation and advanced cervical dilation. A C-section
24 was performed. Twin A's Apgar scores were 8/9 and twin B was stillborn. Twin A was
25

1 transferred to a Children's Hospital and a Hospice provider was involved due to poor
2 neurological prognosis, underdeveloped kidneys, and renal failure.

3 13. On May 10, 2022, VR, twin A, expired. The death certificate listed the cause
4 of death as end stage renal failure due to renal dysplasia.

5 1. The standard of care requires a physician to establish the chorionicity of a
6 twin pregnancy at an early gestation. Respondent deviated from this standard of care by
7 failing to diagnose the correct chorionicity of a twin pregnancy in early gestation.

8 2. The standard of care requires a physician to refer a high risk obstetrical
9 patient to a maternal fetal medicine physician. Respondent deviated from the standard of
10 care by failing to refer a high risk obstetrical patient to a maternal fetal medicine physician.

11 3. Actual patient harm was identified in that win-twin transfusion syndrome
12 ("TTTS") occurred and was not timely diagnosed. Twin B experienced fetal demise and
13 Twin A developed hydrops and neurological damage and subsequently died at age 3.

14 4. There was the potential for patient harm in that RM and other family
15 members likely experienced mental suffering as a result of the demise of Twins A and B.

16 **MD-23-0243A**

17 5. The Board initiated case number MD-23-0243A after receiving notification of
18 a malpractice settlement regarding Respondent's care and treatment of a 27 year-old
19 female patient ("AC") alleging failure to refer a patient to an MFM physician, inadequate
20 obstetrical care and treatment of a patient with chronic hypertension and diabetes, and
21 inappropriate supervision of a PA.

22 6. On July 25, 2019, AC established obstetric care with Respondent in her first
23 trimester at 10 weeks' gestation. AC had a history of morbid obesity, hypertension, and
24 pre-diabetes for which she had been prescribed Losartan and Metformin. AC reported to
25 Respondent that she had not been taking the medications. AC had a medical marijuana

1 card and admitted to using marijuana. AC's weight was noted to be 202lbs. AC's blood
2 pressure ("BP") was 158/97. Respondent discontinued the Losartan and prescribed AC
3 Labetalol 100mg twice daily.

4 7. On August 22, 2019, AC presented to Respondent for follow-up at 15+
5 weeks. AC's BP was 144/107 and her weight was 207lbs.

6 8. On September 18, 2019, AC presented to Respondent's office for follow-up
7 at 19+ weeks. AC's BP was 144/92 and her weight was 214lbs. AC refused to do lab
8 testing due to lack of insurance coverage.

9 9. On October 18, 2019, AC presented to Respondent's office for follow-up.
10 AC's BP was 135/94 and her weight was 225lbs.

11 10. On November 13, 2019, AC presented to Respondent's office for follow-up at
12 27 weeks' gestation. AC's BP was 157/102 and her weight was 231lbs. A 1-hour glucola
13 test showed a blood sugar of 175 and a 3-hour glucose tolerance test ("GTT") was
14 complete with all values being abnormal (106/247/290/188). Respondent's plan was for
15 AC to take blood sugar checks four times daily and change her diet.

16 11. On December 4, 2019, AC presented to Respondent's office for follow-up at
17 30 weeks gestation. AC was seen by a PA as Respondent was at the hospital for a
18 delivery. AC's BP was 197/133. A 14lb weight gain over three weeks was noted. The PA
19 contacted Respondent about seeing the patient himself and Respondent asked that the
20 patient wait to be seen by him. The PA increased AC's Labetalol from 100mg to 200mg
21 twice daily with instructions for BP monitoring at home and symptoms that would require
22 evaluation at the hospital. When Respondent returned and went to see the patient, she
23 had left without making a follow-up appointment.

12. On December 13, 2019, AC was found expired at home. The death certificate listed the cause of death as heart failure and hypertensive cardio-vascular disease in the setting of intrauterine pregnancy.

13. On December 17, 2019, the PA made a late entry into the medical record about the patient encounter on December 4, 2019.

14. The standard of care requires a physician to provide adequate obstetrical care and treatment. Respondent deviated from the standard of care by failing to provide adequate care and treatment to a morbidly obese obstetrical patient with co-morbidities.

15. The standard of care requires a physician to refer a high risk obstetrical patient to a maternal fetal medicine physician. Respondent deviated from the standard of care by failing to refer a high risk obstetrical patient to a maternal fetal medicine physician.

16. The standard of care requires a physician to appropriately supervise a physician assistant. Respondent deviated from the standard of care by failing to appropriately supervise a physician assistant.

17. Actual patient harm occurred in that the patient expired.

CONCLUSIONS OF LAW

a. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

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

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

1 d. The conduct and circumstances in MD-23-0243A above constitute
2 unprofessional conduct pursuant to A.R.S. § 32-1401(27)(jj) ("Exhibiting a lack of or
3 inappropriate direction, collaboration or direct supervision of a medical assistant or a
4 licensed, certified or registered health care provider employed by, supervised by or
5 assigned to the physician.").

6 **ORDER**

7 IT IS HEREBY ORDERED THAT:

- 8 1. Respondent is issued a Letter of Reprimand.
9 2. Respondent is placed on Probation for a period of 1 year with the following
10 terms and conditions:

11 **a. Continuing Medical Education/Personalized Improvement Plan**

12 Respondent shall within 6 months of the effective date of this Order obtain no less
13 than 6 hours of Board Staff pre-approved Category I Continuing Medical Education
14 ("CME") in the management of high risk pregnancies. Additionally, Respondent shall
15 complete the intensive, virtual medical recordkeeping course offered by the Center for
16 Personalized Education for Physicians ("CPEP"). Respondent shall within thirty days of
17 the effective date of this Order submit his request for pregnancy management CME to the
18 Board for pre-approval, and proof of enrollment in the CPEP medical recordkeeping
19 course. Upon completion of the CME, Respondent shall provide Board staff with
20 satisfactory proof of attendance. The CME hours shall be in addition to the hours required
21 for the biennial renewal of medical licensure.

22 Within 30 days of successful completion of the CPEP CME, Respondent shall enroll
23 in the Personalized Implementation Program ("PIP") with successful completion.
24 Respondent shall comply with any and all requirements and practice recommendations
25 made by his PIP reviewer as well as follow any and all recommendations made for further

1 education and/or remediation by the PIP, subject to the approval of the Board or its staff.
2 Respondent shall provide Board staff with proof that he successfully completed the PIP.
3 Respondent shall sign any and all consents or releases necessary to allow for CPEP to
4 communicate to the Board directly. Respondent shall be responsible for the expenses of
5 participation in the PIP, and shall notify the Board staff of enrollment in the PIP.
6 Respondent shall not revoke any release prior to successful completion of the CME and
7 PIP.

8 **b. Obey All Laws**

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

12 **c. Tolling**

13 In the event Respondent should leave Arizona to reside or practice outside the
14 State or for any reason should Respondent stop practicing medicine in Arizona,
15 Respondent shall notify the Executive Director in writing within ten days of departure and
16 return or the dates of non-practice within Arizona. Non-practice is defined as any period of
17 time exceeding thirty days during which Respondent is not engaging in the practice of
18 medicine. Periods of temporary or permanent residence or practice outside Arizona or of
19 non-practice within Arizona, will not apply to the reduction of the probationary period.

20 **d. Probation Termination**

21 Prior to the termination of Probation, Respondent must submit a written request to
22 the Board for release from the terms of this Order. Respondent's request for release will
23 be placed on the next pending Board agenda, provided a complete submission is received
24 by Board staff no less than 30 days prior to the Board meeting. Respondent's request for
25 release must provide the Board with evidence establishing that she has successfully

1 satisfied all of the terms and conditions of this Order. The Board has the sole discretion to
2 determine whether all of the terms and conditions of this Order have been met or whether
3 to take any other action that is consistent with its statutory and regulatory authority.

4 3. The Board retains jurisdiction and may initiate new action against
5 Respondent based upon any violation of this Order. A.R.S. § 32-1401(27)(s)

6 DATED AND EFFECTIVE this 6th day of June, 2024.

8 ARIZONA MEDICAL BOARD

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

12 **CONSENT TO ENTRY OF ORDER**

13 1. Respondent has read and understands this Consent Agreement and the
14 stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent
15 acknowledges he has the right to consult with legal counsel regarding this matter.

16 2. Respondent acknowledges and agrees that this Order is entered into freely
17 and voluntarily and that no promise was made or coercion used to induce such entry.

18 3. By consenting to this Order, Respondent voluntarily relinquishes any rights to
19 a hearing or judicial review in state or federal court on the matters alleged, or to challenge
20 this Order in its entirety as issued by the Board, and waives any other cause of action
21 related thereto or arising from said Order.

22 4. The Order is not effective until approved by the Board and signed by its
23 Executive Director.

24 5. All admissions made by Respondent in this Order are solely for final
25 disposition of this matter and any subsequent related administrative proceedings or civil

1 litigation involving the Board and Respondent. Therefore, said admissions by Respondent
2 are not intended or made for any other use, such as in the context of another state or
3 federal government regulatory agency proceeding, civil or criminal court proceeding, in the
4 State of Arizona or any other state or federal court.

5 6. Notwithstanding any language in this Order, this Order does not preclude in
6 any way any other State agency or officer or political subdivision of this state from
7 instituting proceedings, investigating claims, or taking legal action as may be appropriate
8 now or in the future relating to this matter or other matters concerning Respondent,
9 including but not limited to, violations of Arizona's Consumer Fraud Act. Respondent
10 acknowledges that, other than with respect to the Board, this Order makes no
11 representations, implied or otherwise, about the views or intended actions of any other
12 state agency or officer or political subdivisions of the State relating to this matter or other
13 matters concerning Respondent.

14 7. Upon signing this agreement, and returning this document (or a copy thereof)
15 to the Board's Executive Director, Respondent may not revoke the consent to the entry of
16 the Order. Respondent may not make any modifications to the document. Any
17 modifications to this original document are ineffective and void unless mutually approved
18 by the parties.

19 8. This Order is a public record that will be publicly disseminated as a formal
20 disciplinary action of the Board and will be reported to the National Practitioner's Data
21 Bank and on the Board's web site as a disciplinary action.

22 9. If any part of the Order is later declared void or otherwise unenforceable, the
23 remainder of the Order in its entirety shall remain in force and effect.

1 10. If the Board does not adopt this Order, Respondent will not assert as a
2 defense that the Board's consideration of the Order constitutes bias, prejudice,
3 prejudgment or other similar defense.

4 11. Any violation of this Order constitutes unprofessional conduct and may result
5 in disciplinary action. A.R.S. § § 32-1401(27)(s) ("[v]iolating a formal order, probation,
6 consent agreement or stipulation issued or entered into by the board or its executive
7 director under this chapter.") and 32-1451.

8 12. Respondent acknowledges that, pursuant to A.R.S. § 32-2501(16), he
9 cannot act as a supervising physician for a physician assistant while his license is on
10 probation.

11 13. *Respondent has read and understands the conditions of probation.*

12
13 
14 HETALKUMAR C. SHAH, M.D.

DATED: 05/10/2024

15
16 EXECUTED COPY of the foregoing mailed
17 this 10th day of June, 2024 to:

18 Hetalkumar C. Shah, M.D.
19 Address of Record

20 Frederick Cummings, Esq
21 Gust Rosenfeld P.L.C.
22 One East Washington Street, Ste 1600
23 Phoenix, AZ 85004
24 Attorney for Respondent

25 ORIGINAL of the foregoing filed
this 10th day of June, 2024 with:

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

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Michelle Pyskus
Board staff