

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

KIUP A. KIM, M.D.

Holder of License No. 42708
For the Practice of Allopathic Medicine
In the State of Arizona.

**Case No. MD-23-0030A, MD-23-0059A,
MD-23-0549A**

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

Kiup A. Kim, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for Letter of Reprimand and Probation with Practice Restriction; admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order by the Board.

FINDINGS OF FACT

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

2. Respondent is the holder of license number 42708 for the practice of allopathic medicine in the State of Arizona.

3. Respondent's license is subject to terms and conditions of probation pursuant to an Order for Decree of Censure, Civil Penalty and Probation; and Consent to the Same issued in cases MD-19-0801A, MD-19-1166A and MD-20-0087A ("Original Order"). The Original Order required Respondent to undergo periodic chart reviews with a Board-approved monitoring company ("Monitor").

MD-23-0030A

4. The Board initiated case number MD-23-0030A after receiving a report from the Monitor that Respondent had received an unfavorable chart review. Based on the Monitor's report, Board staff requested Medical Consultant ("MC") review of Respondent's care and treatment of three patients (CD, TW and GB). The MC opined that Respondent

1 deviated from the standard of with regard to patients TW and GB, and identified
2 documentation deficiencies with regard to Patient CD.

3 5. TW was a 57 year-old male who presented for pain and discomfort
4 secondary to venous insufficiency. Respondent performed a right greater saphenous vein
5 ("GSV") ablation on July 16, 2021, and an ablation of a right lower extremity perforating
6 vein on July 23, 2021. TW was classified as a C4 (moderate risk) and this rating was
7 listed as the decision to treat the incompetent perforator.

8 6. GB was a 67 year-old female who presented for pain and discomfort
9 secondary to venous insufficiency. Respondent classified GB as a C4 and recommended
10 laser ablation to bilateral GSVs, right small saphenous vein ("SSV"), and right perforator
11 vein. GB returned six months later, having not undergone the recommended treatment,
12 and was seen by a different provider. An ultrasound was performed by the other provider
13 that revealed only right GSV reflux. Subsequently, GB underwent a right GSV ablation.

14 7. CD was an 81 year-old male who presented with a non-healing ulcer to his
15 left lower extremity in conjunction with peripheral vascular disease ("PVD"). CD denied
16 using compression. The MC opined that there was appropriate ultrasound documentation
17 to support GSV closure to help accelerate wound healing. However, there was a lack of
18 documentation of preceding and ongoing wound care during aggressive compression
19 therapy.

20 8. The standard of care requires a physician to properly diagnose a patient.
21 Respondent deviated from the standard of care for Patients TW and GB by improperly
22 diagnosing venous insufficiency.

23 9. There was potential for patient harm in that both TW and GB were at risk for
24 potential complications from unnecessary procedures.

MD-23-0059A

10. The Board initiated case number MD-23-0059A after receiving a report from the Monitor that Respondent had received an unfavorable chart review. Based on the Monitor's report, Board staff requested Medical Consultant ("MC") review of Respondent's care and treatment of three patients (AB, MG, and CM). The MC opined that Respondent deviated from the standard of with regard to Patients AB and MG, and opined that incomplete documentation precluded a detailed standard of care analysis with regard to Patient CM.

Patient AB

11. AB was a 35 year-old female who presented for symptoms attributable to venous insufficiency. A venous duplex scan identified findings in the right lower extremity including reflux in the GSV at the right saphenofemoral junction and below the knee, no reflux at the right saphenopopliteal junction, and reflux in the posterior accessory saphenous vein. In the left lower extremity, the study showed axial reflux in the GSV and no reflux at the saphenopopliteal junction.

12. On August 18, 2022, Respondent performed an EVLT of the right GSV.

13. On August 31, 2022, Respondent performed an EVLT of the left GSV.

14. On September 16, 2022, Respondent performed an EVLT of the left distal GSV with Varithena.

15. On September 28, 2022, Respondent performed a closure of the right distal GSV with Varithena. A venous duplex scan following the procedure showed that the treated below-knee segment had not closed.

16. On October 10, 2022, Respondent performed an EVLT closure of the right posterior accessory saphenous vein ("PASV") with Varithena. A venous duplex scan

1 following the procedure showed that the right PASV had remained patent following
2 treatment.

3 17. On October 19, 2022, Respondent performed an EVLT of the right PASV. A
4 venous duplex scan following the procedure indicated that the right PASV below the knee
5 was closed but the right posterior accessory above the knee was patent with reflux.

6 18. On October 26, 2022, Dr. Kim performed an EVLT of the right small
7 saphenous vein ("SSV").

8 Patient MG

9 19. MG was a 33 year-old female who presented with a history of deep vein
10 thrombosis ("DVT") after a cesarean section who initially developed an acute rash to both
11 lower extremities and was started on topical steroids by a dermatologist with clinical
12 improvement but persistent lower extremity swelling. MG provided a history consistent
13 with symptomatic venous insufficiency. A venous duplex scan showed axial reflux in both
14 GSVs and junctional reflux in both SSVs. Respondent and another provider ("OTP")
15 performed multiple endovenous interventions.

16 20. In August 2021, the OTP performed an endovenous ablation of MG's left
17 GSV and Respondent performed an endovenous closure of the left SSV. In September
18 2021, the OTP performed an endovenous closure of the right GSV. A follow-up venous
19 duplex scan showed an acute DVT involving the right common femoral vein and MG was
20 started on anticoagulation with Xarelto. A repeat venous scan showed no residual DVT.
21 However there was reflux present in the right GSV at the saphenofemoral junction and
22 the report included a finding that the previous ablation procedure had failed throughout
23 the GSV.

24 21. In November 2021, Respondent performed an endovenous closure of MG's
25 right SSV. In December 2021, Respondent performed an endovenous closure of right

1 distal GSV with Varithena and the OTP performed an endovenous closure of the left distal
2 GSV with Varithena. In February 2022, Respondent performed an endovenous closure of
3 the right SSV with VenaSeal. A follow-up venous duplex scan showed that the right GSV
4 remained patent above the knee and the right SSV was successfully closed.

5 22. In March 2022, Respondent performed endovenous closure of MG's left
6 anterior accessory saphenous vein with VenaSeal. In August 2022, Respondent
7 performed an endovenous laser ablation therapy ("EVLT") of the right anterior accessory
8 saphenous vein. A follow-up venous duplex scan showed that the right anterior accessory
9 saphenous vein had not closed and the right GSV remained patent with reflux present.

10 23. In February 2023, MG presented with leg discomfort, bulging varicose veins,
11 and ankle edema. Respondent documented a plan for repeat ablation of the right below-
12 knee GSV and sclerotherapy.

13 Patient CM

14 24. CM was 66 year-old male who presented for symptomatic varicose veins of
15 the lower extremities. A venous duplex scan did not identify the presence of junctional
16 reflux in either GSVs, but showed valvular reflux in the thigh and below the knee. On
17 October 10, 2022, Respondent performed an EVLT ablation of the right GSV above the
18 knee. On October 17, 2022, Respondent performed an endovenous ablation of the left
19 GSV above the knee with Varithena. On October 24, 2022, Respondent performed an
20 endovenous ablation of the left GSV below the knee with Varithena. On October 31,
21 2022, Respondent performed an endovenous ablation of the right GSV below the knee
22 with Varithena.

23 25. The MC reviewed Respondent's care of CM and was unable to establish a
24 deviation from the standard of care as the incomplete documentation precluded a detailed
25

1 analysis of the case. The MC noted that there were inaccuracies in the records due to the
2 use of templates to describe the procedures.

3 Standard of Care

4 26. The standard of care prohibits a physician from performing an EVLT
5 procedure that is not clinically indicated. Respondent deviated from the standard of care
6 for Patient AB by performing an EVLT procedure without clinical indication.

7 27. The standard of care requires a physician to properly treat an incompetent
8 great saphenous vein. Respondent deviated from the standard of care for Patient MG by
9 improperly treating an incompetent great saphenous vein.

10 28. There was actual patient harm in that after the procedure, Patient MG
11 developed an acute DVT of the right common femoral vein.

12 29. There was potential for patient harm in that Patient MG is at risk of recurrent
13 symptomatic varicose veins in the right lower extremity and progression of venous
14 insufficiency in the right leg, including the potential development of venous stasis ulcers.
15 Patient AB is at risk for complications from an endovenous procedure including deep vein
16 thrombosis and nerve injuries.

17 **MD-23-0549A**

18 30. The Board initiated case number MD-23-0549A after receiving a report from
19 the Monitor that Respondent had received an unfavorable chart review. Based on the
20 Monitor's report, Board staff requested Medical Consultant ("MC") review of Respondent's
21 care and treatment of four patients (CJ, LB, AK, and SJ). The MC identified
22 documentation deficiencies for all four patients reviewed.

23 31. The Board's MC reviewed all four cases and determined that Respondent
24 met the standard of care. However, the MC noted that Respondent's documentation
25

1 lacked the clinical rationale for recommendations, lacked descriptions of physical exam
2 findings, lacked diagnostic reasoning, and lacked results of diagnostic studies.

3 32. On April 15-16, 2023, Respondent voluntarily completed a Board staff
4 approved intensive, virtual continuing medical education ("CME") course in medical
5 recordkeeping for 17 credit hours. Effective October 26, 2023 Respondent completed
6 maintenance and accountability seminars related to the course. Respondent provided a
7 post-course participation report from the CME provider indicating that he successfully
8 completed the course and the seminars, which included the creation and implementation
9 of a Personalized Protection Plan for his practice.

10 33. Effective May 16, 2024, Respondent entered into an Interim Consent
11 Agreement for Practice Restriction prohibiting him from performing or assisting in the
12 performance of venous procedures including the interpretation of ultrasound images in any
13 setting in the State of Arizona pending the resolution of this matter.

14 34. Respondent has received two consecutive favorable chart reviews in
15 compliance with the Original Order.

16 **CONCLUSIONS OF LAW**

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

19 b. The conduct and circumstances described in MD-23-0030A, MD-23-0059A,
20 and MD-23-0549A above constitute unprofessional conduct pursuant to A.R.S. § 32-
21 1401(27)(e)("Failing or refusing to maintain adequate records on a patient.").

22 c. The conduct and circumstances described in MD-23-0030A and MD-23-
23 0059A, above constitute unprofessional conduct pursuant to A.R.S. § 32-
24 1401(27)(r)("Committing any conduct or practice that is or might be harmful or dangerous
25 to the health of the patient or the public.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand.
2. Respondent is placed on Probation with the following terms and conditions:

a. Practice Restriction

Respondent is prohibited performing or assisting in the performance of venous procedures including the interpretation of ultrasound images in any setting for the duration of his licensure in the State of Arizona unless Respondent applies to the Board and receives permission to do so in accordance with this Order. Board staff or its agents shall conduct periodic chart reviews or perform other investigation to monitor Respondent's compliance with this Order.

b. Obey All Laws

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

c. Probation Termination

Prior to any Board consideration for termination of Probation, Respondent must submit a written request to the Board for release from the terms of this Order. Respondent's request for release will be placed on the next pending Board agenda, provided a complete submission is received by Board staff no less than 30 days prior to the Board meeting. Respondent's request for release must provide the Board with evidence establishing that he has successfully satisfied all of the terms and conditions of this Order.

The Probation shall not terminate except upon affirmative request of Respondent and approval by the Board. The Board may require any combination of examinations

1 and/or evaluations in order to determine whether or not Respondent is safe to prescribe
2 controlled substances and the Board may continue the Practice Restriction or take any
3 other action consistent with its authority.

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

7 3. The Original Order is terminated as of the effective date of this Order.

8 4. The Board retains jurisdiction and may initiate new action against
9 Respondent based upon any violation of this Order. A.R.S. § 32-1401(27)(s)
10

11 DATED AND EFFECTIVE this 10th day of October, 2024.

12 ARIZONA MEDICAL BOARD

13 By Patricia E. McSorley
14 Patricia E. McSorley
15 Executive Director
16

17 **CONSENT TO ENTRY OF ORDER**

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

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

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

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

3 5. All admissions made by Respondent in this Order are solely for final
4 disposition of this matter and any subsequent related administrative proceedings or civil
5 litigation involving the Board and Respondent. Therefore, said admissions by Respondent
6 are not intended or made for any other use, such as in the context of another state or
7 federal government regulatory agency proceeding, civil or criminal court proceeding, in the
8 State of Arizona or any other state or federal court.

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

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

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

1 EXECUTED COPY of the foregoing mailed
2 this 10th day of October, 2024 to:

3 Kiup A. Kim, M.D.
4 Address of Record

5 Flynn P. Carey, Esq.
6 Mitchell Stein Carey Chapman, PC
7 2600 North Central Avenue, Suite 1000
8 Phoenix, Arizona 85004
9 Attorney for Respondent

10 ORIGINAL of the foregoing filed
11 this 10th day of October, 2024 with:

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

15 

16 _____
17 Board staff
18
19
20
21
22
23
24
25