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| IN THE MATTER OF | * | BEFORE THE |
| POURANG GAZNAVI, D.D.S. | * | STATE BOARD OF |
| Respondent | * | DENTAL EXAMINERS |
| License Number: 12082 | * | Case Number: 2002-116 |

CONSENT ORDER

On or about December 6, 2006, the State Board of Dental Examiners (the "Board") charged Pourang Gaznavi, D.D.S., (the "Respondent") (DOB 08/25/67), License Number 12082, under the Maryland Dentistry Act (the "Act"), Md. Health Occ. Code Ann. ("H.O.") § 4-315 *et seq.* (2005 Repl. Vol.).

The pertinent provisions under §4-315 of the Act provide the following:

(a) *License to practice dentistry.* – Subject to the hearing provisions of § 4-318 of this subtitle, the Board may deny a general license to practice dentistry, a limited license to practice dentistry, or a teacher's license to practice dentistry to any applicant, reprimand any licensed dentist, place any licensed dentist on probation, or suspend or revoke the license of any licensed dentist, if the applicant or licensee:

- (6) Practices dentistry in a professionally incompetent manner or in a grossly incompetent manner; and
- (16) Behaves dishonorably or unprofessionally, or violates a professional code of ethics pertaining to the dentistry profession[;].

A Case Resolution Conference ("CRC") was held on February 21, 2007. As a result of negotiations between the Office of the Attorney General, by Janet Klein Brown, Assistant Attorney General, members of the CRC, and Respondent, by Dianna M. Morris, Esquire, Respondent agreed to enter into this Consent

Order, consisting of Findings of Fact, Conclusions of Law, and Order, and with the terms and conditions set forth herein.

FINDINGS OF FACT

I. Background Findings

1. At all times relevant to the charges, Respondent was and is a dentist licensed to practice dentistry in the State of Maryland.

2. At all times relevant to the charges, Respondent maintained an office for the practice of general dentistry, with several other licensed dentists, known as Rock Creek Dental Center (Rock Creek"), Rockville, Maryland.

3. Respondent was originally issued a license to practice dentistry in Maryland on May 15, 1998, being issued license number 12082. Respondent last renewed her license on June 11, 2006, which license will expire on June 30, 2008.

4. On October 11, 2001, the Board received a complaint that was forwarded to the Board from the Southern Maryland Dental Society ("SMDS") Peer Review Committee. The Complainant, in a letter to SMDS dated June 27, 2001 described what she termed as "unacceptable dentistry." The Complainant made reference to services commencing on April 23, 2001 wherein Respondent told her she would need a root canal and two dental crowns. Respondent provided an estimate of the cost of the care, as well as an additional cost for a bridge, which Respondent had previously discussed. After the work began, the Complainant was told that the cost would be greater than the original quote. The Complainant reports that on June 12, 2001, she "went back to the office for an

adjustment on a crown which she believed had been inserted improperly considering the great amount of discomfort” she had experienced. The Complainant was told that the cost was increased again. Subsequently, the Complainant was billed for the higher amount.

5. The SMDS investigated the complaint and related to the Board that the Complainant also reported to them that she continued to have problems with tooth #4, the tooth on which Respondent performed a root canal and crown.

6. In January 2002, the Board initiated an investigation of this case by requesting Respondent to respond to the complaint and to provide her original treatment records, radiographs, and billing statements in regard to the Complainant.

7. The Board’s dental compliance officer reviewed the records and found quality of care issues as follows:

- a. Inadequate removal of decay for the restorative procedure on tooth #4;
- b. Use of unproven materials for pulp capping (Optibond);
- c. Use of limited documentation for the need of RCT (root canal);
- d. Rubber dam was not used in root canal treatment;
- e. The root canal is filled shy of apex;
- f. Need for a crown on tooth #3 not supported by radiographic evidence;
- g. Recurrent decay or fracture (“broken”) filling not exhibited about amalgam filling in tooth # 3;
- h. Bone loss about tooth #3 is not addressed; and
- i. Removal of amalgam without informed consent in restorative procedures of 2/9/00.

8. The dental compliance officer also found the following unprofessional conduct in regard to Respondent’s billing:

- a. Pulpotomy is charged out separately and in addition to the root canal procedure on the same day. There is no reference to the use of a medicament in the chart or an entry referencing a pulpotomy in the record;
- b. Sedative dressing is charged separately, but is considered part of the RCT;
- c. Tooth #4 is obturated (filled) as a single canal– but is charged out as having 3 canals filled; and
- d. Porcelain is charged separately for crowns.

9. On April 6, 2005, based on the report of the dental compliance officer, the Board voted to charge Respondent with incompetence and unprofessional conduct.

II. Patient Specific Findings:

10. The Complainant, Patient A¹, then a 38-year-old female, was seen initially at Rock Creek on 12/9/97 by another dentist in the practice. Patient A was periodically seen at Rock Creek by other dentists throughout 1998 and 1999. On March 20, 1998, one of the dentists noted moderate periodontitis. Patient A had a dental cleaning in March 1999 and the other dentist noted that Patient A would benefit from a periodontal consult.

11. On December 31, 1999, Respondent initially saw Patient A at Rock Creek when she replaced a dry socket dressing.

12. On January 19, 2000, Patient A was seen by a hygienist for a “prophy.” The hygienist noted pocket depths up to 5mm and pseudopockets on anterior teeth. The hygienist stated that Patient A would benefit from a periodontal consult.

¹ The patient’s name has been omitted to protect confidentiality. Respondent has been provided a confidential Patient Identification List.

13. On February 9, 2000. Respondent placed fillings in teeth #1, #4, and #5 using composite material, Surefil.

14. In regard to Tooth #4, Respondent documented, "close to pulp, placed Optibond indirect pulp cap – all recurrent decay –open margins around amalgam fillings... . No complications."

15. On April 18, 2001, a hygienist who took one PA (periapical) film of tooth #3 noted "pseudopockets on anterior teeth". The hygienist recommended that Patient A see a Periodontist. Respondent noted Patient A stated, "My tooth hurts."

16. On April 18, 2001, Respondent documented #3 large broken amalgam filling, #4 presents with large MODL (medial/occlusal/distal/lingual) composite with large lesion on the distal. Tooth #4 believed to be necrotic based on percusal sensitivity. On opening tooth smelled necrotic and with no bleeding tissue.

17. On April 23, 2001, Respondent performed a root canal on tooth #4. Respondent documented a post, composite core, and crown preparation with a PFM (porcelain fused to metal) crown on tooth #4, and an Optibond pulp cap, a composite build-up, prepared tooth #3 for a PFM crown, with anesthesia, no complications. Respondent planned on the next visit to insert #3 & #4 PFM crowns.

18. On April 30, 2001, Respondent recemented temporary #4.

19. On May 7, 2001, Respondent inserted #3 & #4 PFM crowns with Durelon.

20. On June 13, 2001, Respondent documented that the Patient reported pain to #4. Respondent documented, "PA looks good, no pathology, RCT (root canal) WNL, crown margin closed. #4 bite on lingual slightly high, reduced occlusion". Bite stick test- patient was able chew on both #3 and #4 without symptoms. Respondent planned to re-evaluate after one week.

21. On August 6, 2001, Respondent documented, "Tooth #4 sensitive to percussion. referred pt to Dr. Herbst for evaluation. Tooth possibly fractured. Patient given copies of x-rays."

22. On August 7, 2002, Respondent's office staff documented that Dr Herbst, an endodontist, called and reported that Patient A refused consultation and evaluation by Dr. Herbst because she did not want to pay for it.

23. The following summarizes the radiographs taken of Patient A at Rock Creek as demonstrated by those Respondent submitted to the Board:

- a. 12/9/97 PA #13;
- b. 3/20/1998 FMX (16);
- c. one mount with 6 films:
BW's (2) dated 3/26/99,
PA's (2) 1-upper right 1- lower right dated 1/19/2000,
BW's (2) dated 1/19/2000;
- d. 12/28/99 one mount with PA (1) #15 and PA (1) # 20;
- e. 4/18/2001 and 4/23/2001 on one mount - PA's (3) #4 pre, working and final of RCT;
- f. 6/13/2001 PA #3-#4; and
- g. 8/6/2001 PA (1) Tooth #4 reevaluation.

24. Respondent acknowledges that in regard to Patient A she:
- a. Diagnosed the need for a root canal based on cold and percussal sensitivities alone, rather than by other pulp testing, such as measuring pulp vitality and determining the characteristics of the pain;
 - b. Based on the radiograph, the need for the root canal is not consistent with the presence of a normal periodontal membrane space that is around the entire tooth root system;
 - c. Used a rubber dam during the RCT that did not isolate tooth #4;
 - d. Sealed the root canal in tooth #4 short of the apex;
 - e. Placed the crown on tooth #4 with a potentially compromised endodontic result being filled shy of the apex;
 - f. Used "Optibond," a bonding agent, on both teeth # 3 and #4, as a pulp-capping (medicament), a product that has not been accepted as a pulp-capping agent. Respondent no longer uses this as a bonding agent;
 - g. Based on radiographic evidence of 4/18/01; failed to completely remove the decay on tooth #4 when restored with a composite filling on 2/9/2000;
 - h. Clinically diagnosed the need for a crown on tooth #3; however, the radiograph of 4/18/2001 does not support the need for a crown on tooth #3;
 - i. Crowned tooth #3 with a loss of nearly 50% of the bone on the distal aspect as visualized in the pre-operative radiograph, without periodontal treatment;
 - j. As tooth #3 appears to have an intact amalgam filling with no encroachment toward the pulp, an indirect pulp cap is not indicated; if a crown were in order, there is enough tooth structure to be crowned without the need for a crown build-up; and
 - k. Failed to provide periodontal evaluation and probings.

25. Respondent acknowledges office billing errors in regard to Patient A in that she:

- a. Added charges for inclusive services, in that she charged for a pulpotomy, a separate and distinct procedure, in conjunction with the RCT procedure, a few days later;
- b. Charged for closure of the access area with a sedative filling, an inclusive charge with the RCT, performed a few days earlier;
- c. Filled only a single canal on tooth #4 but charges as having filled 3 canals;
- d. Billed for unnecessary crown and core build-up in tooth #3;
- e. Added fees for porcelain and porcelain margins on teeth # 3 and #4 to the fee for crown services.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that Respondent violated the Maryland Dentistry Act, H.O. § 4-315(a) (6) (practices dentistry in a professionally incompetent manner) and (16) (Behaves unprofessionally.)

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is by a majority of the quorum of the Board considering this case hereby:

ORDERED that Respondent is **REPRIMANDED**; and it is further

ORDERED that Respondent shall, for a period of two (2) years, to commence from the date this Order is executed by the Board, be subject to the following terms and conditions:

1. Within twenty-four (24) months of the effective date of the Consent Order, Respondent shall successfully complete a Board-approved didactic

course in **diagnosis and treatment planning**;

2. Within twenty-four (24) months of the effective date of the Consent Order, Respondent shall successfully complete a Board-approved didactic course in **endodontics**;

3. Within twenty-four (24) months of the effective date of this Consent Order, Respondent shall successfully complete a Board-approved didactic course in **restorative dentistry**;

4. Within twenty-four (24) months of the effective date of this Consent Order, Respondent shall successfully complete a Board-approved didactic course in **billing and coding**;

5. Respondent shall complete one of the above courses within six (6) months of the effective date of this Consent Order;

6. Respondent shall complete one of the above courses within twelve (12) months of the effective date of this Consent Order;

7. Respondent shall complete one of the above courses within eighteen (18) months of the effective date of this Consent Order;

8. Respondent shall complete one of the above courses within twenty-four (24) months of the effective date of this Consent Order;

9. These courses may count toward the continuing education requirements that Respondent must fulfill in order to renew her license to practice dentistry;

10. Respondent shall have a Board-approved **clinical practice reviewer** (the "reviewer") in **general dentistry** to monitor Respondent's practice

of dentistry as follows:

- a. Respondent shall permit the reviewer to conduct scheduled on-site random **chart review** of at least five (5) patient charts per visit, every several months, for a minimum of three (3) visits within the first year of the effective date of this Consent Order, and at least twice during the second year. The purpose of the chart review is to encourage excellence in dentistry;
- b. Respondent shall provide to the reviewer the complete record for each patient whose care is being reviewed. The review will focus on the care and treatment rendered by Respondent from December 2006 and thereafter;
- c. Respondent shall provide the reviewer with a copy of this Consent Order;
- d. Respondent shall make all reasonable efforts to ensure that the reviewer, submit written reports to the Board within thirty (30) days of each visit to Respondent's office describing the findings and making recommendations for improvement, if any; and the reviewer will provide Respondent with a copy of the written reports;
- e. Respondent shall comply with all written recommendations of the reviewer, or the Board. Failure to comply with the written recommendations, unless otherwise approved by the Board after evaluation of a written submission from Respondent, shall be deemed a violation of the Consent Order; and
- f. If, at the end of the two (2) year period, the reviewer determines that Respondent requires additional oversight, the Board may extend the period of review for up to an additional year wherein quarterly reviews shall occur;
- g. If the period of review is extended, Respondent shall continue to ensure that the reviewer submit written reports to the Board for the duration of the review period; and
- h. If the period of review is extended, Respondent shall continue to comply with all recommendations of the reviewers and the Board.

11. Respondent shall be responsible for the costs of the continuing education courses and the assigned practice reviewer associated with fulfilling

the terms of this Consent Order; and it is further

ORDERED that there shall be no early termination of this Consent Order, and it is further

ORDERED that Respondent shall at all times cooperate with the Board, any of its agents or employees, and with the reviewer, in the monitoring, supervision and investigation of Respondent's compliance with the terms and conditions of this Consent Order, and it is further

ORDERED that if any report from the reviewer(s) or a review of patient files by the Board indicates to the Board that Respondent failed to cooperate with the reviewer, fails to follow the written recommendations of the reviewer as delineated in ¶ 10e above, or that Respondent's dental care or record keeping fails to meet appropriate standards, the Board may modify the terms and conditions of this Consent Order after a Case Resolution Conference with Respondent, and/or may charge the Respondent with a violation of the terms and condition of this Consent Order or other charges as deemed appropriate under the Act; and it is further

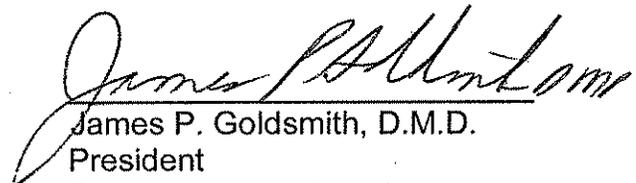
ORDERED that after the conclusion of the entire two (2) year period of oversight, Respondent may file a written petition for termination of this Consent Order without further conditions or restrictions, but only if Respondent has satisfactorily complied with all the terms and conditions of this Consent Order, and if there are no pending complaints regarding Respondent before the Board; and it is further

ORDERED that if the Board has probable cause to believe that Respondent has violated any of the terms and conditions of this Consent Order, the Board, after notice, opportunity for show cause, and determination of violation, may impose any other disciplinary sanctions it deems appropriate, including increasing the period of suspension, or revocation, said violation being proven by a preponderance of the evidence; and it is further

ORDERED that Respondent's failure to comply with any of the terms of the Consent Order shall constitute unprofessional conduct in addition to any applicable grounds under the Act; and it is further

ORDERED that this Consent Order is a public document pursuant to Md. State Gov't Code Ann. § 10-611 *et seq.*

3-26-07
Date of Consent Order


James P. Goldsmith, D.M.D.
President
Board of Dental Examiners

CONSENT OF POURANG GAZNAVI, D.D.S.

I, Pourang Gaznavi, D.D.S., License No. 12082, by affixing my signature hereto, acknowledge that:

1. I am represented by counsel and have reviewed this Consent Order with my attorney, Dianna M. Morris, Esquire before signing this Consent Order.

2. I am aware that I am entitled to a formal evidentiary hearing, pursuant to Md. Health Occ. Code Ann. § 4-318 (2005 Repl. Vol.) and Md. State Gov't Code Ann §§ 10-201 *et seq.* (2004 Repl. Vol.).

3. I acknowledge the validity of this Consent Order as if entered into after a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections as provided by law. I am waiving those procedural and substantive protections.

4. I voluntarily enter into and agree to abide by the terms and conditions set forth herein as a resolution of the Charges against me. I waive any right to contest the Findings of Fact and Conclusions of Law and I waive my right to a full evidentiary hearing, as set forth above, and any right to appeal this Consent Order as set forth in § 4-318 of the Act and Md. State Gov't Code Ann. or any adverse ruling of the Board that might have followed any such hearing.

5. I acknowledge that by failing to abide by the conditions set forth in this Consent Order, I may be subject to disciplinary action following proper notice and hearing, which may include revocation of my license to practice dentistry in the State of Maryland.

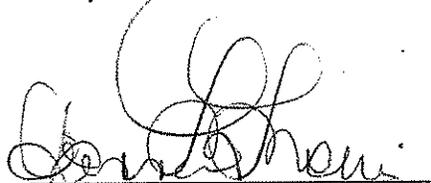
6. I sign this Consent Order voluntarily, without reservation. I fully understand and comprehend the language, meaning, and terms of this Consent Order.

3/16/07
Date


Pourang Gaznavi, D.D.S.
Respondent

Reviewed and approved by:

3/19/2007
Date

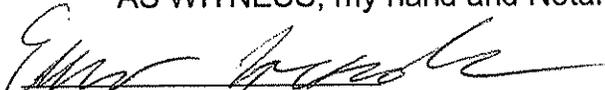

Dianna M. Morris, Esquire
Attorney for Respondent

NOTARY

STATE OF MARYLAND
CITY/COUNTY OF

I HEREBY CERTIFY that on this 16 day of March, 2007 before me, a Notary Public of the State and County aforesaid, personally appeared Pourang Gaznavi, D.D.S., License number 12082, and gave oath in due form of law that the foregoing Consent Order was her voluntary act and deed.

AS WITNESS, my hand and Notary Seal.


Notary Public

My commission expires:

ELLEN GETANEH
NOTARY PUBLIC,
MONTGOMERY COUNTY
MARYLAND
My Commission Expires Oct. 30, 2010