

IN THE MATTER OF

\* BEFORE THE

ROBERT B. MEEK, III, M.D.

\* MARYLAND STATE

Respondent

\* BOARD OF PHYSICIANS

License Number: D57026

\* Case Number: 2220-0249A

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**CONSENT ORDER**

On March 12, 2021, Disciplinary Panel A (“Panel A”) of the Maryland State Board of Physicians (the “Board”) charged Robert B. Meek, III, M.D. (the “Respondent”), License Number D57026, under the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occ. §§ 14-101 *et seq.* (2014 Repl. Vol. & 2020 Supp.). Panel A charged the Respondent with violating the following provisions of the Act:

**Health Occ. § 14-404. Denials, reprimands, probations, suspensions, and revocations – Grounds.**

(a) *In general.* – Subject to the hearing provisions of § 14-405 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum of the disciplinary panel, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:

...

(22) Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State; [and]

...

(40) Fails to keep adequate medical records as determined by appropriate peer review[.]

On August 11, 2021, Panel A was convened as a Disciplinary Committee for Case Resolution (“DCCR”) in this matter. Based on negotiations occurring as a result of the

DCCR, the Respondent agreed to enter this Consent Order, consisting of the following Findings of Fact, Conclusions of Law, Order, and Consent.

### **FINDINGS OF FACT**

Panel A finds:

#### **I. BACKGROUND**

1. At all relevant times, the Respondent has been licensed to practice medicine in the State of Maryland. The Respondent was initially licensed to practice medicine in Maryland on or about January 31, 2001, under License Number D57026. His license is currently active through September 30, 2021, subject to renewal.

2. The Respondent is board-certified in otolaryngology–head and neck surgery. He practices as a solo practitioner in Annapolis, Maryland. The Respondent has privileges at two area hospitals and a local ambulatory surgery center (the “Surgery Center”).<sup>1</sup>

3. On or about October 22, 2010, the Respondent and the Board entered into a Consent Order based on the Respondent’s failure to complete the required number of continuing medical education credits at the time of his 2009 license renewal application. The Respondent was fined \$1,700 and ordered to complete the missing credits. He did so as of September 28, 2011.

#### **II. COMPLAINT**

4. On or about September 25, 2019, the Board received a complaint from a patient of the Respondent (“Patient 1”) who alleged that the Respondent performed a sinus surgery on Patient 1 without informed consent. Patient 1 explained that she consented to

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<sup>1</sup> To maintain confidentiality, the names of all witnesses, facilities, employees, and patients will not be used in this document.

a septoplasty and rhinoplasty, and following complications from the surgery, learned from another physician that the Respondent had also performed a sinus surgery despite earlier imaging studies showing “no signs of diseased sinus or chronic sinusitis.” Patient 1 alleged that the sinus surgery resulted in serious complications that, among other things, required additional surgeries to correct.

### **III. BOARD INVESTIGATION**

5. The Board opened an investigation into the complaint.

6. As part of its investigation, on or about October 11, 2019, the Board notified the Respondent about the complaint and requested a written response from him.

7. On or about November 8, 2019, provided his written response to Patient 1’s complaint. He wrote that he discussed the treatment options with Patient 1 on at least three occasions and Patient 1 signed consent forms that listed sinus surgery. He also wrote that he performed the surgery “to the best of my abilities and achieved a better than standard of care outcome.”

#### **A. Peer Review**

8. As part of its investigation, on or about January 10, 2020, the Board obtained a list of patients who underwent sinus surgery performed by the Respondent at the Surgery Center. The Board then obtained medical records from both the Surgery Center and the Respondent for 12 patients who underwent sinus surgery performed by the Respondent (“Patients 1-12”).

9. On or about July 29, 2020, the Board referred the 12 patient records and related materials to a peer review entity for review.

10. Two peer reviewers, each board-certified in otolaryngology-head and neck surgery, separately reviewed the 12 patient records. On or about October 9, 2020, the peer reviewers submitted their reports to the Board.

11. The peer reviewers concurred that the Respondent did not meet the standard of quality medical and surgical care for four patients (Patients 3, 6, 8, and 11) because the Respondent performed certain sinus<sup>2</sup> surgeries on these patients even though they did not have signs of sinus abnormalities on radiologic imaging studies.

12. The peer reviewers also concurred that the Respondent failed to maintain adequate medical records for Patient 1 because the Respondent failed to document a comprehensive physical exam of Patient 1 during her initial office visit, failed to document any sinus-specific complaints before referring her for a paranasal sinus computerized tomography (“CT”) scan, and failed to document any specific head, eyes, ears, nose, or throat findings other than “abnormal” on a pre-operative visit note.

## **B. Patient-Specific Allegations**

### Patient 3

13. Patient 3 presented with chronic sinus symptoms including headaches, facial pain, congestion, and postnasal drip. Patient 3 underwent a sinus CT scan on or about November 12, 2018, for “suspected sinusitis.” The CT scan showed that Patient 3 had a

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<sup>2</sup> The sinuses relevant to this case are the paranasal sinuses, which include four pairs of sinuses located in the facial bones. The sinuses names are based on the bones in which they are located. The frontal sinus is in the frontal bone (forehead) above the brow line. The maxillary sinus is in the maxillary bone (fixed upper jawbone) under the cheek and above the teeth. The ethmoidal sinus is in the ethmoid bone, which is between the eyes and nose and separates the nasal cavity from the brain. Finally, the sphenoidal sinus is in the sphenoid bone, which forms the rear portion of the orbital cavity.

deviated nasal septum with “no more than physiologic mucosal thickening” of her sinuses and patent sinus drainage pathways. There was no opacification.<sup>3</sup>

14. On or about January 3, 2019, the Respondent performed sinus surgery on Patient 3 at the Surgery Center. The Respondent performed bilateral endoscopic balloon-assisted frontal sinusotomy,<sup>4</sup> bilateral endoscopic ethmoidectomy,<sup>5</sup> and bilateral endoscopic maxillary antrostomies.<sup>6</sup>

15. The peer reviewers in this case determined that the Respondent failed to meet the standards for the delivery of quality medical and surgical care regarding Patient 3 because the November 12, 2018 sinus CT did not show abnormalities of the frontal sinus and, despite chronic sinus symptoms, a bilateral frontal sinusotomy was not indicated based on the clinical findings.

#### Patient 6

16. Patient 6 presented with complaints of ear pressure and symptoms of nasal congestion and obstruction. The Respondent noted that his initial exam of Patient 6 showed a left septum deviation. Patient 6 underwent a sinus CT scan on or about November 18, 2018, for “suspected sinusitis.” The CT scan showed that Patient 6 had a deviated nasal septum and opacification of the right maxillary sinus.

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<sup>3</sup> Opacification refers to shading seen in a CT scan in an anatomical area where it generally should not be. If seen in a patient’s sinuses, opacification can indicate obstruction or other inflammatory conditions.

<sup>4</sup> A endoscopic frontal sinusotomy is the surgical enlargement of the frontal sinus opening to allow drainage out of the sinus which is performed by guiding necessary surgical instruments through the nasal passage. A balloon-assisted procedure involves the guiding of a deflated balloon to the appropriate site in the sinus, then inflating the balloon inside the sinus to expand the surrounding structures.

<sup>5</sup> An ethmoidectomy is the surgical removal of infected tissue and bone in the sinus and can include removal of the partition between the ethmoid sinuses to create a larger sinus cavity.

<sup>6</sup> A maxillary antrostomy is the surgical creation of an opening or enlargement of the existing opening from the nasal cavity into the maxillary sinus to allow for drainage from that sinus into the nasal cavity.

17. On or about January 17, 2019, the Respondent performed sinus surgery on Patient 6 at the Surgery Center. The Respondent performed bilateral endoscopic balloon-assisted frontal sinusotomy, bilateral endoscopic ethmoidectomy, and bilateral endoscopic maxillary antrostomies.<sup>7</sup>

18. The peer reviewers determined that the Respondent failed to meet the standards for the delivery of quality medical and surgical care regarding Patient 6 because the November 18, 2018 sinus CT scan showed a right-sided maxillary sinus abnormality with otherwise clear paranasal sinuses. Therefore, bilateral frontal sinusotomy, bilateral ethmoidectomy, and left-sided maxillary antrostomy were not indicated based on the clinical findings.

#### Patient 8

19. Patient 8 presented with a history of a prior septoplasty and complaints of nasal congestion. Patient 8 reported relief when using topical nasal steroid sprays and an oral nasal decongestant. Patient 8 underwent a sinus CT scan on or about September 21, 2018, for “suspected chronic sinusitis.” The CT scan showed “clear paranasal sinuses.”

20. On or about January 24, 2019, the Respondent performed sinus surgery on Patient 8 at the Surgery Center. The Respondent performed bilateral endoscopic balloon-assisted frontal sinusotomy, a right endoscopic ethmoidectomy, and a right endoscopic maxillary antrostomy.

21. The peer reviewers determined that the Respondent failed to meet the standards for the delivery of quality medical and surgical care regarding Patient 8 because

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<sup>7</sup> The Respondent also performed septoplasty and turbinate reduction on Patient 6, which the peer reviewers agreed was appropriate based on Patient 6’s symptoms and the radiological findings.

the non-surgical interventions were effective and the September 21, 2018 sinus CT scan did not show abnormalities of the paranasal sinuses. Despite some symptoms of sinusitis, a bilateral frontal sinusotomy was not indicated for Patient 8 based on the clinical findings.

#### Patient 11

22. Patient 11 presented with a history of a nasal drainage and recurrent sinus infections. The Respondent performed a nasal endoscopy and noted mild middle turbinate swelling. Patient 11 then underwent a sinus CT scan on or about November 19, 2018, for “chronic sinusitis.” The CT scan showed “minimal mucosal thickening of the ethmoid” while other paranasal sinuses were “essentially clear,” with patent sinus drainage pathways.

23. On or about January 31, 2019, the Respondent performed sinus surgery on Patient 11 at the Surgery Center. The Respondent performed bilateral endoscopic balloon-assisted frontal sinusotomy, bilateral endoscopic ethmoidectomy, and bilateral endoscopic maxillary anastomies.<sup>8</sup>

24. The peer reviewers determined that the Respondent failed to meet the standards for the delivery of quality medical and surgical care regarding Patient 11 because the November 19, 2018 CT scan did not show any abnormalities of the frontal sinuses. Therefore, despite some symptoms of chronic sinusitis, a bilateral frontal sinusotomy was not indicated for Patient 11 based on the clinical findings.

#### **C. The Respondent’s Response**

25. The Board provided the Respondent an opportunity to review and respond to the peer reviewers’ reports. On or about October 31, 2020, the Respondent submitted his

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<sup>8</sup> The Respondent also performed septal reconstruction and turbinate reduction on Patient 11. The peer reviewers did not concur on whether performing these procedures on Patient 11 violated the standard of quality medical and surgical care.

response. The Respondent first questioned whether the peer reviewers were “focusing on rhinology” in their practice because, if not, “they would not understand the subtleties and up to date management of those patients.” Regarding the scope of surgeries he performed, the Respondent stated that the “sinuses I am treating surgically are the cause of the patient symptoms.” He acknowledged problems with his record keeping and said that he has since increased his level of documentation on many issues including patient awareness.

### CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, Panel A concludes as a matter of law that the Respondent: failed to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in this State, in violation of Health Occ. § 14-404(a)(22), and failed to keep adequate medical records as determined by appropriate peer review, in violation of Health Occ. § 14-404(a)(40).

### ORDER

It is thus by Disciplinary Panel A of the Board, hereby:

**ORDERED** that the Respondent, Robert B. Meek, III, M.D., is **REPRIMANDED**; and it is further

**ORDERED** that the Respondent is placed on **PROBATION** for a **minimum of TWO (2) YEARS.**<sup>9</sup> During probation, the Respondent shall comply with the following terms and conditions of probation:

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<sup>9</sup> If the Respondent’s license expires during the period of probation, the probation and any conditions will be tolled.



- (1) The Respondent shall be subject to supervision until the Board receives four satisfactory quarterly reports<sup>10</sup> from a disciplinary panel-approved supervisor who is board-certified in otolaryngology as follows:
  - (a) within **30 CALENDAR DAYS** of the effective date of this Consent Order, the Respondent shall provide the disciplinary panel with the name, pertinent professional background information of the supervisor whom the Respondent is offering for approval, and written notice to the disciplinary panel from the supervisor confirming his or her acceptance of the supervisory role of the Respondent and that there is no personal or professional relationship with the supervisor;
  - (b) the Respondent's proposed supervisor, to the best of the Respondent's knowledge, should not be an individual who is currently under investigation, and has not been disciplined by the Board within the past five years;
  - (c) if the Respondent fails to provide a proposed supervisor's name within 30 calendar days from the effective date of the order, the Respondent's license shall be automatically suspended from the 31st day until the Respondent provides the name and background of a supervisor;
  - (d) the disciplinary panel, in its discretion, may accept the proposed supervisor or request that the Respondent submit a name and professional background, and written notice of confirmation from a different supervisor;
  - (e) the supervision begins after the disciplinary panel approves the proposed supervisor;
  - (f) the disciplinary panel will provide the supervisor with a copy of this Consent Order and any other documents the disciplinary panel deems relevant;
  - (g) the Respondent shall grant the supervisor access to patient records selected by the supervisor, which shall, to the extent practicable, focus on the type of treatment at issue in the Respondent's charges;
  - (h) if the supervisor for any reason ceases to provide supervision, the Respondent shall immediately notify the Board and shall not practice medicine beyond the 30<sup>th</sup> day after the supervisor has ceased to provide supervision and until the Respondent has submitted the name and

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<sup>10</sup> If the Respondent is not practicing medicine, the supervision shall begin when the Respondent resumes the practice of medicine and the disciplinary panel has approved the proposed supervisor. The Respondent shall submit the name of a proposed supervisor within 30 days of resuming the practice of medicine and shall be subject to supervision by a disciplinary panel approved supervisor upon the return to the practice of medicine.

professional background, and written notice of confirmation, from a proposed replacement supervisor to the disciplinary panel;

- (i) it shall be the Respondent's responsibility to ensure that the supervisor:
    - (1) reviews the records of five (5) surgical patients each month, such patient records to be chosen by the supervisor and not the Respondent;
    - (2) meets in-person with the Respondent at least once each month and discuss in-person with the Respondent the care the Respondent has provided for these specific patients, however, if, due to the pandemic, the Respondent and the supervisor are not able to meet in-person, they shall meet by video-conference;
    - (3) be available to the Respondent for consultations on any patient;
    - (4) maintains the confidentiality of all medical records and patient information;
    - (5) provides the Board with quarterly (every three months) reports which detail the quality of the Respondent's practice, any deficiencies, concerns, or needed improvements, as well as any measures that have been taken to improve patient care; and
    - (6) immediately reports to the Board any indication that the Respondent may pose a substantial risk to patients;
  - (j) the Respondent shall follow any recommendations of the supervisor;
  - (k) if the disciplinary panel, upon consideration of the supervisory reports and the Respondent's response, if any, has a reasonable basis to believe that the Respondent is not meeting the standard of quality care or failing to keep adequate medical records in his or her practice, the disciplinary panel may find a violation of probation after a hearing.
- (2) **Within six (6) months**, the Respondent is required to take and successfully complete two courses. The courses shall be in: (1) medical recordkeeping, and (2) medical ethics. The following terms apply:
- (a) it is the Respondent's responsibility to locate, enroll in and obtain the disciplinary panel's approval of the courses before the courses begin;
  - (b) the Respondent may take the courses in-person or over the internet;
  - (c) the Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the courses;
  - (d) the courses may not be used to fulfill the continuing medical education credits required for license renewal;
  - (e) the Respondent is responsible for the cost of the courses; and it is further

- (3) **Within one (1) year**, the Respondent shall pay a civil fine of **TWENTY-FIVE THOUSAND DOLLARS (\$25,000)**. The Payment shall be by money order or bank certified check made payable to the Maryland Board of Physicians and mailed to P.O. Box 37217, Baltimore, Maryland 21297. The Board will not renew or reinstate the Respondent's license if the Respondent fails to timely pay the fine to the Board; and it is further

**ORDERED** that the Respondent shall not apply for early termination of probation; and it is further

**ORDERED** that a violation of probation constitutes a violation of this Consent Order; and it is further

**ORDERED** that, after the Respondent has complied with all terms and conditions of probation and the minimum period of probation imposed by the Consent Order has passed, the Respondent may submit to the Board a written petition for termination of probation. After consideration of the petition, the probation may be terminated through an order of the disciplinary panel. The Respondent may be required to appear before the disciplinary panel to discuss his or her petition for termination. The disciplinary panel may grant the petition to terminate the probation, through an order of the disciplinary panel, if the Respondent has complied with all probationary terms and conditions and there are no pending complaints relating to the charges; and it is further

**ORDERED** that the effective date of the Consent Order is the date the Consent Order is signed by the Executive Director of the Board or her designee. The Executive Director or her designee signs the Consent Order on behalf of the disciplinary panel which has imposed the terms and conditions of this Consent Order; and it is further

**ORDERED** that the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

**ORDERED** that, if the Respondent allegedly fails to comply with any term or condition imposed by this Consent Order, the Respondent shall be given notice and an opportunity for a hearing. If the disciplinary panel determines there is a genuine dispute as to a material fact, the hearing shall be before an administrative law judge of the Office of Administrative Hearings followed by an exceptions process before a disciplinary panel; and if the disciplinary panel determines there is no genuine dispute as to a material fact, the Respondent shall be given a show cause hearing before a disciplinary panel; and it is further

**ORDERED** that, after the appropriate hearing, if the disciplinary panel determines that the Respondent has failed to comply with any term or condition imposed by this Consent Order, the disciplinary panel may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend with appropriate terms and conditions, or revoke the Respondent's license to practice medicine in Maryland. The disciplinary panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine on the Respondent; and it is further

**ORDERED** that this Consent Order is a public document. *See* Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

03/02/2022  
Date

***Signature On File***

Christine A. Farrelly  
Executive Director  
Maryland State Board of Physicians

**CONSENT**

I, Robert B. Meek, III, M.D., acknowledge that I have consulted with counsel before signing this document.

By this Consent, I agree to be bound by this Consent Order and all its terms and conditions and understand that the disciplinary panel will not entertain any request for amendments or modifications to any condition.

I assert that I am aware of my right to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. § 14-405 and Md. Code Ann., State Gov't §§ 10-201 *et seq.* concerning the pending charges. I waive this right and have elected to sign this Consent Order instead.

I acknowledge the validity and enforceability of this Consent Order as if entered after the conclusion of 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 behalf, and to all other substantive and procedural protections as provided by law. I waive those procedural and substantive protections. I acknowledge the legal authority and the jurisdiction of the disciplinary panel to initiate these proceedings and to issue and enforce this Consent Order.

I voluntarily enter into and agree to comply with the terms and conditions set forth in the Consent Order as a resolution of the charges. I waive any right to contest the Findings of Fact and Conclusions of Law and Order set out in the Consent Order. I waive all rights to appeal this Consent Order.

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

2/24/2022  
Date

***Signature On File***

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Robert B. Meek, III, M.D.  
License No. D57026

**NOTARY**

STATE OF Maryland

CITY / COUNTY OF Anne Arundel

I HEREBY CERTIFY that on this 5<sup>th</sup> day of February, 2021, <sup>DS</sup> 2022  
before me, a Notary Public of the foregoing State and City/County, personally appeared  
Robert B. Meek, III, M.D., and made oath in due form of law that signing the foregoing  
Consent Order was his voluntary act and deed.

AS WITNESSETH my hand and notarial seal.

Debra P. Sechrest  
Notary Public

My Commission expires: 6/9/22

DEBRA P. SECHREST  
Notary Public - State of Maryland  
Anne Arundel County  
My Commission Expires Jun 9, 2022