

IN THE MATTER OF

*

BEFORE THE

JEFFERY DORMU, D.O.

*

MARYLAND STATE

Respondent

*

BOARD OF PHYSICIANS

License Number: H65639

*

Case Number: 2222-0014A

**ORDER FOR SUMMARY SUSPENSION OF LICENSE
TO PRACTICE MEDICINE**

Disciplinary Panel A ("Panel A") of the Maryland State Board of Physicians (the "Board") hereby **SUMMARILY SUSPENDS** the license of **JEFFERY DORMU, D.O.** (the "Respondent"), License Number H65639, to practice medicine in the State of Maryland.

Panel A takes such action pursuant to its authority under Md. Code Ann., State Gov't § 10-226(c)(2) (2021 Repl. Vol.), concluding that the public health, safety or welfare imperatively requires emergency action.

INVESTIGATIVE FINDINGS

Based on information received by, and made known to Panel A, and the investigatory information obtained by, received by and made known to and available to Panel A, including the instances described below, Panel A has reason to believe that the following facts are true:¹

¹ The statements about the Respondent's conduct set forth in this document are intended to provide the Respondent with reasonable notice of the basis for this suspension. They are not intended as, and do not necessarily represent, a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with this action.

I. BACKGROUND

1. At all relevant times, the Respondent was and is licensed to practice medicine in the State of Maryland. The Board initially issued the Respondent a license to practice medicine in Maryland on February 13, 2007, under License Number H65639. His license is active through September 30, 2022.

2. The Respondent is board-certified in Surgery and Vascular Surgery.

3. The Respondent owns and operates a medical practice with an office in Laurel, Maryland. The Respondent's practice focuses on "the diagnos[is] and treatment of all disease of the arteries, veins, and lymphatic systems."

II. COMPLAINTS

4. The Board initiated an investigation of the Respondent after reviewing a complaint ("Complaint A") dated November 10, 2020 from a former patient of the Respondent ("Complainant A").²

5. Complainant A alleged that the Respondent attempted to pressure her to undergo a medically unnecessary invasive vascular procedure.

6. On October 27, 2020, Complainant A presented to the Respondent with a complaint of extreme itching on her lower legs. The Respondent recommended an arteriogram³ followed by an ultrasound at a later date. Complainant A obtained a second opinion from another physician ("Physician A") at a different facility where she received an ultrasound. After reviewing the ultrasound, Physician A advised Complainant A that

² For confidentiality reasons, the Complainants and any patients referenced herein will not be identified by name. The Respondent may obtain the identity of any individual referenced herein by contacting the administrative prosecutor.

³ An arteriogram is a catheter based procedure that requires puncture through the skin into an artery in the arm, or more commonly, the leg, maneuvering guidewires and catheters through various arteries, and injection of contrast material. A patient is typically sedated during this procedure.

her legs looked fine and that she probably had a bad reaction to an insect bite. Physician A also recommended that Complainant A request a referral to a dermatologist from her primary care physician.

7. On October 13, 2021, while investigating Complaint A, the Board received a second complaint (“Complaint B”) from another of the Respondent’s former patients (“Complainant B”).

8. Complainant B presented to the Respondent on May 6, 2019 with a complaint of pain and swelling in the left leg. The Respondent subsequently diagnosed Complainant B with a vascular condition and performed a venogram.⁴ Complainant B later sought a second opinion from which he learned that the venogram was medically unnecessary.

9. Complainant B’s diagnosis was not medically justified and the treatment that the Respondent provided was medically unnecessary based on the incorrect diagnosis.

III. BOARD INVESTIGATION

10. By letter dated November 18, 2020, the Board provided the Respondent with a copy of Complaint A and directed him to provide a response to the allegations. Further, the Board issued a subpoena *duces tecum* to him for Complainant A’s complete medical records.

⁴ A venogram is an x-ray examination that uses an injection of contrast material to show how blood flows through your veins, especially in your legs.

11. On or about December 2, 2020, the Board received Complainant A's medical records from the Respondent along with the Respondent's written response to Complaint A.

12. By letter dated August 4, 2021, the Board issued a subpoena *duces tecum* to him for appointment logs for patients seen January 1, 2020 through August 4, 2021 on whom the Respondent had performed specified vascular procedures.

13. On or about August 11, 2021, the Board received the patient logs.

14. On August 27, 2021, the Board issued to the Respondent a subpoena *duces tecum* requesting medical records of nine (9) additional patients and a corresponding summary of care for each patient.

15. On October 13, 2021, the Board received the aforementioned complaint from Complainant B.

16. On October 26, 2021, the Board provided the Respondent with a copy of Complaint B and directed him to provide a response to the allegations. Further, the Board issued a subpoena *duces tecum* to him for Complainant B's complete medical records.

17. On November 26, 2021, the Board received the Respondent's written response to Complaint B along with the medical records for Complainant B.

Respondent's written responses to the complaints

18. In his written response to Complaint A, the Respondent stated that the procedures recommended by the Respondent were necessary given the Respondent's assessment of Complainant A's condition. Additionally, the Respondent stated that there is clinical evidence to support his diagnosis of Complainant A.

19. In his written response to Complaint B, the Respondent stated that his treatment of Complainant B was conservative and that he did not perform any highly invasive procedures on Complainant B.

Peer Review

20. As part of its investigation, the Board referred both Complainants' medical records along with those of the nine (9) additional patient records obtained from the Respondent (referenced *infra* as "Patients 1-11") and related materials for peer review.

21. The peer review was performed by two peer reviewers who are both board-certified in Vascular Surgery ("Peer Reviewer 1" and "Peer Reviewer 2," respectively). The peer reviewers independently concluded that the Respondent failed to meet appropriate standards for the delivery of quality medical care in ten (10) of the eleven (11) patients whose charts were reviewed. The reviewers also concluded that the Respondent failed to keep adequate medical records and grossly over utilized healthcare services in eleven (11) out of the eleven (11) patients whose charts were reviewed.

22. Both peer reviewers expressed concern regarding the potential risk of harm entailed in the Respondent's repeated use of invasive and medically unnecessary procedures. As a result, the Board requested the peer reviewers to submit an additional report addressing their concerns. The peer reviewers submitted an Addendum to the reports on July 11, 2022.

23. The peer reviewers agreed that the Respondent performed medically unnecessary and invasive vascular procedures on ten (10) of the patients, thereby exposing them to potential risks such as bleeding, infection, blood vessel injuries which

could acutely or chronically worsen the patient's circulation, and limb loss. The frequent use of medically unnecessary procedures increases the risk to each patient and to the population of potential patients.

24. The peer reviewers concurred that the Respondent failed to use conservative management techniques⁵ to address the patients' vascular complaints before resorting to invasive procedures. More advanced or invasive procedures are reserved for patients about whom a decision has been reached to proceed to intervention for compelling symptoms that have failed conservative management.

25. The peer reviewers also found that the Respondent made either incorrect diagnoses or diagnoses that were not consistent with the patient's history or clinical symptoms. Patients with normal arterial studies were subjected to unnecessary arterial procedures without clinical justification. Such practice indicates inadequacies in the Respondent's demonstrated knowledge base thus subjecting the patients and population of potential patients to further risk of harm.

Invasive procedures performed by the Respondent

26. The Respondent performed various invasive procedures, more than once in some instances, on patients 2-11 including, *inter alia*: angiogram, angioplasty,⁶ aortogram,⁷ arteriogram,⁸ intravascular ultrasound (IVUS),⁹ vein ablation,¹⁰ venacavogram,¹¹ and atherectomy.¹² These procedures involve the insertion of a catheter

⁵ Conservative management refers to risk factor modification and preventative or compressive therapies.

⁶ See e.g., Patients 4, 5, 6, 9, 10, and 11.

⁷ See e.g., Patients 4, 5, 6, 9, 10, and 11.

⁸ See e.g., Patients 4, 5, 6, 9, 10, and 11.

⁹ See e.g., Patients 4, 5, 10, and 11.

¹⁰ See e.g., Patients 3, 4, 5, 6, 7, 8, 9, and 10.

¹¹ See e.g., Patients 2 and 8.

through the skin into an area of the body such as the arm, leg, or groin area. Additionally, in an atherectomy, rotating blades are used to remove plaque in an artery. Risks associated with such procedures include but are not limited to: bleeding (which can cause bruising, swelling, and/or pain from internal bleeding, and which can require transfusion or emergency surgery), infection, blood vessel injuries (including pseudoaneurysm, dissection, thrombosis, and/or occlusion), and limb loss. Such conditions could acutely or chronically worsen the patient's circulation and could require additional procedures.

27. The Respondent's performance of invasive vascular procedures in the absence of medical justification put patients at the risk of harm or, in some instances, resulted in the worsening of their conditions:

- a. The Respondent performed bilateral selective renal artery angiograms¹³ on Patient 4 who suffers from chronic hypertension. Selective renal artery angiography carries risks including contrast-induced nephropathy¹⁴ and dissection or injury to the renal artery itself from cannulation¹⁵ of the renal artery with the angiography catheter. Furthermore, the Respondent treated this patient with a high dose of steroids before performing an arteriogram which can have adverse effects on blood sugar, blood pressure, and healing.
- b. The Respondent performed an angiogram on Patient 5 in part to evaluate her aortic aneurysm. Aneurysms do not require invasive angiography for diagnosis, assessment of size or leakage. Such

¹² See e.g., Patients 4, 5, 6, 9, 10, and 11.

¹³ This type of angiogram provides imaging of the blood vessels in the kidneys.

¹⁴ Deterioration of kidney function.

¹⁵ The insertion of a small tube into a body cavity, duct, or vessel.

procedure put Patient 5 at risk for bleeding, thrombosis, arterial dissection, and arterial occlusion.

- c. The Respondent performed multiple invasive procedures on Patient 6 who initially presented for evaluation of possible artery or vein obstruction in the left leg. At the time of the initial visit, Patient 6 had the ability to walk approximately one (1) mile before the onset of leg pain. Patient 6 endured worsening symptoms and an inability to walk after the initial left leg arteriogram performed by the Respondent. The Respondent continued to perform left leg arteriograms on Patient 6 despite worsening perfusion and more severe symptoms in that leg.
- d. The Respondent incorrectly diagnosed Patient 10 with peripheral arterial disease (PAD)¹⁶ and thus treated Patient 10 with a number of arterial interventions which worsened her lower extremity perfusion. This over-utilization of both unnecessary diagnostic and invasive procedures is harmful to patients.

Risk of harm related to sedation

28. The Respondent utilized intravenous (“IV”) sedation on multiple patients in his performance of the aforementioned invasive procedures. The Respondent, however, typically failed to document the results of monitoring of the patients who had undergone sedation¹⁷ in accordance with the invasive procedure. The medical records demonstrate

¹⁶ Peripheral arterial disease (PAD) is the narrowing or blockage of the vessels that carry blood from the heart to the legs. It is primarily caused by the buildup of fatty plaque in the arteries.

¹⁷ See e.g., Patients 4, 5, 8, 9, 10, and 11.

inadequacies related to the safe delivery of moderate procedural sedation, often lacking any documentation related to pre-, intra-, and post-procedural evaluation.

CONCLUSIONS OF LAW

Based on the foregoing Investigative Findings, Panel A concludes that the public health, safety or welfare imperatively require emergency action in this case, pursuant to Md. Code Ann., State Gov't § 10-226(c)(2) (2021 Repl. Vol.) and COMAR 10.32.02.08B(7).

ORDER

Based on the foregoing Investigative Findings and Conclusion of Law, it is, by a majority of a quorum of Panel A, hereby:

ORDERED that pursuant to the authority vested in Panel A by Md. Code Ann., State Gov't § 10-226(c)(2) and COMAR 10.32.02.08B(7), the license of **JEFFERY DORMU, D.O.**, License Number H65639, to practice medicine in the State of Maryland is **SUMMARILY SUSPENDED**; and it is further

ORDERED that, during the summary suspension, the Respondent shall not practice medicine in the State of Maryland; and it is further

ORDERED that in accordance with COMAR 10.32.02.08B(7) and E a post-deprivation hearing on the summary suspension will be held on **Wednesday, August 10, 2022, at 11:15 a.m.** at the Board's offices, located at 4201 Patterson Avenue, Baltimore, Maryland 21215; and it is further

ORDERED that **SUMMARY SUSPENSION** hearing before Panel A, the Respondent, if dissatisfied with the result of the hearing, may request within ten (10) days

an evidentiary hearing, such hearing to be held within thirty (30) days of the request, before an Administrative Law Judge at the Office of Administrative Hearings, Administrative Law Building, 11101 Gilroy Road, Hunt Valley, Maryland 21031; and it is further

ORDERED that a copy of this Order for Summary Suspension shall be filed by Panel A in accordance with Health Occ. § 14-407 (2021 Repl. Vol.); and it is further

ORDERED that this is an Order of Panel A, and as such, is a public document. See Health Occ. §§ 1-607, 14-411.1(b)(2) and Md. Code Ann., Gen. Prov. § 4-333(b)(6).

08/03/2022
Date

Signature On File

Christine A. Farrelly 
Executive Director
Maryland State Board of Physicians