BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DIVISION OF MEDICAL QUALITY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation )
Against: )
) No. 04-1997-76214
RONALD REINER WEMPEN, M.D. )
Physician & Surgeon Cert. No. G-18070 )
) Respondent )

DECISION

The attached Stipulated Settlement and Disciplinary Order in case number 04-1997-76214 is hereby adopted by the Division of Medical Quality of the Medical Board of California as its Decision in the above entitled matter.

This Decision shall become effective at 5:00 p.m. on November 26, 1999

It is so Ordered October 26, 1999

DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA

By
IRA LUBELL, M.D.
Panel A
BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation
Against:

RONALD REINER WEMPEN, M.D.
14795 Jeffrey Road, #101
Irvine, CA 92720

Physician's and Surgeon's Certificate No. G. 18070

Respondent.

Case No. 04-97-76214
OAH No. L-1998100275
STIPULATED SETTLEMENT
AND DISCIPLINARY ORDER

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

1. An Accusation in Case No. 04-97-76214 was filed with the Division of Medical Quality, of the Medical Board of California Department of Consumer Affairs (the "Division") on September 23, 1998 and is currently pending against Ronald Reiner Wempen, M.D. (the "respondent").
2. The Accusation, together with all statutorily required documents, was duly served on the respondent on or about September 23, 1998, and respondent filed his Notice of Defense contesting the Accusation on or about September 30, 1998. A copy of the Accusation is attached as Exhibit "A" and hereby incorporated by reference as if fully set forth.

3. Complainant, Ron Joseph, is the Executive Director of the Medical Board of California and brought this action solely in his official capacity. The Complainant is represented by the Attorney General of California, Bill Lockyer, by and through Deputy Attorney General, Samuel K. Hammond.

4. At all times relevant herein, respondent has been licensed by the Medical Board of California under Physician's and Surgeon's Certificate No. A 92720.

5. Respondent is represented in this matter by Richard Dale Jackson, 120 Fisherman's Wharf, Redondo Beach, California 90277.

6. Respondent and his attorney have fully read and discussed the charges contained in the Accusation. Respondent has been fully advised regarding his legal rights and the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent understands the nature of the charges alleged in the Accusation and that, if proven at a hearing, the charges and allegations would constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate. Respondent is fully aware of his right to a hearing on the charges contained in the Accusation, his right to confront and
cross-examine witnesses against him, his right to the use of subpoenas to compel the attendance of witnesses and the production of documents in both defense and mitigation of the charges, his right to reconsideration, court review and any and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent knowingly, voluntarily and irrevocably waives and gives up each of these rights.

9. Respondent admits the allegations in the Accusation that he has engaged in repeated negligent acts in violation of Business and Professions Code section 2234(c).

Respondent agrees he has subjected his Physician's and Surgeon's Certificate to disciplinary action. Respondent agrees to be bound by the Division's Disciplinary Order as set forth below.

10. The admissions made by respondent herein are for the purpose of this proceeding and any other proceedings in which the Division of Medical Quality, Medical Board of California, or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceedings.

11. Based on the foregoing admissions and stipulated matters, the parties agree that the Division shall, without further notice or formal proceeding, issue and enter the following order:

**DISCIPLINARY ORDER**

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G. 18070 issued to Ronald Reiner Wempen, M.D., is revoked. However, the revocation is stayed and respondent is
placed on probation for five (5) years on the following terms and conditions.

Within 15 days after the effective date of this decision the respondent shall provide the Division, or its designee, proof of service that respondent has served a true copy of this decision on the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to respondent or where respondent is employed to practice medicine and on the Chief Executive Officer at every insurance carrier where malpractice insurance coverage is extended to respondent.

1. **CLINICAL TRAINING PROGRAM - PACE PROGRAM** Within four months from the effective date of this decision, respondent, at his expense, shall enroll in The Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine (hereinafter, the "PACE Program") and shall undergo the comprehensive assessment program including the measurement of medical skills and knowledge, the appraisal of physical health and psychological testing. After assessment, the PACE Evaluation Committee will review all results and make a recommendation to the Division or its designee, the respondent and other authorized personnel as to what clinical training is required, including scope and length, treatment of any medical or psychological condition, and any other factors affecting the respondent's practice of medicine. The respondent shall undertake whatever clinical training and treatment of any medical or psychological condition as may be recommended by the PACE
Program. Finally, at the completion of the PACE Program, respondent shall submit to an examination on its contents and substance. The examination shall be designed and administered by the PACE faculty. Respondent shall not be deemed to have successfully completed the program unless he passes the examination. Respondent agrees that the determination of the PACE Program faculty as to whether or not he has passed the examination and/or successfully completed the PACE Program shall be binding.

2. **EDUCATION COURSE** Within ninety (90) days of the effective date of this decision, and on an annual basis thereafter, respondent shall submit to the Division or its designee for its prior approval an educational program or course to be designated by the Division, which shall not be less than 40 hours per year, for each year of probation. This program shall be in addition to the Continuing Medical Education requirements for re-licensure. Following the completion of each course, the Division or its designee may administer an examination to test respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of continuing medical education of which 40 hours were in satisfaction of this condition and were approved in advance by the Division or its designee.

3. **ETHICS COURSE** Within 60 days of the effective date of this decision, respondent shall enroll in a course in Ethics approved in advance by the Division or its designee, and shall

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successfully complete the course during the first year of probation.

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

5. **QUARTERLY REPORTS** Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Division, stating whether there has been compliance with all the conditions of probation.

6. **PROBATION SURVEILLANCE PROGRAM COMPLIANCE** Respondent shall comply with the Division's probation surveillance program. Respondent shall, at all times, keep the Division informed of his business and residence addresses which shall both serve as addresses of record. Changes of such addresses shall be immediately communicated in writing to the Division. Under no circumstances shall a post office box serve as an address of record.

Respondent shall also immediately inform the Division, in writing, of any travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) days.

7. **INTERVIEW WITH THE DIVISION, ITS DESIGNEE OR ITS DESIGNATED PHYSICIAN(S)** Respondent shall appear in person for interviews with the Division, its designee or its designated physician(s) upon request at various intervals and with reasonable notice.

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8. **TOLLING FOR OUT-OF-STATE PRACTICE, RESIDENCE OR IN-STATE NON-PRACTICE**

In the event respondent should leave California to reside or to practice outside the State or for any reason should respondent stop practicing medicine in California, respondent shall notify the Division or its designee in writing within ten (10) days of the dates of departure and return or the dates of non-practice within California. Non-practice is defined as any period of time exceeding thirty (30) days in which respondent is not engaging in any activities defined in Sections 2051 and 2052 of the Business and Professions Code. All time spent in an intensive training program approved by the Division or its designee shall be considered as time spent in the practice of medicine. Periods of temporary or permanent residence or practice outside California or of non-practice within California, as defined in this condition, will not apply to the reduction of the probationary period.

9. **COMPLETION OF PROBATION** Upon successful completion of probation, respondent's certificate shall be fully restored.

10. **VIOLATION OF PROBATION** If respondent violates probation in any respect, the Division, after giving respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an accusation or petition to revoke probation is filed against respondent during probation, the Division shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

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11. **COST RECOVERY** The respondent is hereby ordered to reimburse the Division the amount of $8,000 within 24 months of the effective date of this decision for its investigative and prosecution costs. Failure to reimburse the Division's cost of investigation and prosecution within the specified period shall constitute a violation of the probation order unless the Division agrees in writing to payment by an installment plan because of financial hardship. The filing of bankruptcy by the respondent shall not relieve the respondent of his responsibility to reimburse the Division for its investigative and prosecution costs.

12. **PROBATION COSTS** Respondent shall pay the costs associated with probation monitoring each and every year of probation, which are currently set at $2,304, but may be adjusted on an annual basis. Such costs shall be payable to the Division of Medical Quality and delivered to the designated probation surveillance monitor at the beginning of each calendar year. Failure to pay costs within 30 days of the due date shall constitute a violation of probation.

13. **LICENSE SURRENDER** Following the effective date of this decision, if respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the terms and conditions of probation, respondent may voluntarily tender his certificate to the Board. The Division reserves the right to evaluate the respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal
acceptance of the tendered license, respondent will not longer be subject to the terms and conditions of probation.

CONTINGENCY

This stipulation shall be subject to the approval of the Division of Medical Quality. Respondent understands and agrees that Board staff and counsel for complainant may communicate directly with the Division regarding this stipulation and settlement, without notice to or participation by respondent or his counsel. If the Division fails to adopt this stipulation as its Order, the stipulation shall be of no force or effect, it shall be inadmissible in any legal action between the parties, and the Division shall not be disqualified from further action in this matter by virtue of its consideration of this stipulation.

ACCEPTANCE

I have read the above Stipulated Settlement and Disciplinary Order. I have fully discussed the terms and conditions and other matters contained therein with my attorney, Richard Dale Jackson, Esq. I understand the effect this Stipulated Settlement and Disciplinary Order will have on my Physician's and Surgeon's Certificate, and agree to be bound thereby. I enter into this stipulation freely, knowingly, intelligently and voluntarily.

DATED: 9-7-99.

RONALD REINER WEMPEN, M.D.  
Respondent

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I have read and fully discussed the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order with respondent Ronald Reiner Wempen, M.D., and approve of its form and content.

DATED: 9-1-99

RICHARD DALE JACKSON
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for the consideration of the Division of Medical Quality, Medical Board of California Department of Consumer Affairs.

DATED: 9/16/99

BILL LOCKYER, Attorney General of the State of California

SAMUEL K. HAMMOND
Deputy Attorney General

Attorneys for Complainant

Exhibit: Accusation
EXHIBIT A
Accusation No. 04-97-76214
BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation
Against:

RONALD REINER WEMPEN, M.D.
14795 Jeffrey Road, #101
Irvine, California 92720

Physician’s and Surgeon’s
Certificate No. G 18070,

Respondent.

) ) Case No. 04-97-76214
) )
) ) ACCUSATION
) )

The Complainant alleges:

PARTIES

1. Ron Joseph ("Complainant") brings this accusation solely in his official capacity as the Executive Director of the Medical Board of California (hereinafter the "Board").

2. On or about March 19, 1970, Physician’s and Surgeon’s Certificate No. G 18070 was issued by the Board to Ronald Reiner Wempen (hereinafter "respondent"). At all times relevant to the charges brought herein, this license has been in full force and effect. Unless renewed, it will expire on

1.

JURISDICTION

3. This accusation is brought before the Division of Medical Quality of the Board (hereinafter the "Division"), under the authority of the following sections of the Business and Professions Code (hereinafter "Code"):

A. Section 2227 of the Code provides that the Division may revoke, suspend for a period not to exceed one year, or place on probation and order the payment of probation monitoring costs, the license of any licensee who has been found guilty under the Medical Practice Act.

B. Section 2234 of the Code provides that unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts.

"(d) Incompetence.

"..."

C. Section 2266 of the Code which provides that the failure of a physician and surgeon to maintain

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adequate and accurate record relating to the provision of services to a patient constitutes unprofessional conduct.

D. Section 125.3 of the Code provides, as relevant hereto, that the Board may request the administrative law judge to direct any licentiate found to have committed a violation or violations of the licensing act, to pay the Board a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

4. Section 16.01 of the Budget Act of the State of California provides, in pertinent part, that:

A. No funds appropriated by this act may be expended to pay any Medi-Cal claim for any service performed by a physician while that physician's license is under suspension or revocation due to a disciplinary action of the Medical Board of California; and,

B. No funds appropriated by this act may be expended to pay any Medi-Cal claim for any surgical service or other invasive procedure performed on any Medi-Cal beneficiary by a physician if that physician has been placed on probation due to a disciplinary action of the Medical Board of California related to the performance of that specific service or procedure on any patient, except in any case where the Board makes a determination during its disciplinary process that there exist compelling circumstances that warrant continued Medi-Cal reimbursement during the probationary period.

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FIRST CAUSE FOR DISCIPLINE
(Gross Negligence)

5. Respondent is subject to disciplinary action under section 2234, subdivision (b) of the Code in that he has committed acts or omissions constituting gross negligence. The circumstances are as follows:

A. On or about August 26, 1996, respondent began providing medical services for patient C.M., a 43-year-old woman, at his medical offices known as "The Environmental Medical Center of Orange County," located at 14795 Jeffrey Road, Suite 101, Irvine, California 92720. The patient's chief complaints included pelvic pain, vaginal discharge, bladder problems with a history of urinary frequency and cystitis, intestinal disorders which included constipation and diarrhea, and short-term memory loss. The patient gave a history in which she listed additional complaints including dyspareunia, dizziness, sleep problems, tinnitus, bleeding gums, myalgia in the back, hips, and hands, and cold sensitivity.

B. On this initial visit, respondent did not fully describe the present urinary symptoms in the patient's chart, and he made no comment in the chart concerning the abdominal pains, melena, and rectal bleeding. Respondent did not characterize the dizziness problem, and there is no notation respondent examined the patient's breasts, pelvis (including vagina), or rectum. Also, respondent did not order any laboratory testing of the patient.
C. Respondent's recorded impressions were endocrine disorder, chronic cystitis, probable environmental toxicity, functional gastroenteritis, possible encephalopathy, chronic vaginitis, and probably Candida.

D. Without any laboratory tests or any substantiated medical evidence, respondent attributed the problems of the patient to insufficient liver detoxification mechanisms, depressed immune system from chronic viral infection, depressed immune system from heavy acute or chronic low-level organic chemical exposure, and mitochondrial down-regulation.

E. Respondent treated C.M. with Nystatin, an antifungal antibiotic indicated for the treatment of cutaneous or mucocutaneous mycotic infections caused by Candida albicans and other Candida species. Respondent also ordered a grain omission/challenge test.

F. On or about September 24, 1996, patient C.M. returned to respondent's medical offices for a follow-up visit. The patient complained of lightheadedness, nausea, and intestinal gas after treatment with Nystatin. She also reported having become fatigued after taking about 1/4 teaspoon of the compound.

G. Respondent did not conduct any physical examination of patient C.M. His assessment was allergic gastroenteritis. Respondent treated the patient with Diflucon, or fluconazole, a synthetic antifungal agent indicated for the treatment of vaginal Candidiasis.
Respondent ordered a stool sample which was submitted to
Great Smokies Diagnostic Laboratories. On or about
October 15, 1996, Great Smokies Diagnostic Laboratories
reported the sample to be positive for occult blood.

H. On or about October 22, 1996, respondent saw
patient C.M. Respondent did not comment upon or assess the
positive result of the hemoccult test of the patient which
had been reported to his office even though Great Smokies
Diagnostic Laboratories’s "Comments" to the hemoccult test
results stated: "Occult (hidden) blood was detected in the
stool, an indication of bleeding within the intestinal
tract. Common causes include ulcers, hemorrhoids, colitis,
irritants, and carcinoma. A careful history is recommended,
as well as a repeat Occult Blood test on three separate days
while avoiding red meet. If positive, sigmoidoscopy is
recommended."

I. Respondent’s assessment of the patient on
this visit was an intestinal condition (respondent’s note
was partially illegible), fatigue, chronic cystitis, and a
history of heavy-metal toxicity. He ordered laboratory
tests which included a 24-hour urine sample for creatinine
clearance, a urine culture and sensitivity test, and
urinalysis.

J. On or about December 3, 1996, respondent
again saw the patient and noted that the Diflucan regimen
had been completed on November 22, 1996. Respondent did not
perform a physical exam on this visit but commented that the
patient had suffered dizziness at various times. Also, respondent noted that the patient had urinary frequency, was using Estradiol cream, and had vaginal burning. Respondent prescribed Zovirax 400 mg for patient C.M. without noting the medical indication for the drug. (Zovirax, the generic name for which is acyclovir, is indicated for the treatment and management of genital herpes and herpes zoster, or shingles.)

K. On or about December 18, 1996, patient C.M. signed a "Informed Consent" form in which she indicated her agreement to undergo a so-called "DMPS" (Sodium 2,3, Dimeracaptopropane-I-Sulfate) protocol, presumably to remove mercury from her body. On or about December 19, 1996, patient C.M. was seen again by respondent, who made notations in her medical record appearing to be the calculation of a dosage of "IV Therapy/Test." Respondent diagnosed the patient to have chronic cystitis and chronic gastroenteritis.

L. On or about December 20, 1996, patient C.M. submitted a urine sample which was tested for mercury and other elements. The level of mercury in her urine, according to the laboratory result, was "consistent with mild mercury exposure, marginally affected."

M. On or about January 21, 1997, the patient was again seen by respondent. Respondent wrote his diagnosis of her condition to be "probable mercury toxicity." Respondent also noted the patient to have had no stamina and to have
had more frequent dizzy spells. Respondent furnished, or otherwise ordered for the use of the patient, garlic pills, chlorella (a nutritional supplement derived from plant algae), and minerals.

N. On or about February 14, 1997, patient C.M. returned for another follow-up visit. Respondent wrote that she was doing well, but had dizziness not related to food and had been feeling "spacey with slurred speech." Respondent did not perform a physical exam of the patient. Respondent again ordered the patient to take minerals and chlorella.

O. On or about February 18, 1997, patient C.M. submitted another urine sample for testing for mercury and other elements. The level of mercury in her urine, according to the laboratory result, was again "consistent with mild mercury exposure, marginally affected." On this date, respondent caused the patient to undergo the intravenous infusion of DMPS.

P. On or about March 27, 1997, patient C.M. made another follow up visit and again complained of dizziness. Respondent noted there to be no change in blood pressure or pulse with positional change by the patient. Respondent commented that the tympanic membranes were clear. Respondent made notes that are not legible about laboratory results or any laboratory tests/treatments he recommended.
Respondent diagnosed C.M. to have dizziness, muscle spasms, a mineral disorder, and possibly an endocrine disorder.

Q. On or about April 24, 1997, respondent noted that the patient was still taking mineral supplements and chlorella. Respondent diagnosed the patient still to be suffering from mercury toxicity and a mineral disorder. He also diagnosed myalgia, or muscle pain. Respondent noted that trigger point injections had "helped last time". However, the medical record is not clear whether or when they were given, either previously or during this visit. Respondent ordered another DMPS intravenous therapy and solicited a promise that the patient would come in for such treatment on the following day, April 25, 1997.

There is no indication in the chart that the patient came in for or received that treatment.

6. Respondent, Ronald Reiner Wempen, M.D., is subject to disciplinary action for unprofessional conduct in that he was grossly negligent in his care and treatment of patient C.M. in violation of Code section 2234(b) as more particularly set forth hereinafter:

A. Respondent failed to perform medically appropriate history specific to the patient's complaints of vaginal discharge, gastrointestinal problems and dizziness.

B. Respondent failed to perform medically appropriate physical examination specific to the patient's

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complaints of vaginal discharge, gastrointestinal problems and dizziness.

C. Respondent failed to perform appropriate medical evaluation and appropriate diagnostic-testing in a patient with several complaints including vaginal discharge, gastrointestinal problems and dizziness.

D. Respondent made a diagnosis of chronic vaginitis and functional gastroenteritis without conducting a physical exam.

E. Respondent treated C.M. with antifungal medications without first examining the vaginal discharge to determine the etiology thereof.

F. Respondent repeatedly failed to attempt to determine the etiology of the patient’s dizziness.

G. Respondent repeatedly failed to determine whether laboratory tests or neurological tests were necessary for evaluation of the dizziness of the patient.

H. Respondent failed to order CBC tests to substantiate his impression that the patient’s complaints stemmed from insufficient liver detoxification mechanisms or a depressed immune system.

I. Respondent failed to list as part of his assessment of the patient, additional medical problems he discovered upon obtaining the patient’s history and performing physical exam during the visit on August 26, 1996. These additional medical problems included positive
Romberg test, the patient's inability to stand on one foot, 2+ abdominal pain and hyperreflexia.

J. Respondent noted an abnormal neurological examination on or about August 26, 1996, when he described a questionably positive Romberg test, inability to stand on one foot, and hyperreflexia, but respondent failed to assess these signs, failed to repeat the examination, and failed to follow up on this possible neurological problem.

K. On the patient's visit on August 26, 1996, respondent noted diagnosed probable encephalopathy without any notation of changes in the mental status of the patient.

L. On or about December 19, 1996, respondent diagnosed the patient to be suffering from mercury toxicity, even though the result of the laboratory the previous day indicated that the patient had a low range of mercury.

M. Respondent entered the patient in an experimental study to chelate mercury from her system even though the patient had a low range of mercury and did not show mercury toxicity.

N. Respondent failed to maintain clear and legible records on the patient during the period she participated in the experimental study to chelate mercury from her system.

O. After the patient's initial visit on August 26, 1996, respondent failed to maintain legible and coherent records on the patient's subsequent visits.
SECOND CAUSE FOR DISCIPLINE
(Repeated Negligent Acts)

7. Respondent, Ronald Reiner Wempen, M.D., is subject to disciplinary action for unprofessional conduct in that he engaged in repeated acts of negligence in his care and treatment of patient C.M. in violation of Code section 2234(c) as more particularly set forth hereinafter:

   A. Respondent failed to perform medically appropriate history specific to the patient's complaints of vaginal discharge, gastrointestinal problems and dizziness.

   B. Respondent failed to perform medically appropriate physical examination specific to the patient's complaints of vaginal discharge, gastrointestinal problems and dizziness.

   C. Respondent failed to perform appropriate medical evaluation and appropriate diagnostic testing in a patient with several complaints including vaginal discharge, gastrointestinal problems and dizziness.

   D. Respondent made a diagnosis of chronic vaginitis and functional gastroenteritis without conducting a physical exam.

   E. Respondent treated C.M. with antifungal medications without first examining the vaginal discharge to determine the etiology thereof.

   F. Respondent repeatedly failed to attempt to determine the etiology of the patient's dizziness.
G. Respondent repeatedly failed to determine whether laboratory tests or neurological tests were necessary for evaluation of the dizziness of the patient.

H. Respondent failed to order CBC tests to substantiate his impression that the patient's complaints stemmed from insufficient liver detoxification mechanisms or a depressed immune system.

I. Respondent failed to list as part of his assessment of the patient, additional medical problems he discovered upon obtaining the patient's history and performing physical exam during the visit on August 26, 1996. These additional medical problems included positive Romberg test, the patient's inability to stand on one foot, 2+ abdominal pain and hyperreflexia.

J. Respondent noted an abnormal neurological examination on or about August 26, 1996, when he described a questionably positive Romberg test, inability to stand on one foot, and hyperreflexia, but respondent failed to assess these signs, failed to repeat the examination, and failed to follow up on this possible neurological problem.

K. On the patient's visit on August 26, 1996, respondent noted diagnosed probable encephalopathy without any notation of changes in the mental status of the patient.

L. On or about December 19, 1996, respondent diagnosed the patient to be suffering from mercury toxicity, even though the result of the laboratory the previous day indicated that the patient had a low range of mercury.
M. Respondent entered the patient in an experimental study to chelate mercury from her system even though the patient had a low range of mercury and did not show mercury toxicity.

N. Respondent failed to maintain clear and legible records on the patient during the period she participated in the experimental study to chelate mercury from her system.

O. After the patient's initial visit on August 26, 1996, respondent failed to maintain legible and coherent records on the patient's subsequent visits.

THIRD CAUSE FOR DISCIPLINE (Incompetence)

8. Respondent is subject to disciplinary action for unprofessional conduct in that he engaged in incompetence in his treatment and care of patient C.M. in violation of Code section 2234(d) as more particularly set forth hereinafter:

A. The allegations contained in paragraph 6-A through 6-O above, are herein realleged as though fully set forth.

B. Each of respondent's failures alleged in paragraph 6-A through 6-O above, represent a lack of knowledge or ability in carrying out his professional medical obligations to patient C.M.
FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

9. Respondent, Ronald Reiner Wempen, M.D., is subject to disciplinary action for unprofessional conduct in that after the patient’s initial visit on August 26, 1996, respondent failed to make clear, legible, adequate and accurate notations of the medical services provided to the patient on the subsequent visits in violation of Code section 2266.

PRAYER

WHEREFORE, the complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Division issue a decision:

1. Revoking or suspending Physician’s and Surgeon’s Certificate Number G 18070, heretofore issued to respondent Ronald Reiner Wempen, M.D.;

2. Revoking, suspending or denying approval of respondent’s authority to supervise physician’s assistants, pursuant to section 3527 of the Code;

3. Ordering respondent to pay the Board the actual and reasonable costs of the investigation and enforcement of this case;

4. If placed on probation, ordering respondent to pay the costs of probation monitoring;
5. Taking such other and further action as the Division deems necessary and proper.

DATED: September 23, 1998

Ron Joseph
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California

Complainant