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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF	:	
THE DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MICHAEL N. MANGOLD, M.D.,	:	LS0512211MED
RESPONDENT.	:	

[Division of Enforcement Case No. 03 MED 029]

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Michael N. Mangold, M.D.
354 Minz Park Circle #5
West Bend, WI 53095

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Wisconsin Medical Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

A disciplinary proceeding was commenced in this matter by the filing of a Notice of Hearing and Complaint with the Medical Examining Board on December 21, 2005. Prior to the hearing on the Complaint, the parties in this matter, Michael N. Mangold, M.D., Respondent herein, and Pamela M. Stach, Attorney for the Department of Regulation and Licensing, agreed to the terms and conditions of the attached Stipulation as the final disposition of this matter, subject to the approval of the Board. The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Michael N. Mangold, M.D., (DOB 01/30/57) is duly licensed and currently registered to practice medicine and surgery in the state of Wisconsin (license # 32859). This license was first granted on December 19, 1991.

2. Respondent's most recent address is 354 Minz Park Circle #5, West Bend, WI 53095.

3. At all times relevant to this action, Respondent was working as a physician in Hartford, Wisconsin.

4. Respondent specializes in family practice.

5. At all times relevant hereto, Respondent was employed by Hartford Emergency Physicians and provided emergency medical services to Aurora Medical Center in Hartford, Wisconsin.

6. On November 11, 2002, a 32 year old female patient, AF, presented at the Schimp Office of Chiropractic with complaints of severe stabbing pain and shortness of breath after stumbling while exiting a high clearance vehicle. Upon arrival a the office she laid on the floor and when arising, vomited.

7. Emergency Medical Services were immediately contacted and upon arrival at the chiropractic office noted the patient to be sitting in a chair with complaints of epigastric and back pain with sudden onset. When assisted to a cot, the patien was noted to be very anxious, rolling on the cot and screaming in pain.

8. Patient AF was transported to the Aurora Medical Center Emergency Room in Hartford, WI at 1335.

9. Upon presentation at Aurora Medical Center Emergency Room, the triage nurse noted the following symptoms: sudden onset of epigastric pain that radiated to the back and emesis. Pain was noted as sharp 7/10. The patient was emotional her father recently passed away, the funeral was that day. The patient had chronic back pain due to scoliosis. Patient AF's vita upon arrival were noted by the nurse as 115/80 BP, 178 radial pulse, respirations at 32, and temperature of 96 degrees.

10. At 1345 an IV was started, samples for laboratory analysis were taken, and an EKG performed and was interpreted as sinus tachycardia otherwise normal.

11. Respondent provided a medical evaluation and noted the patient's chief complaint as epigastric pain and difficulty breathing. His physical examination revealed she had poor respiratory movement; however her lung fields were clear bilaterally. The chest wall and epigastrium were nontender to palpation. The heart was tachycardic without murmurs or rubs. The patient's skin was pale. The patient's blood sugar was 211 and urinalysis showed trace ketones. Patient AF's white blood count was 9.3; elevated platelets were 442, sodium was 140, potassium was 3.9, chloride was 106, and carbon dioxide was 25. She hac a normal liver panel.

12. Respondent believed the patient's tachycardia may have been due to dehydration and ordered 2 liters normal saline administered.

13. Respondent diagnosed hyperglycemia, dehydration, back pain, tachycardia, anxiety and acute cystitis and ordere 50 mg. of Vistaril IM and 50 mg. of Zantac for both nausea and anxiety, and 10 mg. of Nubain IV.

14. Patient AF's condition improved while in the emergency room and the patient was discharged at 1710 with an appointment for a 3 hour glucose tolerance test the following morning.

15. Upon discharge Patient AF was prescribed Paxil, Ativan, Bextra and Macrobid.

16. After discharge Patient AF was, at her request, returned to the Schimp Office of Chiropractic by a relative.

17. The treating chiropractor adjusted the patient's spine and noted her to be very pale with a rapid pulse and no detectable blood pressure. He advised the relative to return the patient to the emergency room.

18. Patient AF returned to the emergency room at 1805. At that time her blood pressure was noted as 100/?, pulse 143 and respirations at 12. The triage nurse noted the patient had been hypotensive and partially non-responsive at the chiropractor's office. The patient complained of chest tightness and occasional back spasms and chest pain. The nurse noted the patient was having a difficult time dealing with her father's death and assessed the patient as suffering stress due to that deat

19. The patient advised staff that her back and chest hurt and she had some difficulty breathing. She was unable to li down without pain. An IV was placed for saline administration and samples for basic metabolic laboratory analysis were draw

20. Respondent examined the patient and noted a near syncopal episode in the chiropractic office. He diagnosed a stress reaction and reaction to the previously administered Nubain. He further noted that a readmission history and physical would be performed by Cheryl Jeanpierre, M.D.

21. Respondent did not order an x-ray of the patient's chest area.

22. Dr. Jeanpierre noted that the patient was endorsed to her at 2010 and the care provided solely per Dr. Mangold' plan. She noted the patient was receiving normal saline for dehydration and basic metabolic laboratory work was performed. According to Dr. Jeanpierre, Respondent had advised her to discharge the patient with instructions to the patient to follow-up with Dr. Williamson for re-evaluation if not feeling better.

23. The laboratory analysis was normal and the patient was discharged at 2150 with a social services referral and instructions to follow up for re-evaluation if not better.

24. Based on Respondent's diagnoses, the patient believed she was suffering from anxiety.

25. Between discharge on November 11 and November 14 Patient AF suffered continued back, side and chest pain with difficulty breathing and weakness.

26. On November 14 at 0144 Patient AF was readmitted to the emergency room with a blood pressure of 180/106, pulse of 144 and respirations at 24. The triage nurse noted a chief complaint of pain in the left rib area, 6/10, with a sharp pain when lying back. The patient denied chest pain.

27. Jerome Buboltz. M.D., examined the patient and noted chest pain and shortness of breath which was worse whe lying down. He noted high blood pressure, tachycardia with no gallop or murmur, diminished breath sounds on the right side an absent at the right base with some crackles on the left side and pitting edema in both legs.

28. Dr. Buboltz ordered a chest x-ray which revealed a large right pleural effusion and severe scoliosis.

29. A CT scan of the chest revealed bilateral pulmonary contusions with a very large right hemithorax and suggestion of a pneumothorax on the left. He further suspected a right 5th rib fracture which may have lacerated a costal artery and caused the hemothorax.

30. Dr. Buboltz diagnosed a large right hemithorax, anemia, severe scoliosis, neurofibromatosis and suspect 5th rib fracture and arranged immediate transfer to Froedtert Hospital for treatment by a thoracic surgeon.

31. Respondent's conduct, as herein described, fell below the minimum standards of competence established in the profession in the following respects:

A. Respondent failed to properly evaluate the patient's condition upon her return to the emergency room a 1805 on November 11, 2002.

B. Respondent failed, upon the patient's return to the emergency room, to obtain a chest x-ray of the patie which was indicated by the patient's symptoms.

32. Respondent's conduct as set forth in paragraph 33 above created the following unacceptable risks to the patient:

A. By failing to properly evaluate the patient's condition upon her return to the emergency room, Respondent failed to reach the correct diagnosis of the patient's condition thereby creating the risk of delayed treatment of the hemothorax and fractured rib.

B. By failing to obtain a chest x-ray of the patient upon her return to the emergency room, Respondent created the risk that the patient's condition would not be promptly diagnosed and treatment would be delayed.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. § 448.03, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraphs 31 and 32 above, constitutes a violation of Wis. Stat. § 448.02 (3) and Wisconsin Administrative Code § MED 10.02 (2) (h).

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED that the Stipulation of the parties is hereby accepted.

IT IS FURTHER ORDERED that:

1. The license of Michael N. Mangold, M.D., to practice medicine and surgery in the State of Wisconsin is hereby limited to require that, within 18 months of the date of this Order, Dr. Mangold shall obtain fifteen (15) hours of continuing education in the evaluation and treatment of cardiothoracic injuries. The courses attended in satisfaction of this requirement may not be used in satisfaction of the statutory continuing education requirements for licensure.

2. Dr. Mangold shall be responsible for obtaining the courses required under this Order, for providing adequate course descriptions to the Department Monitor and for obtaining pre-approval of the course from the Wisconsin Medical Examining Board or its delegee prior to commencement of the programs.

3. Within thirty (30) days following completion of the courses identified in paragraph one above, Dr. Mangold shall file with the Wisconsin Medical Examining Board certifications from the sponsoring organization verifying his attendance at the required courses.

4. All costs of the educational programs shall be the responsibility of Dr. Mangold.

IT IS FURTHER ORDERED that:

5. Respondent shall, by May 1, 2008, pay costs of this proceeding in the amount of Five Thousand ($5,000) dollars. Payment shall be made in four installments of Twelve Hundred fifty ($1250) dollars due on May 1, 2007, September 1, 2007, January 1, 2008 and May 1, 2008 respectively. The installments are to be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

6. Violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In the event Respondent fails to timely submit any payment of costs as ordered or fails to comply with the ordered continuing education the Respondent's license(#32859) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

7. This Order is effective on January 24, 2007.

State of Wisconsin
Medical Examining Board

By: Gene Musser MD 1/24/07
A Member of the Board Date