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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY	:	
PROCEEDINGS AGAINST	:	FINAL DECISION
	:	AND ORDER
VIJAYA DASGUPTA, MD	:	LS0309231MED
RESPONDENT	:	

Division of Enforcement Case File No. 01 MED 326

The parties to this action for the purposes of section 227.53 of the Wisconsin statutes are:

Vijaya Dasgupta, MD
2628 Cochise Trail
Madison, WI 53711

Medical Examining Board
PO Box 8935
Madison, WI 53708-8935

Department of Regulation and Licensing
Division of Enforcement
PO Box 8935
Madison, WI 53708-8935

The parties in this matter agree to the terms and conditions of the attached Stipulation, 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. Vijaya Dasgupta, MD, (D.O.B. 10/22/1939) is duly licensed in the state of Wisconsin to practice medicine and surgery (license #21649). This license was first granted on 07/14/1978.
2. Respondent’s latest address on file with the Department of Regulation and Licensing is 2628 Cochise Trail, Madison, WI 53711.

3. At all times relevant to this action, Respondent worked as a staff physician at Oakhill Correctional Institution in Oregon, Wisconsin.
4. On or about 12/05/1997 Respondent saw patient GM with for continued consistent right shoulder pain radiating down right arm to right elbow and right forearm.
5. In pertinent part, GM presented with the following history:

06/12/1996	Entry into prison system with hypertension, coronary artery disease, status post coronary artery bypass graft (times 2); sinus tachycardia; right lower extremity edema and asthma.
07/01/1996	Initial screening chest x-ray
07/15/1996	Follow-up lordotic view for chest. Report notes area of increased density in the right upper hemithorax that "appears to be related to an asymmetry of the upper ribs. However, this cannot be stated with certainty. Additional information might be obtained with a limited CT evaluation of the lung apices."
11/26/1997	Right shoulder pain and radiculopathy entered on GM's Problem List. Nurses' notes indicate that the inmate reports increasing pain over the previous month, with inability to sleep on his right side. The nursing evaluation found that the inmate's lung sounds were diminished on the right side. The nurse referred GM to see the physician for right shoulder pain.

6. Respondent's charting on 12/04/1997 for GM was as follows:

S	Follow-up for hypertension, Right leg edema and right shoulder pain. States right shoulder pain has not been relieved with ibuprofen. Denies lifting weights in gym or doing pushups. States right leg edema is better with support stocking and is compliant taking BP meds. Labs reviewed with history – has within normal limits hemoglobin A1C. <u>Complaint of persistent dull right shoulder pain.</u>
O	53 year old white male, thin, no apparent distress today BP 126/70 RA sitting pulse 68/ min. (R). Lungs clear to auscultation. (illegible) NSR (illegible). Right shoulder – tenderness with hyperextension and rotational movement. Legs – Left lower leg WNL Right lower leg – <u>trace pitting edema Good pedal pulses</u>
A	Hypertension, well controlled; COPD, well controlled. S/P CABG; right shoulder pain
P	See physician orders. Reassurance

7. Respondent continued a pre-existing Diltiazem prescription and ordered continued blood pressure monitoring. Respondent discontinued the inmate's ibuprofen prescription and ordered EC ASA 325 mg TID and Elavil 50 mg @ HS. In addition Respondent prescribed elevation of right foot on a pillow.
8. On or about 12/22/1997, Nurse's notes reveal GM complained of continued intermittent right anterior chest discomfort. A physician's assistant ordered an increase in Elavil to 100 mg, and scheduled a follow up visit in one month.
9. On 01/05/1998, Respondent again saw GM. Respondent's charting on that date for GM (recorded erroneously as 01/05/1997) was as follows:

S	Follow-up for persistent right shoulder pain, radiating down to right arm, [to] right elbow and right forearm. Complaint of increased pain after lifting any boxes. Being prescribed increased Elavil dose of 100 mg QID since 12/22/97. States he sleeps better. However complaint of pain in right forearm and right elbow during daytime. Denies numbness of fingers or hand.
O/A	53 year old thin white male with claim of right shoulder pain with radiculopathy.
P	Continue with Elavil @ HS. Add Ketoprofen 50 mg TID with food PRN X 2 weeks.

10. Respondent next saw GM on 01/20/98 for follow up regarding his right shoulder pain. Respondent's charting on that date for GM was as follows:

S	Follow-up for persistent right shoulder pain, radiating to right arm, [to] right elbow and right forearm. Being treated with ketoprofen and Elavil with good results. States he sleeps better now and requests for (sic) renewal of Ketoprofen and Elavil.
O	53 year-old thin white male no apparent distress. Today BP – 122/60 RA sitting. Pulse 68/minute (R) Fundi – WNL Legs no edema.
A	Hypertension, well controlled COPD, well controlled. S/P CABG – Asymptomatic. Right shoulder pain with radiculopathy.
P	Continue with Ketoprofen and Elavil, ASA and Diltiazem. Increase Fluids

11. GM presented next on 02/03/98. Respondent's charting on that date for GM was as follows:

S	Follow-up for right shoulder pain, radiating down to L right arm. States ketoprofen did not relieve the pain completely. Works in cottage kitchen. Requests for water bottle for heat.
O/A	53 year old thin white male with complaint of chronic right shoulder pain with radiculopathy.
P	See physician's orders.

12. Respondent prescribed a heating pad and changed his prescription from Ketoprofen to "Tolmetin 400 mg. TID with ordered food PRN x 4 months."

13. Respondent next saw GM on 03/16/1998. Respondent's charting on that date for GM was as follows:

S	Follow-up for pain in right shoulder and right hand assessed with numbness of RD's 4-5. States it takes him long time to get dressed in AM secondary to stiffness of right arm. States Tolmetin helps to relieve the pain somewhat. Also has hypertension.
O	53 year old white male thin with (illegible). BP 144/70, P 82/ minute (r) Fundi NL. Right hand FROM with some tenderness. Decreased sensation of Rt D4 & D5. Has good hand grip.
A	Hypertension, Rx well controlled. COPD, Rx well controlled. S/P CABG – Asymptomatic. Chronic shoulder pain with radiculopathy with ulnar neuropathy, Rx
P	Add hand splint to wear at night with present meds.

14. Respondent in addition ordered daily warm water soaks of the hand.

15. GM presented next on 03/23/1998. Respondent's charting on that date for GM was as follows:

S	Follow-up for shoulder pain over the weekend. States some days it is better and some days it is bad. Gets good relief with Tolmetin 400 mg. TID. Wearing right hand splint as directed with good results.
O	No physical exam done
A	Chronic right shoulder pain with radiculopathy
P	Advised to continue with Tolmetin 400 mgs. i/i TID with food as prescribed

16. Respondent did not see GM again, although she did issue an order on 04/02/1998 for refill of the following medications: ASA 325 mg i/i tab daily; Diltiazem 30 mg. i/i daily; Elavil 100 mg. i/i QHS; Beclovent Inhaler 2 puffs QID; and Albuterol Inhaler 2 puffs BIX Q 12 hours. Respondent also ordered a refill of an Atrovent inhaler for GM on 05/29/1998.

17. On or about 05/03/1998, GM submitted the following Health Services Request:

I have been having some serious pain on the right side of my body from my waist to my shoulder; it gets so bad that I don't know what to do with my body. Also when I take deep breath I get sharp pains in my chest.

18. Nursing notes on 05/04/1998 for GM document right arm pain and weakness, right side pain, and right chest pain with deep inspirations, as well as atrophy of the right arm and loss of sensation in the 3rd and 4th fingers of the right hand.

19. On 06/08/1998, GM was found by nursing staff pulseless and non-breathing. GM was transferred to UW Hospital ER but was never resuscitated.

20. An autopsy of GM found that GM has a large well differentiated squamous cell carcinoma in the right upper lobe of the lung with node metastases and an extension into the chest wall, and severe coronary atherosclerosis including arterial atherosclerosis. Lung cancer had never been diagnosed by the health care practitioners within the correctional system.

CONCLUSIONS OF LAW

Respondent's failure to appropriately diagnose and treat the cause of GM's chronic shoulder pain and/or to refer GM for further evaluation or treatment fell below minimal standards for the practice of medicine in 1997 and 1998 and presented an unacceptable risk to GM. Respondent's conduct as described above constitutes unprofessional conduct within the meaning of sec. 448.02(3), Wis. Stats. and Wis. Admin. Code § MED 10.02(2)(h).

ORDER

NOW, THEREFOR, IT IS HEREBY ORDERED that Vijaya Dasgupta, MD is REPRIMANDED.

IT IS FURTHER ORDERED that the license of Vijaya Dasgupta, MD (license #21649) to practice medicine and surgery in the State of Wisconsin SHALL BE LIMITED AS FOLLOWS:

Assessment/ Continuing education

1. Within fifteen (15) days of the date of this order Respondent shall initiate arrangements to undergo an assessment to evaluate Respondent's current abilities to practice medicine at her current practice, given her current patient population and the facts of this case. The assessment shall be performed under the direction of the University of Wisconsin Continuing Medical Education Program (UW-CME), and may include peer interview, oral or written examination, and (if deemed necessary by the assessors) a physical examination.
2. Respondent shall initiate the assessment process and shall timely complete all portions of the process for which she is responsible (including payment of all required fees), as requested by UW-CME.
3. Respondent shall participate in and successfully complete an educational program established through the UW-CME and based upon on the results of the assessment. The educational program shall include a post-intervention assessment which may be 6-12 months following the completion of the didactic portion of the program. Respondent shall complete this program within the time parameters established by the UW-CME, but no later than two years from the effective date of this Order.
4. In the event that UW-CME states that it is unable to develop an educational program which adequately addresses the issues identified in the assessment, the program shall notify the Board of this fact, and the matter shall be returned to the Division of Enforcement for further action. The results of the assessment shall be admissible as evidence in any subsequent proceedings in this action.
5. Respondent shall be responsible for all costs incurred for the assessment and training under the terms of this Order, and shall timely pay all fees when due.
6. The UW-CME shall certify to the Board the results of the assessment and educational program upon their completion. The didactic portion of the program and the post-intervention assessments shall be separately certified.

Future Supervision

7. Upon receipt of the UW-CME assessment report referred to in paragraph 3, above, respondent shall make arrangements for a personal appearance before the Board for the purpose of addressing the issue of whether or not the Board shall require Respondent to obtain a professional mentor for her practice. At her appearance, the Board shall be provided with a copy of this Order as well as a copy of the assessment report. The Board may ask Respondent questions regarding her practice.
 - a. If the Board determines that the appointment of a professional mentor is needed for the protection of public health and safety, the Department Monitor shall notify the UW-CME of it decision, and Respondent shall engage the UW-CME to provide a Professional Mentor to monitor Respondent's practice.
 - b. The mentor shall review Respondent's records on a frequency acceptable to the Board. Respondent shall afford the mentor access to all of Respondent's records for review and discussion. Reviews shall evaluate respondent's adequacy of documentation. In addition, the mentor shall examine the records for potential problems in quality of care or related issues.

Reporting

8. (If applicable) Respondent shall arrange for her Professional Mentor to provide formal written reports to the Department Monitor in the Department of Regulation and Licensing, Division of Enforcement, PO Box 8935, Madison, Wisconsin 53708-8935 on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's work performance.

9. (If applicable) Respondent's Professional Mentor shall immediately report to the Department Monitor any conduct or condition of the Respondent which may constitute unprofessional conduct, a violation of this Order, or a danger to the public or patient.

10. It is the responsibility of Respondent to promptly notify the Department Monitor of any suspected violations of any of the terms and conditions of this Order, including any failures of the Professional Mentor to conform to the terms and conditions of this Order.

11. Respondent shall report to the Board any change of employment status, residence, address or telephone number within five (5) days of the date of change.

Petitions for Modification of Terms

12. At any time following completion of the UW-CME program referred to above followed by at least an additional six months of practice reviews conducted by Respondent's professional mentor, Respondent may petition for modification of any of the limitations, terms and conditions of this Order. The Board may request Respondent to personally appear before the Board to answer any questions that the Board may have in conjunction with its consideration of a petition submitted by Respondent under this paragraph. Denial of a petition in whole or in part shall not be considered a denial of a license within the meaning of secs. 227.01(3) and 227.42, Stats.

Department Monitor

13. The Department Monitor is the individual designated by the Board as its agent to coordinate compliance with the terms of this Order, including receiving and coordinating all payments, reports and petitions. The Department Monitor may be reached as follows:

Department Monitor
Division of Enforcement
PO Box 8935
Madison, WI 53708-8935
FAX (608) 266-2264 TEL. (608) 261-7938

Summary suspension

14. If the Board determines that there is probable cause to believe that Respondent has violated any term of this Final Decision and Order, the Board may, pursuant to §448.02(4), Wis. Stats., order that the license and registration of Respondent be summarily suspended pending investigation of the alleged

violation.

Costs

15. Respondent shall be responsible for all costs incurred in her compliance with the terms of this Order.

16. Respondent shall pay partial costs of investigating and prosecuting this matter in the amount of two thousand dollars [\$2,000.] Payment shall be made by certified check or money order, made payable to the Wisconsin Department of Regulation and Licensing and submitted to the Department Monitor.

17. This Order shall become effective on the date of its signing.

WISCONSIN MEDICAL EXAMINING BOARD

By:	Alfred Franger	10-22-03
	A Member of the Board	Date