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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 J. MEYER, M.D.	:	LS # 0506153MED
RESPONDENT	:	

(DIVISION OF ENFORCEMENT FILE # 02 MED 222)

The parties to this action for the purposes of Wis. Stats. sec. 227.53 are:

Michael J. Meyer, M.D.
2133 Pigeon Ct.
DePere, WI. 54115

Medical Examining Board
1400 E. Washington Avenue
P.O. Box 8935
Madison, WI. 53708 8935

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

PROCEDURAL HISTORY

The parties in this matter, Michael J. Meyer, M.D., Respondent, and Pamela M. Stach, Attorney for the Department of Regulation and Licensing, agree to the terms and conditions of the attached Stipulation as the final disposition of this matter, subject to the approval of the Wisconsin Medical Examining 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 J. Meyer, M.D., Respondent herein, 2133 Pigeon Ct., DePere, Wisconsin 54115, whose date of birth is August 4, 1958, is licensed and currently registered to practice medicine and surgery in the State of Wisconsin under license number 26836 which was granted on July 1, 1985.

2. Respondent specializes in family practice.
3. An investigation entitled 02 Med 222 is pending in this matter before the Wisconsin Medical Examining Board.
4. On March 18, 1996, Patient TM, a 29 year old male, presented to Respondent with complaints of fever, achiness, diarrhea, mild sore throat and a swelling in the neck.
5. After assessment, Respondent diagnosed a goiter and acute viral syndrome and ordered a CBC, WBC and thyroid panel. The thyroid panel was within normal limits and the Respondent prescribed PCE for pharyngitis.
6. On March 25, 1996, Patient TM presented to Respondent's associate, William Reynders, M.D., with swollen lymph nodes, lethargy, weakness and dizziness. Examination revealed a marked cervical and posterior cervical adenopathy and also supraclavicular adenopathy. A chest x-ray taken on that date revealed a somewhat widened mediastinum. Dr. Reynders referred the patient to Kevin Hart, M.D., a surgeon, to rule out lymphoma.
7. A CT scan taken on March 27, was read as noting the presence of adenopathy. Lymphoma and sarcoidosis represented the primary considerations. The findings were discussed with Dr. Reynders.
8. On March 28, 1996, Patient TM presented to Kevin Hart, M.D., for possible biopsy. Dr. Hart noted three palpable lymph nodes varying from 1cm to 3 cms. They were not noted to be firm or matted and were mobile. After reading the CT and chest x-ray reports, Dr. Hart concluded that it would suggest sarcoidosis although lymphoma was also a possibility.
9. After lengthy discussion with Patient TM regarding treatment options including observation or biopsy, the biopsy was declined by the patient who indicated he wished to consult with his primary physician, Michael Meyer, M.D., the Respondent. The patient was advised that if the lymph nodes remained enlarged, biopsy was mandatory.
10. On April 1, 1996, Patient TM again presented to Respondent who noted the decision by the patient to delay the biopsy and Dr. Hart's notation that there was a clinical likelihood of sarcoidosis. Upon examination he noted shoddy posterior and supraclavicular adenopathy with mild anterior adenopathy consistent with sarcoidosis. He recommended a follow up x-ray in one month.
11. In early April, the Patient contacted Respondent's office for refills of Ibuprofen 800 mg. TID which had been prescribed by Respondent.
12. On April 15, the Patient contacted Respondent by telephone and advised him that the lymph nodes were swollen and he had intermittent neck pain which reduced with the Ibuprofen. Respondent advised him to follow up with the chest x-ray on May 1 as previously scheduled.
13. On May 1, 1996, Patient TM again presented to Respondent with a history of an energy level which had somewhat improved, but air exchange seemed somewhat limited when running. Upon examination Respondent noted shoddy anterior and posterior cervical and supraclavicular lymphadenopathy. PA and lateral chest x-ray revealed a decrease in the width of the perihilar region which is consistent with sarcoidosis. Respondent recommended a yearly follow up with chest x-ray and noted that he did not believe biopsy was warranted at this time since the findings were not consistent with progressive lymphoma.
14. The radiologist who read the May 1, x-ray noted that the mild widening of the superior mediastinum was unchanged.
15. Prior to the appointment with the patient on May 1, Respondent did not review the chart for any notations by Dr. Hart.
16. On July 26, 1996, Patient TM telephoned Respondent to inquire if his continuing symptoms were normal and whether he should continue on the Ibuprofen which was not as effective in dealing with his neck pain. Respondent's note reflects that it was okay for the patient to continue the Ibuprofen. Respondent did not recommend to the patient that he be reexamined.
17. The patient believed that the continuing symptoms were part of sarcoidosis.
18. On September 16, 1996, Patient TM again presented to Respondent with complaints of swelling and soreness in a

gland in his neck. Upon examination Respondent noted a supple neck with shotty posterior cervical and supraclavicular lymphadenopathy, right more than left, and a larger right anterior cervical lymph node of about 3 cm. diameter which was slightly tender without erythema. Respondent assessed sarcoidosis and upper respiratory infection resolving with persistent lymphadenopathy. He scheduled a recheck in two weeks to determine if lymph nodes were reducing in size.

19. On October 1, 1996, Patient TM again presented to Respondent complaining of nasal congestion, facial fullness, and waxing and waning of the lymph gland, headaches and a mucus sensation in his nose and throat. He felt the other lymph glands might have decreased in size.

After examination, Respondent again assessed pharyngitis and persistent lymph adenopathy consistent with a history of sarcoidosis. Respondent prescribed amoxicillin, order a CBC and HS 24 and recommended a recheck in two weeks. Respondent noted that due to the persistent enlargement of the node in the right anterior chain he would recommend surgical biopsy if the swelling persisted beyond another two weeks.

20. Results of the laboratory reports revealed a high WBC and GRAN with a low MCH.

21. On October 15, 1996, Patient TM presented to Respondent for reassessment at which time Respondent noted that the March 27th CT chest scan demonstrated adenopathy and anterior mediastinum right peritracheal area consistent with sarcoidosis. He also noted that the patient refused biopsy at that time. Respondent's examination results on October 15 noted a supple neck with a 2cm x 3 cm. right anterior cervical node and generalized shotty adenopathy in the right greater than the left supraclavicular area. Respondent assessed persistent lymph adenopathy and findings consistent with chronic pharyngitis and sarcoidosis. He referred the patient to an ENT.

22. PA and lateral x-rays taken on October 15 were read by Respondent as representing persistent mediastinal widening consistent with perihilar lymph adenopathy.

23. The radiologist reading the October 15th x-rays noted a increased widening of the superior mediastinum. He indicated that mediastinal adenopathy would be the most likely concern in a patient of this age. He suggested that the clinical situation be correlated with the past history of lymphoma or lymphoma-like disorder and determine if follow up CT scans were indicated.

24. On October 8, 1996, the Patient contacted the Respondent requesting a CT scan and indicating his desire to discuss his blood tests. Respondent scheduled an assessment with Dr. Hart for possible biopsy.

25. On November 2, 1996, Dr. Hart performed a cervical lymph node biopsy with findings of nodular sclerosing Hodgkin's disease.

26. Further testing revealed Hodgkin's disease in the intra-abdominal and splenic lymph nodes.

27. The patient subsequently undertook treatment with sessions of chemotherapy.

28. Respondent and the patient dispute when recommendation for biopsy occurred.

29. The records of several of the physicians reflect that the patient was apprehensive regarding the biopsy procedure.

30. Respondent's conduct as herein described with regard to Patient TM fell below the minimum standards of competence established in the profession in that he failed to recommend a biopsy for diagnostic purposes in a timely manner and failed to provide appropriate medical follow up for the patient's ongoing complaints.

31. There have been no subsequent complaints filed with the Department involving Respondent's practice.

32. The Respondent has fully cooperated in the investigation and has voluntarily agreed to the Order contained herein.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction in this proceeding pursuant to Wis. Stats. sec. 448.03.
2. The Wisconsin Medical Examining Board has the authority to resolve this matter by stipulation without an evidentiary hearing pursuant to Wis. Stats. sec. 227.44(5).
3. Respondent's failure to recommend a biopsy for diagnostic purposes in a timely manner and his failure to provide appropriate medical follow up for the patient's ongoing complaints constitute a violation of Wis. Stats. sec. 448.03(2) and Wis. Admin. Code sec. MED 10.02(2)(h).

ORDER

NOW, THEREFORE, IT IS ORDERED that the Stipulation of the parties, as attached hereto, is accepted.

IT IS HEREBY FURTHER ORDERED that Michael J. Meyer, M.D. is reprimanded.

IT IS FURTHER ORDERED that the license of Michael J. Meyer, M.D., Respondent, is hereby limited on the following conditions:

1. Within one year of the effective date of this Order, Dr. Meyer shall participate in and successfully complete twenty (20) hours of continuing education in the diagnosis and treatment of Hodgkin's disease. These credits shall not apply to the mandatory continuing education required of physicians.
2. Dr. Meyer shall be responsible for locating the courses required under this Order, for providing adequate course descriptions to the Department Monitor and for obtaining pre-approval of the courses from the Wisconsin Medical Examining Board prior to commencement of the programs. The Board may reject in whole or in part any educational opportunity which is nominated by Dr. Meyer when, in the Board's judgment, the syllabus or description of the course or other educational opportunity is insufficient to fulfill the purpose for which Dr. Meyer suggests it by reason of the educational opportunity's scope, content, method of instruction, or degree of participation required of students. The Board shall not unreasonably deny an educational opportunity suggested by Dr. Meyer.
3. Within 30 days after the courses identified in paragraph one above are concluded, Dr. Meyer shall file with the Wisconsin Medical Examining Board certifications from the sponsoring organization of his attendance at the required courses.
4. All costs of the educational programs shall be the responsibility of the Dr. Meyer.
5. Dr. Meyer shall pay costs in this matter in the amount of \$ 2592.00 payable to the Department of Regulation and Licensing within ninety days of the effective date of this Order.
6. Submission of all required documentation and payment of costs shall be 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

7. Upon satisfactory completion of the terms of this Order, the license of Michael J. Meyer, M.D., to practice medicine and surgery in the State of Wisconsin shall be immediately restored to full and unrestricted status.

8. 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 the costs as ordered, or violates any other term of this Order, the Respondent's license SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

9. This Order is effective upon signing.

Dated at Madison, Wisconsin this 15th day of June, 2005.

WISCONSIN MEDICAL EXAMINING BOARD

A.L. Franger, MD
A Member of the Board