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## STATE OF WISCONSIN BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY

PROCEEDINGS AGAINST : FINAL DECISION AND ORDER

:

JEROLD BEERENDS, M.D., : LS0604191MED

RESPONDENT.

#### Division of Enforcement Case No. 03 MED 594

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

Jerold Beerends, M.D. 205 Valley Avenue West Bend, WI 53095

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

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

#### PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision 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. Jerold Beerends, M.D. (DOB 09/05/49) is duly licensed to practice medicine and surgery in the state of Wisconsin (license #20-20959). This license was first granted on June 15, 1977. Respondent's specialty is pediatrics.
- 2. Respondent's most recent address on file with the Wisconsin Medical Examining Board is 205 Valley Avenue, West Bend, WI 53095.
- 3. Respondent was patient MW's doctor from November 29, 1990 at two weeks old until April 5, 2001 at 10 years old. MW's date of birth is November 14, 1990.
- 4. In 1991, when MW was 1 year old, Respondent observed MW had a large head size, which he believed was normal for the rest of his body proportions. He observed that MW was developing within normal limits.
- 5. After MW was 2 years old, Respondent's office no longer routinely measured and recorded MW's head circumference even though his head was over the 95<sup>th</sup> percentile. At two years of age, MW's weight was about 92<sup>nd</sup>

percentile and his length was over the 95<sup>th</sup> percentile.

- 6. In 1994, when MW was 3 years old, Respondent noted significant speech delays, mild motor delays, and some cognitive delays which he noted in his records may have been due to megacephaly. He noted that his head circumference was two standard deviations above the 95<sup>th</sup> percentile. He requested early childhood classes for speech, language, socialization, and physical therapy through the school special services.
- 7. In January 1997, when MW was 6 years old, the school occupational therapist wrote in her report provided to Respondent, dated January 15, 1997, "parents reveal concerns regarding his need for all the current intervention due to his delays that he exhibits. What may be some of the causes and how can we all better support & service his needs presently and in the future when the academic demands increase?"
- 8. In a letter dated January 16, 1997 to the school occupational therapist, Respondent wrote that MW had megacephaly. "He does not suffer from hydrocephalus nor does he show any characteristics of physical syndromes which would entail a genetics intervention. What megaencephaly means is a large head, which, in turn, means a large brain. In general, these children will have motor delays much more commonly than cognitive delays, although cognitive delays may also be noted. These children do not show neurologic deterioration. Rather, they show continued gradual progress but in a delayed fashion."
- 9. In May 1999, at 8 years old, MW was having difficulty in school with being distracted and could not follow through on a list of items. He was inattentive and daydreaming. There was also a concern about fatigue. Respondent assessed possible attention deficit disorder.
- 10. In April 2000, at 9 years old, Respondent saw MW for possible depression. He noted that there was concern he was not processing verbal language very well, but did process reading pretty well. He generally took 3 hours to do what should be one hour of homework. Respondent did not assess depression.
- 11. In January 2001, MW's parents took him to a neurologist for a second opinion about arm and leg tremors which they called Respondent about initially. The parents alleged Respondent told them it was involuntary tremor disorder which would not get better. The neurologist did MRI testing and found that MW actually had hydrocephalus. MW was later evaluated by neurological surgeons who diagnosed him with aqueductal insufficiency and aqueductal stenosis.
- 12. In resolution of this matter, Respondent consents to the entry of the following Conclusions of Law and Order.

#### **CONCLUSIONS OF LAW**

- 1. The Wisconsin Medical Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. § 448.02(3), and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).
- 2. By failing to adequately evaluate and diagnose hydrocephalus as described in paragraphs 6 through 11, above, Respondent violated Wis. Admin. Code § Med 10.02(2)(h).

#### **ORDER**

NOW, THEREFORE, IT IS HEREBY ORDERED that the stipulation of the parties is approved.

IT IS FURTHER ORDERED that Jerold Beerends, M.D., is hereby REPRIMANDED.

IT IS FURTHER ORDERED that Jerold Beerends, M.D., is LIMITED as follows:

1. Within 9 months of the date of this Final Decision and Order, Respondent shall take and complete 24 hours of continuing education in pediatric neurology. The course or courses attended in satisfaction of this Order must be pre-

approved by the Medical Examining Board or its designee. Respondent will be responsible for locating a course or courses satisfactory to the Medical Examining Board and for obtaining the required approval of the course or courses from the Medical Examining Board or its designee. Respondent will within 60 days of completion of this educational requirement, file an affidavit with the Medical Examining Board stating under oath that he has attended in its entirety the course approved for satisfaction of this requirement along with supporting documentation of attendance from the sponsoring organization. This affidavit and the supporting documentation of attendance will be filed with:

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

All certifications, affidavits or other documents required to be filed with the Medical Examining Board will be deemed filed upon receipt by the Department Monitor.

2. Respondent will be responsible for paying the full cost of attendance at this course. Respondent will not apply any of the continuing education credits earned in satisfaction of this Order toward satisfaction of the Wis. Stat. § 448.13 biennial training requirements.

#### IT IS FURTHER ORDERED that:

3. Respondent shall, within sixty (60) days from the date of this Order, pay costs of this proceeding in the amount of ONE THOUSAND dollars (\$1,000.00). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

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

- 4. In the event Respondent fails to timely pay costs as ordered or fails to comply with the ordered continuing education, Respondent's license (#20-20959) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order. The Board or its designee will remove the suspension, if provided with sufficient information that Respondent is in compliance with the Order and that it is inappropriate for the suspension to remain in effect. The Board in its discretion may impose additional conditions and limitations for a violation of any of the terms of this Order.
- 5. Respondent is responsible for compliance with all of the terms and conditions of this Final Decision and Order.
- 6. This Order is effective on the date of its signing.

MEDICAL EXAMINING BOARD

By: Bhupinder Saini, MD 4/19/06 A Member of the Board Date