

WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY	:	
PROCEEDINGS AGAINST	:	FINAL DECISION AND ORDER
	:	
STEPHEN RICHARD DANNEWITZ, M.D.,	:	<i>ORDER 0000805</i>
RESPONDENT.	:	

Division of Enforcement Case No. 10MED083

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

Stephen Richard Dannewitz, M.D.
P.O. Box 373169
Key Largo, Florida 33037

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 and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

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 adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Stephen Richard Dannewitz, M.D., Respondent, date of birth September 14, 1948, is licensed by the Wisconsin Medical Examining Board to practice medicine and surgery in the State of Wisconsin pursuant to license number 41788-20 which was first granted November 19, 1999.

2. Respondent's address of record with the Wisconsin Medical Examining Board is P.O. Box 373169, Key Largo, Florida 33037.

3. At the time of the events set out below, Respondent was employed as a civilian emergency physician at William Beaumont Army Medical Center, Fort Bliss, Texas.

4. Respondent is board certified in emergency medicine.

5. Respondent is currently licensed to practice medicine, in good standing, in Illinois, Indiana, Minnesota, Ohio, Pennsylvania, and Arizona. This is the first complaint to the Wisconsin Medical Examining Board concerning Respondent.

6. On May 13, 2010, the United States Army Medical Command notified the National Practitioner's Data Bank that it had paid \$825,000.00 to settle a claim alleging that Respondent, while working as a civilian emergency medicine physician, provided care below professional standards. According to the report, Respondent deviated from the standard of care by failing to recognize tachycardia, fever, and chest pain in a 31 year-old adult male patient as impending sepsis. The report alleged that Respondent failed to admit the patient for adequate work-up of the symptoms.

7. On March 12, 2006, a 31 year old adult male, Patient RU, died at his home. An autopsy report identified the cause of death as "bacterial bronchopneumonia with bilateral empyemas," with "acute combined hydrocodone and oxycodone toxicity" as contributing causes.

8. Respondent had seen the patient in the emergency room on March 10, 2006, at 2243 hours. The patient presented with chest pain, sharp and constant, which had commenced the previous day. The patient complained of pain when raising his arm and with deep breathing; he was sweating and had a cough. Respondent noted that on March 7, 2006, another emergency room physician had diagnosed shingles. Respondent ordered a chest x-ray, EKG, and CBC.

9. Respondent personally interpreted the chest x-ray and EKG, and discharged the patient home after the patient reportedly showed some improvement. Respondent instructed him to take Percocet for pain, report to the VA if shingles developed over his shoulder or chest, and to return to the emergency room if his condition deteriorated. The patient's pulse 15 minutes before discharge was 101, and his blood pressure 90/55.

10. On March 16, 2006, the radiology report on the chest x-ray was transcribed and it included the impression: "Findings suspicious for the presence of pneumonia involving the left upper lobe."

11. Respondent explained that when, on March 10, 2006, he examined the chest x-ray, neither he nor another board certified emergency room physician saw the infiltrate. Respondent points out that the patient had a history of asthma, and his shingles were being treated with steroids. Respondent agrees that fever, tachycardia and chest pain were sufficient to diagnose sepsis, even in a patient with history of asthma and treatment with steroids. Respondent wrote:

I see my failure as omitting consultation with the internal medicine resident who could have decided to admit the patient for further diagnosis and treatment.

12. The standard of minimal competence required Respondent, under the circumstances set forth above, to fully investigate and rule out possible infectious process/sepsis, including consultation with an internist, before sending the patient home. By failing to adequately investigate alternate diagnoses, Respondent placed the patient at unacceptable risk of harm, to-wit, untreated complications associated with undiagnosed and/or untreated infection.

CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction over this matter pursuant to Wis. Stat. § 448.02(3), and has authority to enter into this stipulated resolution of this matter pursuant to Wis. Stat. § 227.44(5).

2. Respondent's care of Patient RU fell below the standard of minimal competence as set forth above and created an unacceptable risk of harm to the patient, which is unprofessional conduct as defined by Wis. Admin. Code § MED 10.02(2)(h). Respondent is subject to discipline pursuant to Wis. Stat. § 448.02(3).

3. Respondent, by failing to recognize the serious possibility that Patient RU was suffering from an infection, failed to apprise Patient RU of alternate viable modes of diagnosis, and about the risks and benefits of such additional modes of diagnosis, which is unprofessional conduct as defined Wis. Admin. Code § MED 10.02(2)(u), and he is subject to discipline pursuant to Wis. Stat. § 448.02(3).

ORDER

1. Stephen Richard Dannewitz, M.D., is hereby REPRIMANDED for the above conduct.

2. The license of Stephen Richard Dannewitz, M.D. to practice medicine and surgery in the State of Wisconsin is LIMITED, as follows:

3. Within six (6) months of the date of this Order, Respondent shall successfully complete 4 hours continuing education in practice guidelines/assessment/diagnosis of community-acquired pneumococcal disease and 4 hours continuing education in interpretation of chest x-rays/radiology which have been approved by the Board or its designee and provide proof sufficient to the Board, or its designee, of satisfactory completion. Respondent is prohibited from applying any hours of education completed to satisfy the terms of this Order toward satisfaction of the continuing education required for any biennial registration renewal. The following courses are approved:

a. Adult Pneumococcal Disease Education: Integrated Regional Learning Series, a 1.5 credits online course being offered by The University of Nebraska Medical Center, Center for Continuing Education.

b. A Patient with Pneumonia and Arthralgias, 0.25 credits online being offered by Medscape, LLC at <http://cme.medscape.com/viewarticle/719754>.

c. Adult Pneumococcal Disease: Barriers to Prevention and Treatment, 1.00 credit online course being offered by Medscape, LLC at <http://cme.medscape.com/viewarticle/727182>.

d. Clinical Challenges in Chest Radiology, 3.00 credits online course being offered by Harvard Medical School.

e. Respondent shall read and critique the following publication of the American College of Emergency Physicians: Clinical policy: critical issues in the management of adult patients presenting to the emergency department with community-acquired pneumonia. 2009 Nov. NGC:007514 American College of Emergency Physicians - Medical Specialty Society. Respondent shall submit a one-page written critique of the guidelines, reflecting his opinion of the substance of the recommendations. The publication may be found online at: <http://www.guidelines.gov/content.aspx?id=15295>. This activity will satisfy the remaining credits needed to comply with this Order.

4. Pursuant to Wis. Stat. § 440.22(2), within six months of the date of this Order, Respondent shall pay to the Department of Regulation and Licensing the costs of this proceeding in the amount of \$1,400.00.

5. All requests, notices, reports and payments required by this Order shall be provided to:

Department Monitor
Department of Regulation and Licensing
Division of Enforcement
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935
Fax (608) 266-2264
Telephone (608) 267-3817

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 payment of the costs as ordered or fails to comply with the ordered continuing education as set forth above, the Respondent's license (#51194) may, in the discretion of the board or its designee, be SUSPENDED, without further notice or hearing, until Respondent has complied with payment of the costs or completion of the continuing education.

IT IS FURTHER ORDERED THAT:

7. Within 72 hours of the Division receiving proof satisfactory to the Board or its designee, that Respondent successfully completed the educational requirements above, the Division shall notify data banks to which this Order is reported that the Limitation is removed.

8. This Order is effective on the date of its signing.

Wisconsin Medical Examining Board

By: Skiles MD MBA Date 4/20/11
A Member of the Board