

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY :
PROCEEDINGS AGAINST :
 : FINAL DECISION AND ORDER
TODD M. BRADSHAW, M.D., :
RESPONDENT. : ORDER 0000965

Division of Enforcement Case No. 10MED232

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

Todd M. Bradshaw, M.D.
225 Memorial Drive, Suite 1200
Berlin, WI 54923-1243

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

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 Medical Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Todd M. Bradshaw, M.D., date of birth March 2, 1967, is licensed and currently registered with the Wisconsin Medical Examining Board to practice medicine and surgery in the state of Wisconsin pursuant to license number 36541-20, which was first granted May 12, 1995.

2. Respondent's address of record with the Wisconsin Medical Examining Board is 225 Memorial Drive, Suite 1200, Berlin, WI 54923-1243.

3. In February 2002, Respondent was KJ's family physician. KJ had hypertension had been treated for several years with Toprol with good results. KJ, who was then 44, had a strong family history of coronary artery disease. Because of this history, Respondent recommended stress testing to look for possible silent ischemia. KJ was an avid bicyclist and could ride up to 60 miles per weekend. KJ consented and underwent stress test. Respondent referred KJ to a cardiologist after the stress test was positive for ST segment depression but was otherwise normal.

4. The cardiologist saw KJ in February and May 2002. The cardiologist's interpretation of the stress test was that it was normal and negative for ischemia. The cardiologist instructed KJ to modify his diet, continue to exercise and increase his Toprol. The cardiologist charted:

"At this point, I see no further intervention that I can offer to [KJ]."

5. On September 30, 2003, KJ told Respondent he was not taking any medications to reduce his cholesterol. While Respondent thought KJ had been taking the medications and would have liked KJ to take them, KJ declined. KJ has successfully modified his diet and had lost 16 lbs.

6. Respondent saw KJ intermittently in 2003-2005 and in 2007. On April 12, 2007, Respondent noted that KJ's hypertension was well controlled with life-style modification. KJ, who was historically physically active, reported bicycling more than 4000 miles in the previous year.

7. Respondent next saw KJ on June 15, 2010, when KJ complained of shortness of breath when riding his bike 40-50 miles and going up hills, some phlegm, some cough, and some sore throat. KJ reported that pine and pollen seemed to increase his symptoms. KJ specifically denied chest pain, including chest pain upon exertion when cycling. Respondent's clinical judgment was that KJ's symptoms were most likely respiratory in nature, including exercise-induced asthma or allergy, and ordered a chest x-ray and CBC. Respondent also started KJ on Singulair, 10 mg.

8. Respondent considered another stress test as set forth in his office note for June 15, 2010:

If it's not pulmonary consideration would be that it could be cardiac but it's not the typical symptoms and he is able to significantly exert himself, but consideration would be for stress test.

Respondent discussed with KJ at the June 15th visit the possibility that his symptoms could be cardiac in nature and that a cardiac work up may be necessary. Respondent's recommendation was to proceed initially with a pulmonary work up and KJ agreed with that plan.

Respondent's clinical judgment and assessment was that his shortness of breath and cough represented exercise induced asthma or allergy as KJ had no chest pain. In order to confirm this diagnosis, Respondent proceeded with a pulmonary evaluation including the chest x-ray and Singulair. Depending upon the chest x-ray results and response to medication, Respondent planned to proceed with pulmonary function testing with Methacholine challenge. Respondent planned to proceed with cardiac evaluation if the pulmonary testing was negative.

Respondent discussed with KJ his assessment and plan and informed KJ needed to keep Respondent apprised of his condition and that he needed to let me know whether medication relieved his symptoms.

9. On June 21, 2010, Respondent contacted KJ with the x-ray results. Because there was old granulomatous disease on his x-ray, Respondent ordered a PPD (test for tuberculosis). KJ reported the Singulair had helped his symptoms for approximately 3-days, but then KJ experienced a sore throat, like he was getting a cold and he wanted to stop the medication temporarily, which he did. It was important in Respondent's clinical judgment that KJ had relief from the Singulair. Since KJ reported relief from LTRA (leukotriene receptor antagonists), an asthma or allergy medication, Respondent knew that this medication was only effective for these conditions. This confirmed the likelihood that his symptoms were related to either allergy or asthma when Respondent's care and treatment is viewed prospectively, without the benefit of hindsight.

10. On July 2, 2010, KJ called reporting the Singulair was no longer helping and he requested another medication or inhaler. Respondent prescribed albuterol, to be inhaled before exercise.

11. On July 9, 2010, KJ called to report he did not have any significant improvement. Respondent then ordered a pulmonary function test with Methacholine challenge, which was administered on July 16, 2010.

12. On July 17, 2010, KJ, then 52, collapsed while bicycling, and died of underlying cardiac disease.

13. On July 20, 2010, Respondent reviewed KJ's Methacholine challenge, which was normal. Consistent with Respondent's treatment plan, Respondent recommended that KJ undergo a stress test. Respondent's office left a telephone message for KJ in the afternoon of July 20, 2010. Unfortunately, Respondent learned of KJ's death on July 21, 2010.

14. Respondent is an experienced family physician and this is the first time his care of a patient has come to the Board's attention. KJ presented with an atypical cardiac presentation. While KJ's condition may have been pulmonary in nature, the cardiac condition remained a possible simultaneous diagnosis. A cardiac condition was among the differential diagnoses in this case and a cardiac condition was the differential diagnosis most likely to have led to a fatal occurrence. In this patient with significant family history and prior symptoms, Respondent

should have recommended the patient undergo the cardiac workup concurrent to exploration of a pulmonary/respiratory source for the patient's symptoms.

15. The Respondent has cooperated fully throughout this investigation and, while not admitting the allegations nor any wrongdoing, agrees to entry of this Final Decision and Order in resolution of this matter.

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. Respondent's conduct as set forth in the above-referenced paragraphs of the Findings of Fact is a violation of Wis. Admin. Code § MED 10.02(2)(u).

ORDER

IT IS HEREBY ORDERED, that Todd M. Bradshaw, M.D., Respondent, is hereby REPRIMANDED for the above conduct.

1. The Board recognizes that Dr. Bradshaw voluntarily completed the course entitled, "Cardiology Review for Primary Care Medicine" which has been approved by the American Academy of Family Physicians for 10 hours of Category I CME. This coursework satisfies the Board's requirement and the Board finds no further action is necessary.

2. Respondent shall, within 180 days of the date of this Order, pay to the Department of Regulation and Licensing costs of this proceeding in the amount of \$950.00 pursuant to Wis. Stat. § 440.22(2).

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

WISCONSIN MEDICAL EXAMINING BOARD

By: Skarlo MD MBA 7/20/11
A Member of the Board Date