

## WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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STATE OF WISCONSIN  
BEFORE THE MEDICAL EXAMINING BOARD

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IN THE MATTER OF THE LICENSE OF :  
: FINAL DECISION AND ORDER  
: FOR REMEDIAL EDUCATION  
KEVIN E. RIST, M.D., :  
LICENSEE. : ORDER 0007050

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Division of Legal Services and Compliance Case No. 18 MED 029

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

Kevin E. Rist, M.D.  
Wausau, WI 54403

Wisconsin Medical Examining Board  
P.O. Box 8366  
Madison, WI 53708- 8366

Division of Legal Services and Compliance  
Department of Safety and Professional Services  
P.O. Box 7190  
Madison, WI 53707-7190

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final disposition of this matter, subject to the approval of the Medical Examining Board (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, Conclusions of Law and Order.

FINDINGS OF FACT

1. Licensee Kevin E. Rist, M.D. (DOB xx-xx-1953) is licensed by the state of Wisconsin to practice medicine and surgery, having license number 31237-20, first issued on June 21, 1990, with registration current through October 31, 2021. Licensee's most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) is in Wausau, Wisconsin 54403.

2. At all times relevant to this matter, Licensee was practicing as a cardiac electrophysiologist at a clinic in Wausau, Wisconsin (Clinic).

3. On July 8, 2015, Patient A (a 48-year-old female) presented to the emergency department (ED) and was diagnosed with palpitations and near syncope. ED records reflect that Patient A reported two episodes in the prior three days during which she experienced palpitations and felt like passing out, one of which occurred while driving, but did not have true syncope.

4. On July 10, 2015, Patient A was seen by Licensee's partner, a cardiologist. Licensee's partner noted on that date that he reviewed an EKG ordered in the ED and observed an epsilon wave, which is sometimes an indicator of arrhythmogenic right ventricular dysplasia/cardiomyopathy (ARVD/C). The partner ordered an MRI and CT, and an appointment with an electrophysiologist (Licensee).

5. An MRI was performed on July 10, 2015, and the interpreting radiologist noted under Impressions: "Right ventricular thickening and fibrofatty infiltration diagnostic of arrhythmogenic right ventricular dysplasia [ARVD]". The radiologist further noted:

"Based on international task force 2010 criteria, fibrofatty infiltration is no longer a diagnostic criteria by MRI but is a diagnostic criterion by tissue characterization (due to difficulty of MR diagnosis in subtle cases). In this case, features are thought to be pathognomonic. Based on updated criteria, only one of two portions of the major MRI criteria are met (RV dyskinesia). For this reason, correlation with the echocardiographic and clinical abnormalities (such as epsilon waves) is recommended."

6. A CT Scan was performed on July 10, 2015, and the interpreting radiologist noted under Impression: "Prominent fatty infiltration of the right ventricular free wall extending to the right ventricular outflow tract indicative of arrhythmogenic right ventricular dysplasia."

7. Licensee relied on the interpretation of the EKG by his partner, who concluded that the EKG showed sinus rhythm, left axis deviation, and an epsilon wave consistent with RV dysplasia (ARVD/C).

8. Licensee concurred with the diagnosis of ARVD/C and recommendation of ICD implantation.

9. Licensee did not cite or reference in Patient A's medical records any specific criteria on which he relied when concurring in the diagnosis of ARVD/C and recommendation of ICD implantation.

10. Licensee subsequently stated to the Department that he relied on 1994 Task Force criteria when concurring in the diagnosis of ARVD/C.

11. The 1994 Task Force criteria had been revised in 2010. The criteria had been modified to incorporate new knowledge and technology to improve diagnostic sensitivity, while maintaining diagnostic specificity, with an overall goal of improving the diagnosis and management of ARVD/C. The 2010 Task Force criteria are working clinical practice guidelines.

12. Applying only the 2010 Task Force criteria to Patient A should have warranted, at most, further testing.

13. Patient A did not exhibit sufficient high-risk factors to support a diagnosis of ARVD/C and placement of an ICD device based on the 2010 Task Force criteria. While true syncope or unexplained syncope may be considered high-risk factor, the two episodes experienced by Patient A were described as near syncope and not true syncope.

14. A physician may also rely on clinical judgment when diagnosing ARVD/C in some patients, due in part to the complexity of the criteria and difficulty in interpreting various aspects of the relevant criteria in an individual patient. Licensee states that he relied on his clinical judgment in diagnosing Patient A with ARVD/C and recommending placement of an ICD device.

15. Licensee did not order additional testing to confirm the diagnosis of ARVD/C or support implantation of an ICD device.

16. Licensee recommended to Patient A that she be seen by an electrophysiology consultant at the University of Wisconsin for a second opinion, but Patient A declined.

17. On July 17, 2015, Licensee implanted a single chamber ICD without difficulty or complications and Patient A was discharged to her home.

18. On April 28, 2017, Patient A saw a physician at another institution who determined that the diagnosis of ARVD/C was in error, based in part on his differing interpretation of the 2015 EKGs and the fact the 2015 MRI had been misread by the radiologist. That physician advised the ICD should be removed. On June 6, 2017, the device was removed.

19. In resolution of this matter, Licensee consents to the entry of the following Conclusions of Law and Order.

#### CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board is authorized to enter into the attached Stipulation pursuant to Wis. Stat. § 227.44(5).

#### ORDER

1. The attached Stipulation is accepted.

2. Within ten (10) months of the date of this Order, Kevin E. Rist, M.D. shall at Licensee's own expense take and successfully complete six (6) hours of continuing medical education on the topic of cardiac electrophysiology to include diagnostic criteria for ARVD/C and ICD indications for ARVD/C as follows:

a. Each course attended in satisfaction of this Order must be pre-approved by the Board or its designee. Licensee shall be responsible for locating course(s) satisfactory to the Board and for obtaining the required approval of the course(s) from the Board or its designee. Licensee must take and pass any exam offered for the course(s).

b. Licensee shall submit proof of successful completion of the education in the form

of verification from the institution providing the education to the Department Monitor at the address stated below. None of the education completed pursuant to this requirement may be used to satisfy any continuing education requirements that have been or may be instituted by the Board or Department.

3. Requests for course approval and proof of successful course completion shall be sent by Licensee to the Department Monitor at the address below:

Department Monitor  
Division of Legal Services and Compliance  
Department of Safety and Professional Services  
P.O. Box 7190, Madison, WI 53707-7190  
Telephone (608) 267-3817; Fax (608) 266-2264  
DSPSMonitoring@wisconsin.gov

Licensee may also submit this information online via DSPS' Monitoring Case Management System, here: <https://dpsmonitoring.wi.gov/>

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

WISCONSIN MEDICAL EXAMINING BOARD

by:   
A Member of the Board

21 October 2020  
Date

STATE OF WISCONSIN  
BEFORE THE MEDICAL EXAMINING BOARD

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IN THE MATTER OF THE LICENSE OF :  
: STIPULATION  
KEVIN E. RIST, M.D., :  
: :  
LICENSEE. :  
: ORDER 0007050

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Division of Legal Services and Compliance Case No. 18 MED 029

Licensee Kevin E. Rist, M.D. and the Division of Legal Services and Compliance, Department of Safety and Professional Services, stipulate as follows:

1. This Stipulation is entered into as a result of a pending investigation by the Division of Legal Services and Compliance. Licensee consents to the resolution of this investigation by Stipulation.

2. Licensee understands that by signing this Stipulation, Licensee voluntarily and knowingly waives the following rights:

- the right to a hearing on the allegations against Licensee, at which time the State has the burden of proving those allegations by a preponderance of the evidence;
- the right to confront and cross-examine the witnesses against Licensee;
- the right to call witnesses on Licensee's behalf and to compel their attendance by subpoena;
- the right to testify on Licensee's own behalf;
- the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision;
- the right to petition for rehearing; and
- all other applicable rights afforded to Licensee under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and other provisions of state or federal law.

3. Licensee is aware of Licensee's right to seek legal representation and has been provided an opportunity to obtain legal counsel before signing this Stipulation. Licensee is represented by Attorney Brian Anderson.

4. Licensee agrees to the adoption of the attached Final Decision and Order for Remedial Education by the Wisconsin Medical Examining Board (Board). The parties to the Stipulation consent to the entry of the attached Final Decision and Order for Remedial Education without further notice, pleading, appearance or consent of the parties. Licensee waives all rights to any appeal of the Board's order, if adopted in the form as attached.


5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall then be returned to the Division

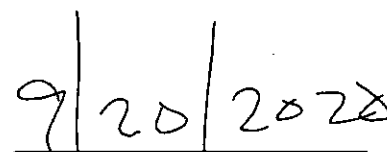
of Legal Services and Compliance for further proceedings. In the event that the Stipulation is not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by the consideration of this attempted resolution.

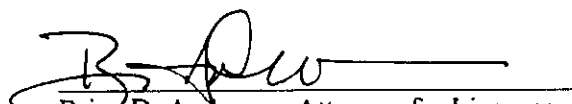
6. The parties to this Stipulation agree that the attorney or other agent for the Division of Legal Services and Compliance and any member of the Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of Licensee, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with deliberations on the Stipulation. Additionally, any such advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order for Remedial Education.

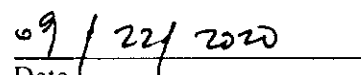
7. Licensee is informed that should the Board adopt this Stipulation, the Board's Final Decision and Order for Remedial Education is a public record and will be published in accordance with standard Department procedure.


8. The Division of Legal Services and Compliance joins Licensee in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order for Remedial Education.

  
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Kevin E. Rist, M.D., Licensee  
Wausau, WI 54403  
License no. 31237-20

  
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Date

  
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Brian D. Anderson, Attorney for Licensee  
The Everson Law Firm  
414 S Jefferson Street  
Green Bay, WI 54301

  
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Date

  
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Carley Peich Kiesling, Attorney  
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P.O. Box 7190  
Madison, WI 53707-7190

09/22/2020  
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Date