

IN THE MATTER OF

*

BEFORE THE MARYLAND

MOHAMMED S. WARSHANNA, DMD

*

STATE BOARD OF

RESPONDENT

*

DENTAL EXAMINERS

License Number: 11884

*

Case Numbers: 2014-199 & 2015-161

* * * * *

CONSENT ORDER

On or about May 18, 2016, the Maryland State Board of Dental Examiners (the "Board") hereby charges MOHAMMED S. WARSHANNA, D.D.S. (the "Respondent"), License Number 11884, under the Maryland Dentistry Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") § 4-315(a) (2014 Repl. Vol.).

The pertinent provisions of the Act provide:

- (a) *License to practice dentistry-* Subject to the hearing provisions of § 4-318 of this subtitle, the Board may...reprimand any licensed dentist, place any licensed dentist on probation, or suspend or revoke the license of any licensed dentist, if the...licensee:

...

- (6) Practices dentistry in a professionally incompetent manner or in a grossly incompetent manner;

...

- (18) Demonstrates a course of conduct of providing dental care this is inconsistent with generally accepted professional standards of care in the practice of dentistry, regardless of whether actual injury to the patient occurs;

- 19) Provides a dental service in a manner that is significantly inconsistent with generally accepted professional standards of care in the practice of dentistry, regardless of whether actual injury to the patient occurs[.]

Previously, effective June 3, 2015, the Board had summarily suspended the Respondent's Class II sedation permit having concluded that public health, safety and welfare imperatively required emergency action.

On July 20, 2016, a conference with regard to this matter was held before the Board's Case Resolution Committee ("CRC"). As a result of the CRC, the Respondent agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. The Respondent is, and at all times relevant to these charges was, licensed to practice dentistry in the State of Maryland. The Respondent was initially licensed to practice dentistry in Maryland on September 5, 1996, under License Number 11884. The Respondent's license is scheduled to expire on June 30, 2016.

2. The Respondent maintains offices for the practice of dentistry in Catonsville and Annapolis, Maryland.

I. Procedural history

A. Case 2014-199 Suspension of Class II Sedation Permit

3. On or about March 26, 2014, the Board received a Health Care Alternative Dispute Claim Form filed by the parent of a former pediatric patient of the Respondent ("Patient A"). The Claim alleged that that the Respondent failed to administer moderate sedation to Patient A in a safe manner and appropriate manner and administered excessive benzodiazepines and opioids to Patient A during a dental procedure, thereby resulting in harm to Patient A.

4. The Board retained an expert ("Expert 1") to review the Respondent's administration of sedation to Patient A.

5. On April 6, 2015, Expert 1 submitted his report finding significant deficiencies in the Respondent's administration of sedation to Patient A.

6. Effective June 3, 2015, pursuant to Md. Code Regs. 10.44.12.39, the Board summarily suspended the Respondent's Class II Sedation Permit,¹ concluding that the public health, safety and welfare imperatively required emergency action. Board Case Number 2015-199.
7. Specifically, the Board summarily suspended the Respondent's Class II Sedation Permit based on Expert 1's report that found that the Respondent:
 - (a) Routinely provided anesthesia to a level beyond moderate sedation, notwithstanding his lack of training;
 - (b) Routinely administered an intravenous ("IV") bolus dose of morphine at the end of surgery to patients who are already maximally sedated, resulting in a deep level of sedation and prolonged recovery; and
 - (c) Administered oxycodone, a Schedule II Controlled Dangerous Substance ("CDS"), to one patient whose care was reviewed. The expert found that this constituted a "severe and dangerous misunderstanding of pharmacology and basic anesthetic techniques"; and
 - (d) Failed to obtain written consent for the type of sedation he administered.
8. As of the date of this document, the Respondent's Class II Sedation Permit remains suspended.

¹ The scope of a Class II Sedation Permit is set forth in Md. Code Regs. 10.44.12.05 and includes moderate sedation.

B. Case 2015-161 Professional Incompetence/ Failure to Meet Generally Accepted Standards of Care

9. On or about March 12, 2015, the Board received a complaint from a dentist ("Dentist A") who provided subsequent care to one of the Respondent's pediatric patients ("Patient 1"). Dentist A alleged that the Respondent overly sedates and over-treats pediatric patients.
10. On or about March 18, 2015, the Board received a complaint from the mother of Patient 1 alleging misdiagnosis and over-treatment.
11. The Board thereafter initiated an investigation which included subpoenaing from the Respondent five additional records of pediatric patients.²
12. The Board retained an expert ("Expert 2") to review the Respondent's overall pediatric dental care.
13. On September 4, 2015, Expert 2 submitted his report to the Board. Expert 2's findings are summarized below.
14. Expert 2's findings of the Respondent's practice deficiencies included, but are not limited to the following:
 - (a) the Respondent placed direct pulp caps on primary teeth³ for which radiographs indicated carious pulp exposure. In several instances, the Respondent treated teeth with direct pulp caps even when the lesions appeared not to be encroaching on the pulp. According to the American Academy of Pediatric Dentistry, a direct pulp cap is only indicated in a primary tooth "...with a normal pulp following a small

² One of the patients was treated by a dentist at the practice other than the Respondent. Expert 2's findings regarding treatment deficiencies of the other dentist are not included herein.

³ Also referred to as deciduous or baby teeth.

mechanical or traumatic exposure when conditions for a favorable response are optimal,” and “[d]irect pulp capping of a carious pulp exposure in a primary tooth is not recommended.” Expert 2 found that the Respondent treated primary teeth in this manner for the following patients: Patient 1 (multiple teeth), Patient 3 (multiple teeth); Patient 4 (multiple teeth) and Patient 5 (multiple teeth);

(b) the Respondent performed pulpotomies⁴ on teeth he diagnosed with irreversible pulpitis. A pulpotomy, which is a vital pulp treatment, is not indicated for teeth diagnosed with irreversible pulpitis. Expert 2 found this deficient practice in the Respondent’s treatment of the following patients: Patient 1, Patient 4 and Patient 5;

(c) the Respondent consistently incised and drained abscessed teeth, often multiple times, prior to performing pulpotomies. Draining an abscess fails to address the source of the infection causing the abscess, thereby creating a chronic problem. An abscessed tooth is assumed to have a non-vital pulp, for which a pulpectomy⁵ or extraction is the appropriate treatment. Expert 2 found this deficient practice in the Respondent’s treatment of the following patients: Patient 1(multiple teeth) and Patient 4 (multiple teeth);

(d) the Respondent treated or planned to treat a primary tooth that was close to exfoliating. Expert 2 found this deficient practice in the

⁴ Removal of a portion of the pulp, including the diseased portion, and applying a therapeutic dressing in order to maintain the vitality of the remaining pulp.

⁵ The complete removal and debridement of the root canals and placement of an appropriate medicament.

Respondent's treatment of Patient 2 (planned extraction in the absence of dental necessity) and Patient 5 (placed direct pulp cap and restoration);

- (e) the Respondent consistently failed to document the dosage and frequency of antibiotics prescribed. Expert 2 found this deficient practice in the Respondent's treatment of the following patients: Patient 1 and Patient 4;
- (f) when performing endodontic procedures such as pulpotomies and pulpectomies, the Respondent consistently failed to document the type of isolation he used;
- (g) the Respondent consistently failed to document the type or amount of anesthetic used for procedures that require anesthetic agents. In one instance where the Respondent did document the dosage of lidocaine he used, he administered an overdose of approximately 40% based on the patient's weight (Patient 1);
- (h) in several instances, the Respondent failed to document his treatment rationale when performing procedures. Expert 2 found this deficient practice in the Respondent's treatment of Patients 1, 2 and 3;
- (i) the Respondent consistently recorded and billed for Limited Oral Examinations; however, he failed to document why a limited examination was performed or the findings of the exam.

CONCLUSIONS OF LAW

Based on the forgoing Findings of Fact, the Board concludes as a matter of law that the Respondent's conduct constitutes the practice of dentistry in a professionally incompetent manner or in a grossly incompetent manner; demonstrates a course of conduct of providing dental care that is inconsistent with generally accepted professional standards of care in the practice of dentistry, regardless of whether actual injury to the patient occurs; and providing a dental service in a manner that is significantly inconsistent with generally accepted professional standards of care in the practice of dentistry, regardless of whether actual injury to the patient occurs, in violation of H.O. § 4-315(a)(6), (18) and/or (19), respectively.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is, by the Board, hereby:

ORDERED that the Respondent is **REPRIMANDED**: and is it further

ORDERED that the Respondent permanently surrender his Class II sedation permit; and it is further

ORDERED that the Respondent shall not apply to the Board for a sedation permit on any kind in the future; and it is further

ORDERED that that the Respondent permanently cease treating patients who are 17 years old or younger, with the exception of orthodontia for patients ages 13 – 17 years old; and it is further

ORDERED that the Respondent shall permanently cease treating primary teeth, regardless of the age of the patient; and it is further

ORDERED that the Respondent is placed on **PROBATION** for a minimum of one (1) year; and it is further

ORDERED that the Board, in its discretion shall conduct a minimum of one (1) audit of the Respondent's practice each year for the next four (4) years; and it is further

ORDERED that while on probation, the Respondent shall successfully complete four (4) Board-approved continuing education units regarding record-keeping. The course may not be used to fulfill the continuing education credits required for license renewal. The Respondent must provide documentation to the Board that the Respondent has successfully completed the course; and it is further

ORDERED that while on probation, the Respondent shall successfully complete two (2) Board-approved continuing education units regarding professional ethics. The course may not be used to fulfill the continuing education credits required for license renewal. The Respondent must provide documentation to the Board that the Respondent has successfully completed the course; and it is further

ORDERED that the Respondent's failure to meet generally accepted professional standards of care in the practice of dentistry, including but not limited to, dental treatment, documentation, billing and CDC compliance, shall be considered a violation of the Consent Order, for which the Board may impose additional sanctions if the violation is proven; and it is further

ORDERED that the Respondent shall comply with the Maryland Dentistry Act, Md. Code Ann., Health Occ. §§ 4-101 *et seq.*, and all laws and regulations governing the practice of dentistry in Maryland; and it is further

ORDERED that the Respondent shall not apply for the early termination of probation; and it is further

ORDERED that the Respondent is responsible for all costs associated with the Consent Order; and it is further

ORDERED that this Consent Order is a public document pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.*

03/01/2017

Date

Ronald F. Moser DDS

Ronald F. Moser, DDS
President
Maryland State Board of Dental Examiners

CONSENT

I, Mohammed S.Warshanna, D.M.D., acknowledge that I have had the opportunity to be represented by counsel before entering this Consent Order. By this Consent and for the purpose of resolving the issues raised by the Board, I agree and accept to be bound by the foregoing Consent Order and its conditions.

I acknowledge the validity of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections provided by the law. I agree to forego my opportunity to challenge these allegations. I acknowledge the legal authority and jurisdiction of the Board to initiate these proceedings and to issue and enforce this Consent Order. I affirm that I am waiving my right to appeal any adverse ruling of the Board that I might have filed after any such hearing.

I sign this Consent Order voluntarily and without reservation, and I fully understand and comprehend the language, meaning and terms of the Consent Order.

2-28-2017

Date



Mohammed S.Warshanna, DMD
Respondent

NOTARY

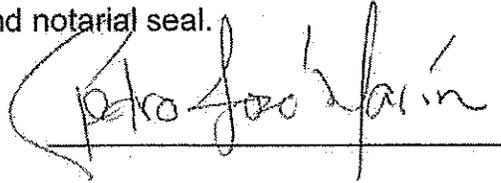
STATE OF MARYLAND
CITY/COUNTY OF BALTIMORE

I HEREBY CERTIFY that on this 28th day of February 2018⁷, before me, a Notary Public of the foregoing State and City/County, personally appeared Mohammed Warshanna, DMD., and made oath in due form of law that signing the foregoing Consent Order was his voluntary act and deed.

AS WITNESSETH my hand and notarial seal.

PEDRO JOSE MARIN
NOTARY PUBLIC
BALTIMORE COUNTY
MARYLAND

My Commission Expires 03-19-2020



Notary Public

My commission expires: 03/19/2020