

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH PROFESSIONS
BOARD OF MEDICINE
DISCIPLINARY SUBCOMMITTEE

In the Matter of

MICHAEL A. LEDTKE, M.D.
License No. 43-01-038648

Complaint No. 43-07-105116

ADMINISTRATIVE COMPLAINT

Attorney General Michael A. Cox, through Assistant Attorney General Serene Katranji-Zeni, on behalf of the Department of Community Health, Bureau of Health Professions (Complainant), files this complaint against Michael A. Ledtke, M.D., (Respondent) alleging upon information and belief as follows:

1. The Board of Medicine (Board), an administrative agency established by the Public Health Code (Code), 1978 PA 368, as amended; MCL 333.1101 *et seq*, is empowered to discipline licensees under the Code through its Disciplinary Subcommittee (DSC).
2. Respondent is currently licensed to practice medicine pursuant to the Code. At all times pertinent to this Complaint, Respondent practiced medicine at his private practice located in Saginaw, Michigan.

3. Section 16221(a) of the Code authorizes the DSC to take disciplinary action against Respondent's license for the violation of a general duty, consisting of negligence or failure to exercise due care, including negligent delegation to, or supervision of employees or other individuals, whether or not injury results, or any conduct, practice, or condition which impairs, or may impair, Respondent's ability to safely and skillfully practice medicine.

4. Section 16221(b)(i) of the Code authorizes the DSC to take disciplinary action against Respondent's license for incompetence, defined at section 16106(1) to mean: "[a] departure from, or failure to conform to, minimal standards of acceptable and prevailing practice for the health profession, whether or not actual injury to an individual occurs."

5. Section 16226 of the Code authorizes the DSC to impose sanctions against persons licensed by the Board if, after opportunity for a hearing, the DSC determines that a licensee violated one or more of the subdivisions contained in section 16221 of the Code.

6. On March 29, 2007, Patient J. R. (initials used for purposes of confidentiality), a 36-year-old female, presented to Respondent's office, with complaints of a sore neck and shoulder pain she sustained from a fall on January 4, 2006. She also reported severe headaches and migraines that began after the fall, sore and swollen hands, dizziness, fatigue, sensitivity to light and sound, tremors in her left hand, whole body aches, deterioration of her motor skills, general imbalance, confusion, muscle stiffness, difficulty reading, numbness in fingers and toes, muscle weakness, muscle burning, forgetfulness, lower back pain, rear calf

pain, front thigh pain, intermittent low-grade temperatures, difficulty concentrating, and other symptoms.

7. J.R. had previously undergone physical therapy, which aggravated her symptoms.

8. Previous to her treatment with Respondent, Respondent's medical records show that Dr. Kaul, a neurologist, began treating J.R. on March 21, 2006. Dr. Kaul ordered a Magnetic Resonance Image (MRI) of J.R.'s brain, which Mid-Michigan Regional Imaging performed on the same date. Dr. Kaul previously opined that J.R. suffered from Multiple Sclerosis (MS), but the results of the MRI negated this diagnosis.

9. J.R. began seeing Dr. Schell, a neurosurgeon, in April of 2006. Dr. Schell indicated that a review of a previous MRI on J.R. showed evidence of a grade I Arnold-Chiari malformation. He ordered another MRI to ensure that J.R. did not have a syrinx associated with Arnold-Chiari or significant disc problems. Mid-Michigan Regional Imaging performed the MRI on May 11, 2006, which showed no significant abnormality. Dr. Schell subsequently ordered a cervical myelogram, which St. Mary's of Michigan performed on May 30, 2006. The results of the exam showed that she was relatively stable from a neurological perspective.

10. Dr. Kaul referred J.R. to the University of Michigan's (U of M) Neurology Clinic. The clinic reviewed all of J.R.'s medical records, including those collected by Dr. Kaul and Dr. Schell. U of M Neurology Clinic's Dr. Wang stated that J.R.'s B12 and folate levels were

normal. Dr. Wang indicated J.R. was concerned with possible Amyotrophic Lateral Sclerosis (ALS) and stated that her normal EMG studies were inconsistent with this diagnosis. Dr. Wang indicated that J.R. would pursue this issue further with Dr. Kaul and referred her to U of M's Neuromuscular Clinic.

11. On November 28, 2006, J.R. visited U of M's Neuromuscular Clinic. After concluding that J.R. did not suffer from any neuromuscular or other neurological disorders, the evaluators suggested that J.R. should visit U of M's Sleep Disorder and Depression Clinics.

12. On December 14, 2006, Dr. Campau, J.R.'s family physician, diagnosed her with fibromyalgia.

13. In January 2007, Dr. Campau referred J.R. to Sleep Diagnostics of Michigan. This evaluation was performed in February 2007 and concluded that J.R. suffered from Obstructive Sleep Apnea (OSA).

14. On March 6, 2007, Dr. J.R. had blood work performed by Covenant Healthcare ordered by Dr. Boyce, a dermatologist. Although the lab work showed no significant abnormalities, J.R.'s ASO levels were positive for a streptococcal infection. In response, Dr. Boyce prescribed J.R. a Zithromax Z-Pak (Z-Pak) on March 8, 2007.

15. At her first appointment with Respondent on March 29, 2007, J.R. informed Respondent of her prior treatment history and stated that she was currently taking Effexor XR (150 mg per day), Lyrica (50 mg, 3 times a day), Wellbutrin SR (150 mg, 2 times a day), Zantac (300 mg per day), Zyrtec (10 mg per day), and Mobic (75 mg, 2 times a day).

16. At this appointment, Respondent opined that J.R. suffered from a tick borne disease and that she had chronic Candidiasis for many years. He also suspected J.R. suffered from Babesia and irritable bowel syndrome secondary to the Candida.

17. Without ordering any blood tests or performing any other diagnostic exam, Respondent recommended the following treatment plan at the first appointment according to his notes:

First, I am going to treat the Babesia. I will do this with BIAXIN and MALARONE, following up with DIFLUCAN and NYSTATIN, and after two weeks add in DOXYCYCLINE. I will have her avoid milk and ice cream, and taper off the Pepsi and regular coffee. She will drink more water. I gave her BIAXIN XL 500 #6 one daily for three days, and then repeat in a month, MALARONE 250 #24 four daily for three days, and then repeat in a month. I gave her B-12 INJECTION in the left deltoid, and 3 cc 25-gauge 5/8" syringe needle #30 with two refills, B-12 1,000/cc #30 cc one cc per dose with two refills. I also gave her DOXYCYCLINE 100 #90 one t.i.d. with one refill, DIFLUCAN 200 #30 one daily with one refill, NYSTATIN 500,000 #120 one q.i.d. with one refill. I gave her Candida followup, Lyme followup, injection B-12, water, Raynaud's, headache diet, fibrocystic breast, and cerumen impaction sheet. I put down Dr. Flora's number for neck and shoulder chiropractic. I spent 85 minutes. See her in a month.

18. On March 30, 2007, J.R. presented to the emergency room at Mid-Michigan Medical Center in Midland, Michigan complaining of a migraine headache. Mid-Michigan Medical Center discharged J.R. the same day.

19. On April 3, 2007, J.R. contacted Respondent by phone complaining of tightness in her chest, palpitations, and becoming winded within a short period after taking Doxycycline. Respondent advised J.R. to discontinue the Doxycycline.

20. On Thursday, April 5, 2007, J.R. contacted Respondent by phone complaining of bilateral jaw pain and burning in her legs and arms with minor movements. Respondent advised J.R. to stop taking all medications over the weekend, and restart them at the beginning of the following week, with the exception of the Doxycycline.

21. On Monday, April 9, 2007, J.R. called Respondent's office to inform him that she had to go to the emergency room at Mid-Michigan Medical Center on Friday, April 6, 2008, because of violent muscle spasms. The emergency room physician prescribed Klonopin in addition to her other medications. Mid-Michigan Medical Center discharged J.R. the same day.

22. During this telephone conversation, J.R. told Respondent's nurse receptionist that the muscle spasms persisted in her back, side, and stomach area after her visit to the

emergency room and that her legs were very weak and shaky. Respondent scheduled an appointment to see J.R. at the end of the following day, April 10, 2007.

23. On April 10, 2007, J.R. saw Respondent at his office. Her husband accompanied her.

24. At this appointment, which was J.R.'s last with Respondent, Respondent adjusted the treatment plan, stating in his notes:

I would like to have her do the DIFLUCAN and NYSTATIN for about two weeks and then add in DOXYCYCLINE slowly. I did give her a prescription for a wheeled walker if she would like to try it, with a diagnosis of paraparesis. The concern would be possible ALS. I gave her XANAX 0.25 #30 one t.i.d. p.r.n. anxiety with one refill in the place of KLONOPIN. LYRICA has the side effect of esthenia, dizziness, somnolence, ataxia, confusion, tremor. So I mentioned that she may want to slowly taper herself off that too.

25. Respondent prescribed J.R. medications in such a combination and dosage as to have potential lethal effects.

COUNT I

Respondent's conduct, as described above, constitutes negligence, in violation of section 16221(a) of the Code.

COUNT II

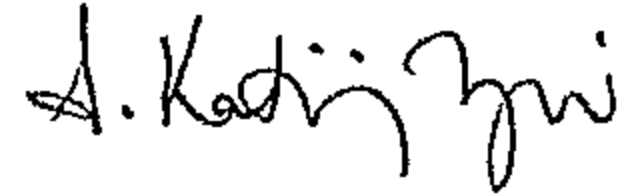
Respondent's conduct, as described above, constitutes incompetence, in violation of section 16221(b)(i) of the Code.

THEREFORE, Complainant requests that this complaint be served upon Respondent and that Respondent be offered an opportunity to show compliance with all lawful requirements for retention of the aforesaid license. If compliance is not shown, Complainant further requests that formal proceedings be commenced pursuant to the Public Health Code, rules promulgated pursuant to it, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 *et seq.*

RESPONDENT IS HEREBY NOTIFIED that, pursuant to section 16231(7) of the Code, Respondent has 30 days from receipt of this complaint to submit a written response to the allegations contained in it. The written response shall be submitted to the Bureau of Professions, Department of Community Health, P.O. Box 30670, Lansing, Michigan, 48909, with a copy to the undersigned assistant attorney general. Further, pursuant to section 16231(8), failure to submit a written response within 30 days shall be treated as an admission of the allegations contained in the complaint and shall result in transmittal of the complaint

directly to the Board's Disciplinary Subcommittee for imposition of an appropriate sanction.

MICHAEL A. COX
Attorney General



Serene Katranji-Zeni (P69460)
Assistant Attorney General
Licensing & Regulation Division
3030 W. Grand Blvd., Suite 10-100
Cadillac Place, 10th Floor
Detroit, Michigan 48202
Telephone (313) 456-0040

Dated: September 10, 2008