


January 22, 2020

Pursuant to Minnesota Statute section 147.092, attached is the public portion of a Notice of Hearing, regarding sexual misconduct allegations against Sanjeev K. Arora, M.B., B.S.

If you have questions, please contact me at (612) 617-2130.



Kate Van Etta-Olson
Complaint Review Unit Manager

147.092 PROBABLE CAUSE HEARING; SEXUAL MISCONDUCT.

(a) In any contested case in which a violation of section 147.091, subdivision 1, paragraph (t), is charged all parties shall be afforded an opportunity for a probable cause hearing before an administrative law judge. The motion for a hearing must be made to the Office of Administrative Hearings within 20 days of the filing date of the contested case and served upon the board upon filing. Any hearing shall be held within 30 days of the motion. The administrative law judge shall issue a decision within 20 days of completion of the probable cause hearing. If there is no request for a hearing, the portion of the notice of and order for hearing relating to allegations of sexual misconduct automatically becomes public.

(b) The scope of the probable cause hearing is confined to a review of the facts upon which the complaint review committee of the board based its determination that there was a reasonable belief that section 147.091, subdivision 1, paragraph (t), was violated. The administrative law judge shall determine whether there is a sufficient showing of probable cause to believe the licensee committed the violations listed in the notice of and order for hearing, and shall receive evidence offered in support or opposition. Each party may cross-examine any witnesses produced by the other. A finding of probable cause shall be based upon the entire record including reliable hearsay in whole or in part and requires only a preponderance of the evidence. The burden of proof rests with the board.

(c) Upon a showing of probable cause, that portion of the notice of and order for hearing filed by the board that pertains to the allegations of sexual misconduct, including the factual allegations that support the charge, become public data. In addition, the notice of and order for hearing may be amended. A finding of no probable cause by the administrative law judge is grounds for dismissal without prejudice. Nothing in this section shall prevent the board from reopening the investigation or filing charges based on the same subject matter at a later date.

History: 1996 c 334 s 5

[REDACTED]

OAH Docket No. [REDACTED]

STATE OF MINNESOTA
OFFICE OF ADMINISTRATIVE HEARINGS
FOR THE BOARD OF MEDICAL PRACTICE

In the Matter of the
Medical License of
Sanjeev K. Arora, M.B., B.S.
[REDACTED]

**NOTICE AND ORDER FOR
PREHEARING CONFERENCE
AND HEARING**

License Number: 46,656

TO: Sanjeev K. Arora, M.B., B.S. ("Respondent"), [REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

ALLEGATIONS

1. Respondent was licensed by the Board to practice medicine and surgery in the State of Minnesota on July 10, 2004. Respondent is board certified in physical medicine and rehabilitation.

2. Respondent is a pain specialist at a pain management clinic with locations in [REDACTED] and [REDACTED] Minnesota. Respondent is also the Medical Director for Physical Medicine and Rehabilitation at a hospital in [REDACTED], Minnesota.

3. On April [REDACTED] 2017, Respondent began treating Patient #1, a [REDACTED] female, for [REDACTED] pain she experienced [REDACTED]. Between April [REDACTED] and August [REDACTED], 2017, Patient #1 had nine appointments with Respondent. The appointments were for both physical examinations and to administer injections. During this time, Patient #1 also attended nine physical therapy appointments [REDACTED] at Respondent's clinic.

4. Respondent saw Patient #1 for a physical examination office visit on July [REDACTED], 2017. At this visit, Patient #1 was in physical pain and began to cry. Respondent used his hand to wipe tears off of Patient #1's face.

5. On July [REDACTED], 2017, Respondent administered to Patient #1 the first of a series of medication injections during a clinic visit. At this visit, Respondent hugged Patient #1 three times.

6. Following the July [REDACTED], 2017 appointment with Patient #1, Respondent began rearranging his schedule in order to perform physical examinations on Patient #1 even when she was scheduled to see another provider. Patient #1's impromptu physical examinations with Respondent lasted between 10 and 30 minutes.

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7. Of the nine physical therapy sessions Patient #1 attended with another provider, three dates have corresponding office visit notes by Respondent. On more than one occasion, Respondent performed full physical examinations of Patient #1 after he had already examined her on the same day.

8. On July █, 2017, Respondent had Patient #1 submit to an impromptu physical examination of Patient #1 following Patient #1's physical therapy appointment with another healthcare provider. Respondent directed Patient #1 to wait at the clinic for several hours after her physical therapy appointment in order for Respondent to examine Patient #1. During this appointment, Respondent hugged Patient #1 and caressed the bottom of Patient #1's lip. When Patient #1 attempted to leave the examination room by opening the door, Respondent put his hand on top of Patient #1's hand and stroked Patient #1's hand.

9. On July █, 2017, Respondent saw Patient #1 for a scheduled injection appointment for █ pain. A female employee was present in the procedure room while Respondent administered injections to Patient #1. In a separate examination room, without another employee present, Respondent also performed a physical examination of Patient #1 and reached under Patient #1's shirt to partially cup her breast. Respondent hugged Patient #1 at the conclusion of the July █, 2017 physical examination.

10. █
█ Patient #1 told Respondent not to touch or examine her under her shirt, however Respondent continued to do so anyway.

11. On at least four occasions, Respondent asked Patient #1 to change her clinical office visit location from the █ clinic to the █ clinic because █ clinic

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was more “private.” At the time of Patient #1’s appointment at the [REDACTED] clinic, Respondent was the only staff person present.

12. Respondent offered Patient #1 a job at the [REDACTED] clinic as a “personal favor” to Respondent.

13. Respondent hugged and squeezed Patient #1 during and after examinations and appointments with Respondent. At times, Patient #1 crossed her arms or held her arms rigid at her sides in an attempt to prevent Respondent from hugging her, but Respondent hugged Patient #1 anyway. Respondent stated that he liked to hug Patient #1 because she was sweet, nice, and unique. Respondent became aggressive when Patient #1 attempted to reject him.

14. During at least one of Patient #1’s appointments with Respondent, Respondent pressed his genitals against Patient #1’s knee as she sat in the clinic exam room.

15. During another appointment with Respondent and while both parties were clothed, Respondent embraced Patient #1 from behind and bent her over, rubbing his genitals into her backside.

16. A review of telephone records indicates that:

a. Between April 2017 and August 2017, Patient #1 received 62 calls from Respondent’s clinic telephone numbers. After Patient #1’s final appointment at Respondent’s clinic on August [REDACTED] 2017, Patient #1 received eight calls from Respondent’s clinic telephone numbers.

b. Between May and August 2017, Respondent called Patient #1 seven times from a phone number associated with a [REDACTED] where Respondent works approximately [REDACTED] per week. Two of the calls occurred after Patient #1’s final appointment with Respondent. Patient #1 was not Respondent’s patient at the [REDACTED]

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c. On July ■ and again on July ■, 2017, Respondent called Patient #1 four times in the span of two hours.

d. Recordings of Respondent's phone calls and voicemails to Patient #1 reveal, in part, the following:

i. On August ■, 2017, Respondent called Patient #1's cell phone and stated that Patient #1 should text and call Respondent more.

ii. On August ■, 2017, Respondent called Patient #1's cell phone and said he would arrange for Patient #1's physical therapy services to be billed to her ■ health insurance so that her insurance coverage for issues related to her ■ injury would not be affected. Respondent offered to waive Patient #1's copays so that Patient #1 would continue to see Respondent.

iii. On August ■, 2017, Respondent called Patient #1's cell phone to discuss upcoming appointments. After discussing the appointment schedule, Respondent stated, "And I thought about the issues that you brought up. Next time, you know, remind me and I'll try to find, fix how we can do, so you don't feel bad about the, you know, touching you, okay?"

iv. On August ■, 2017, Respondent called Patient #1's cell phone and again asked Patient #1 to change her care location to Respondent's ■ clinic.

17. Audio recordings of Patient #1's appointments with Respondent include, in part, discussions of the following:

a. Hugging: Patient #1 told Respondent to stop hugging her. Respondent acknowledged hugging Patient #1, and stated to her that he will continue to hug her if she cries. Patient #1 stated to Respondent, "Well I don't think that hugs are needed as much" and "I don't think hugs are okay." In response Respondent stated, "I just like to touch you."

b. Unnecessary physical examinations: Patient #1 discussed with clinic staff making another appointment with Respondent on a day when Respondent had already examined Patient #1 twice. During an examination, Respondent directed Patient #1 to lie on her back and pull her shirt up. Patient #1 indicated that she did not want to do so. Referring to Patient #1's shirt, Respondent stated, "Can you pull that up too?" Later during the same examination, Respondent told Patient #1 to take her shirt entirely off.

c. Physical and emotional boundaries: During a physical examination, Respondent told Patient #1 that he wanted her to change her primary care site to the [REDACTED] clinic so that he can "see her more closely." Patient #1 stated to Respondent that he already got too close. Later during the same examination, Respondent indicated that he liked Patient #1 and that it was necessary for him to get close to Patient #1 when she was emotional. Also, during an appointment, Respondent stated to Patient #1, "I would like to be friends with you after your case is done" and "I get a little more attached than what I should."

[REDACTED]

[REDACTED]

ISSUES

Whether the foregoing conduct constitutes one or more of the following grounds for disciplinary action:

[REDACTED]

[REDACTED]

[REDACTED]

4. Engaging in conduct with a patient which is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior which is seductive or sexually demeaning to a patient, in violation of Minn. Stat. § 147.091, subd. 1(t).

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]


[REDACTED]

[REDACTED]

[REDACTED]

Dated this 4th day of October, 2019.

COMPLAINT REVIEW COMMITTEE

By: 
RUTH M. MARTINEZ
Executive Director of the
Minnesota Board of Medical Practice