

## 1 BEFORE THE ARIZONA MEDICAL BOARD

2 In the Matter of

3 **MARTHA M. GROUT, M.D.**4 Holder of License No. 24896  
5 For the Practice of Allopathic Medicine  
6 In the State of Arizona.

Case No. MD-16-0639A

7 **ORDER FOR DECREE**  
8 **OF CENSURE AND CIVIL PENALTY;**  
9 **AND CONSENT TO THE SAME**10 Martha M. Grout, M.D. ("Respondent") elects to permanently waive any right to a  
11 hearing and appeal with respect to this Order for a Decree of Censure and Civil Penalty;  
12 admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of  
13 this Order by the Board.14 **FINDINGS OF FACT**15 1. The Board is the duly constituted authority for the regulation and control of  
16 the practice of allopathic medicine in the State of Arizona.17 2. Respondent is the holder of license number 24896 for the practice of  
18 allopathic medicine in the State of Arizona.19 3. The Board initiated case number MD-16-0639A after receiving a complaint  
20 regarding Respondent's care and treatment of a 33 year-old female patient ("AA") alleging  
21 failure to disclose and treat a heart condition, failure to diagnose and treat Hashimoto's  
22 disease, failure to diagnose and treat hypothyroidism, and that Respondent charged for  
23 services not rendered.24 4. AA, who resided out of state, suffered from fatiguing illness and chronic pain  
25 from musculoskeletal injuries, and believed that she also suffered from Lyme disease. AA  
appeared for an initial consultation with a Physician Assistant in Respondent's office on  
July 23, 2015 for a history, physical examination and in-office testing. Respondent's office  
provided a furnished apartment for AA to rent while residing in Arizona for treatment. On

1 July 24, 2015, AA presented late in the day with behavior noted to be erratic and unstable.  
2 AA was advised to go to the emergency room.

3 5. On July 27, 2015, AA presented for an initial consultation with Respondent.  
4 AA stated that she could not pay for services, and was asked to leave both the office and  
5 the apartment. AA was taken to a hotel and a three day stay was paid for by the office  
6 CEO.

7 6. AA signed a consent form to testing and medical care for Respondent's  
8 office on July 31, 2015.

9 7. Respondent initiated treatment for AA, including treatment for Lyme disease  
10 in accordance with International Lyme and Associated Diseases Society ("ILADS")  
11 standards, with intravenous administration of multiple antibiotics via PICC line placement  
12 on August 10, 2015. Respondent also initiated thyroid replacement medications for AA.  
13 Respondent's treatment also included use of a Rife machine, Chiren machine, ionic foot  
14 baths, and autohemotherapy. AA's treatments were paid for by her family, and were not  
15 covered by her insurance.

16 8. During Respondent's treatment of AA, AA presented to emergency rooms  
17 multiple times with complaints of shortness of breath, and/or fever. On August 3, 2015, AA  
18 was referred by an emergency room physician for an infectious disease consultation  
19 occurring on August 5, 2015. Records from the consultation state a diagnosis of  
20 "Constellation of no-specific symptoms which is inconsistent with infection." The records  
21 further note a possible postural orthostatic tachycardia syndrome ("POTS"), which could  
22 potentially explain the fatigue and palpitations but not AA's fever.

23 9. On August 11, 2015, Respondent received results of AA's initial blood work  
24 including an IgeneX Lyme test with a positive IFA for *Borrelia burgdorferi*, an IgG and IgM  
25 western blot test that was negative by Centers for Disease Control ("CDC") standards and

1 negative/indeterminate by IgeneX standards, negative genomic and plasmid PCR, and  
2 negative tests for coinfections Babesia, Ehrlichia, and Bartonella.

3 10. Respondent placed a Holter monitor on AA that was read on August 11,  
4 2015 as positive for supraventricular tachycardia ("SVT"), with several short runs of SVT  
5 with maximum heart rate of 192 for 30 seconds.

6 11. On August 13, 2015, AA presented to an emergency room for chest pain and  
7 palpitation. An ultrasound showed a clot on the PICC in AA's axillary vein. An emergency  
8 room physician prescribed Lovenox injections and oral warfarin. On August 14, AA  
9 presented to a second hospital for removal of the PICC line and placement of a new PICC  
10 line in her left arm. AA presented to the original emergency room twice later that day for  
11 bleeding, and the second PICC was removed. On August 18, 2017, AA presented again  
12 to the second hospital emergency room for pain. An ultrasound showed a partially  
13 occluded right axillary vein extending into the subclavian vein. AA was discharged with  
14 instructions to continue Lovenox and warfarin.

15 12. AA returned to Respondent for continued antibiotic treatment including  
16 administration of ceftriaxone 2000 mg/day, five days a week via peripheral IV, as well as  
17 oral metronidazole 500 mg twice a day, doxycycline 400 mg, and Lovenox. AA's IV  
18 treatment was noted to be completed on October 19, 2015. On October 20, 2015,  
19 Respondent's staff noted that AA was refusing to leave the apartment and Respondent  
20 sent AA a formal notice terminating the patient-physician relationship on October 21, 2015.  
21 On October 27, 2015, AA presented to Respondent's office for removal of the port, and  
22 called 911 from the office complaining of chest pain, fever and diarrhea. AA was  
23 transported to the hospital for evaluation.

24 13. The standard of care required Respondent to initiate treatment for Lyme  
25 disease for patients who meet the criteria for Lyme disease according to the CDC, ISDA,

1 and/or ILADS. Respondent deviated from this standard of care by treating AA for Lyme  
2 disease even though the patient did not meet the criteria for Lyme disease according to  
3 the CDC, ISDA, or ILADS.

4 14. The standard of care for a patient with SVT required Respondent to refer the  
5 patient to cardiology for evaluation and management. Respondent deviated from the  
6 standard of care by failing to refer AA to a cardiologist for evaluation and management of  
7 her SVT.

8 15. The standard of care when starting a patient on thyroid replacement therapy  
9 required Respondent to monitor treatment with testing to avoid excess thyroid hormone  
10 which may trigger SVT. Respondent deviated from the standard of care by starting AA on  
11 thyroid replacement despite euthyroid testing.

12 16. Actual patient harm was identified in that AA experienced axillary vein  
13 thrombosis requiring anticoagulation and caused by placement of PICC to administer  
14 unnecessary antibiotics and nutrients. Additionally, AA experienced SVT aggravated by  
15 unnecessary thyroid hormone replacement.

16 17. There was the potential for patient harm in that AA was at risk for  
17 hematologic infection and allergy from the PICC lines, ports and IVs placed by  
18 Respondent and her staff; C.difficile colitis and antibiotic resistant bacteria infections due  
19 to the unnecessary administration of antibiotics; and pulmonary embolism resulting from  
20 the axillary vein thrombosis experienced post-PICC line placement.

#### 21 CONCLUSIONS OF LAW

22 a. The Board possesses jurisdiction over the subject matter hereof and over  
23 Respondent.

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1 b. The conduct and circumstances described above constitute unprofessional  
2 conduct pursuant to A.R.S. § 32-1401(27)(q) ("Any conduct or practice that is or might be  
3 harmful or dangerous to the health of the patient or the public.").

4 **ORDER**

5 IT IS HEREBY ORDERED THAT:

6 1. Respondent is issued a Decree of Censure.

7 2. **Civil Penalty**

8 Respondent is assessed a \$5,000.00 Civil Penalty. The Civil Penalty shall be paid, by  
9 certified funds, within 90 days of the effective date of this Order.

10  
11 DATED AND EFFECTIVE this 1<sup>ST</sup> day of February, 2018

12 ARIZONA MEDICAL BOARD

13  
14 By Patricia E. McSorley  
15 Patricia E. McSorley  
16 Executive Director

17 **CONSENT TO ENTRY OF ORDER**

18 1. Respondent has read and understands this Consent Agreement and the  
19 stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent  
20 acknowledges she has the right to consult with legal counsel regarding this matter.

21 2. Respondent acknowledges and agrees that this Order is entered into freely  
22 and voluntarily and that no promise was made or coercion used to induce such entry.

23 3. By consenting to this Order, Respondent voluntarily relinquishes any rights to  
24 a hearing or judicial review in state or federal court on the matters alleged, or to challenge  
25 this Order in its entirety as issued by the Board, and waives any other cause of action  
related thereto or arising from said Order.

1 4. The Order is not effective until approved by the Board and signed by its  
2 Executive Director.

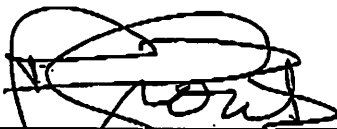
3 5. All admissions made by Respondent are solely for final disposition of this  
4 matter and any subsequent related administrative proceedings or civil litigation involving  
5 the Board and Respondent. Therefore, said admissions by Respondent are not intended  
6 or made for any other use, such as in the context of another state or federal government  
7 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or  
8 any other state or federal court.

9 6. Upon signing this agreement, and returning this document (or a copy thereof)  
10 to the Board's Executive Director, Respondent may not revoke the consent to the entry of  
11 the Order. Respondent may not make any modifications to the document. Any  
12 modifications to this original document are ineffective and void unless mutually approved  
13 by the parties.

14 7. This Order is a public record that will be publicly disseminated as a formal  
15 disciplinary action of the Board and will be reported to the National Practitioner's Data  
16 Bank and on the Board's web site as a disciplinary action.

17 8. If the Board does not adopt this Order, Respondent will not assert as a  
18 defense that the Board's consideration of the Order constitutes bias, prejudice,  
19 prejudgment or other similar defense.

20 9. *Respondent has read and understands the terms of this agreement.*

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22 

23 MARTHA M. GROUT, M.D.

DATED: 12-13-17

24 EXECUTED COPY of the foregoing mailed  
25 this 15<sup>th</sup> day of December 2017 to:  
2018 m

Martha M. Grout, M.D.

1 Address of Record

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3 ORIGINAL of the foregoing filed  
4 this 1<sup>st</sup> day of February, ~~2017~~ with:  
2018 <sup>mm</sup>

5 Arizona Medical Board  
6 ~~9545 E. Doubletree Ranch Road~~ 1740 W. Adams Rd #4000  
Scottsdale, AZ 85258 Phoenix, AZ 85007

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8 Mary Bobey  
Board staff

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