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1 XAVIER BECERRA
Attorney General of California
2 JAMES M. LEDAKIS
Supervising Deputy Attorney General
3 RON ESPINOZA
Deputy Attorney General
4 State Bar No. 176908
600 West Broadway, Suite 1800
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 738-9447
7 Facsimile: (619) 645-2061
Attorneys for Complainant

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9 **BEFORE THE
DENTAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

11
12 In the Matter of the Accusation Against:

Case No.

DBC 2017 -18

13 **RICHARD THOMAS HANSEN, JR.**
14 **1321 Harbor Blvd., #104**
Orange, CA 92836

A C C U S A T I O N

15 **Dental License No. 26070**

16 Respondent.

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19 Complainant alleges:

20 **PARTIES**

21 1. Karen M. Fischer (Complainant) brings this Accusation solely in her official capacity
22 as the Executive Officer of the Dental Board of California, Department of Consumer Affairs.

23 2. On or about October 5, 1976, the Dental Board of California issued Dental License
24 Number 26070 to Richard Thomas Hansen, Jr. (Respondent). The Dental License was in full force
25 and effect at all times relevant to the charges brought herein, and will expire on January 31, 2018,
26 unless renewed.

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JURISDICTION

3. This Accusation is brought before the Dental Board of California (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 118 of the Code states:

"...

"(b) The suspension, expiration, or forfeiture by operation of law of a license issued by a board in the department, or its suspension, forfeiture, or cancellation by order of the board or by order of a court of law, or its surrender without the written consent of the board, shall not, during any period in which it may be renewed, restored, reissued, or reinstated, deprive the board of its authority to institute or continue a disciplinary proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking the license or otherwise taking disciplinary action against the licensee on any such ground.

"(c) As used in this section, 'board' includes an individual who is authorized by any provision of this code to issue, suspend, or revoke a license, and 'license' includes 'certificate,' 'registration,' and 'permit.'"

5. Section 1718 of the Code states:

"Except as otherwise provided in this chapter, an expired license may be renewed at any time within five years after its expiration on filing of application for renewal on a form prescribed by the board, and payment of all accrued renewal and delinquency fees. If the license is renewed more than 30 days after its expiration, the licensee, as a condition precedent to renewal, shall also pay the delinquency fee prescribed by this chapter. Renewal under this section shall be effective on the date on which the application is filed, on the date on which the renewal fee is paid, or on the date on which the delinquency fee, if any, is paid, whichever last occurs. If so renewed, the license shall continue in effect through the expiration date provided in Section 1715 which next occurs after the effective date of the renewal, when it shall expire if it is not again renewed."

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6. Section 1672 of the Code states in relevant part:

"(a) When the board disciplines a licensee by placing him or her on probation, the board may, in addition to the terms and conditions described in Section 1671, require the licensee to pay the monetary costs associated with monitoring the licensee's probation. . . "

7. Section 1670 of the Code states:

"Any licentiate may have his license revoked or suspended or be reprimanded or be placed on probation by the board for unprofessional conduct, or incompetence, or gross negligence, or repeated acts of negligence in his or her profession, or for the issuance of a license by mistake, or for any other cause applicable to the licentiate provided in this chapter. The proceedings under this article shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the board shall have all the powers granted therein."

COST RECOVERY

8. Code section 125.3, subdivision (a), states:

"Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case."

PATIENT C.D.

9. On or about August 14, 2012, Patient C.D. saw Respondent for the first time at his dental practice, Laser Dental Wellness Center, for a consultation and examination regarding an abscess and possible fracture on tooth #13. During his examination of Patient C.D., Respondent determined that tooth #13 had an abscess and infection. A panoramic and four bitewing radiographs (x-rays) were taken, and tooth #'s 11, 13, 14, and 15 were diagnosed by Respondent with recurrent decay. The panoramic radiograph taken on August 14, 2012, shows tooth #20 having an existing crown treated with a root canal, a straight post following the canal, and normal bone level.

1 10. During his examination, Respondent also performed "Vega-Galvanic Testing" on
2 Patient C.D., apparently to diagnose electrical conductivity in the patient oral cavity. The test
3 results are noted in a form as numeric values, yet nowhere in the patient dental chart does it
4 explain the clinical significance and relevance of performing such a test in terms of dental care.

5 11. After performing Vega-Galvanic Testing, Respondent told Patient C.D. that she
6 suffered from excessive metal conductivity in her head, and that he could cure her reported
7 insomnia if he removed all the metal crowns and root canal material in her mouth.

8 12. Based on his examination and findings, Respondent developed a treatment plan for
9 Patient C.D., where he would retreat root canals under general anesthesia (tooth #'s 2, 13, 15, 18,
10 and 20) and re-crown thirteen of her teeth (tooth #'s 2, 3, 4, 6, 11, 13, 14, 15, 18, 20, 29, 30, and
11 31). The approximate cost of treatment was \$22,000. Patient C.D. agreed with the treatment plan
12 and the dental work started that day.

13 13. On August 14, 2012, Respondent retreated the root canals on tooth #'s 13 and 15,
14 including removing the existing gutta percha¹ from the canals, using a laser to disinfect the canals,
15 and re-filling the canals with "MTA" (mineral trioxide aggregate)² and "Capset" (calcium sulfate).
16 On this same date, temporary crowns and impressions were made for Patient C.D.'s tooth #'s 11,
17 13, 14, and 15.

18 14. A periodontal charting dated August 14, 2012, documents tooth #20 having a 7 mm
19 mesial periodontal pocket.³ However, there is no indication on the chart whether the 7 mm pocket
20 is on the buccal, lingual or direct mesial. In addition, the periodontal charting records tooth #'s 28
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23 ¹ Gutta percha is the predominant dental material used to obturate or fill the empty space
inside the root of a tooth after it has undergone root canal treatment.

24 ² Mineral trioxide aggregate is a biocompatible material that has been used to fill the root
canals of teeth as part of root canal treatment.

25 ³ Periodontal pockets form when gums pull away from the teeth and form spaces, called
26 "pockets," that become infected with bacteria. The pockets result in deep spaces which allow the
27 bacteria to multiply. Over time, and if untreated, these pockets become deeper, providing a larger
space for bacteria to live, and can cause tissue, bone, and tooth loss. The depth of the pockets is
28 measured in millimeters. Measurements ranging from 1 mm to 3 mm generally indicate a normal,
healthy attachment of the gum tissue around the tooth.

1 and #29 as missing for Patient C.D. However, on the same visit, Respondent documented tooth
2 #29 as having an existing crown, and the tooth was diagnosed for crown removal and replacement.

3 15. On September 4, 2012, Patient C.D. returned to see Respondent. For tooth #'s 11,
4 13, and 15, the crowns were delivered. Tooth #14 was re-prepared and new impressions taken.
5 For tooth #'s 18 and 20, Respondent started to redo the root canals, including removing the
6 existing crowns and posts and starting to remove the existing gutta percha in the root canals.
7 There are no notations in the patient record of September 4, 2012, finding that that there is any
8 bone loss around the root of tooth #20 or any perforation of the root.

9 16. On October 18, 2012, Patient C.D. returned to see Respondent. For tooth #'s 14, 18
10 and 20, the crowns were delivered. The existing crowns on tooth #'s 2, 3, 4, 5, and 6 were
11 removed by Respondent. For tooth #2, Respondent started re-treating Patient C.D.'s root canals.
12 For tooth #'s 18 and 20, Respondent finished redoing the root canals from the last visit, including
13 removing the remainder of the existing gutta percha in the canals, using a laser to disinfect the
14 canals, irrigating the canals with oxygenated water, and re-filling the canals with "MTA" (mineral
15 trioxide aggregate) and "Capset" (calcium sulfate).

16 17. Also on this date, Respondent placed a fibercore post for tooth #20 and finalized the
17 crown for tooth #20. Multiple x-rays of tooth #20 subsequently taken on May 14, 2013, show a
18 mesial perforation of the root, with severe bone loss just below the perforation. The x-rays also
19 show the fibercore post, placed by Respondent, not following the canal and extending to the
20 perforation.

21 18. On October 23, 2012, Patient C.D. came back to see Respondent, concerned that her
22 bite was off and that she was unable to chew solid food. Patient C.D. told Respondent that she
23 was only contacting with her front teeth. Respondent agreed, and restorative material was
24 added onto Patient C.D.'s crowns to improve her bite. Study casts were also taken by Respondent
25 for the purpose of analyzing Patient C.D.'s occlusion afterwards.

26 19. On November 26, 2012, Patient C.D. returned to see Respondent to continue her
27 dental work. On this date, Respondent finished re-treating the root canals for tooth #2. The
28 crowns were delivered for tooth #'s 6, 29, and 30. The crowns for tooth #'s 2, 3, and 4 were tried,

1 but lacked occlusion (open space in bite) and were returned to the laboratory for modification
2 and/or refabrication.

3 20. On December 10, 2012, Patient C.D. saw Respondent for a consult regarding her bite,
4 which she indicated was still off. Patient C.D. told Respondent that she was also having a hard
5 time pronouncing "S" sounds when talking. Respondent examined Patient C.D. and verified that
6 her bite was off on her posterior teeth, left and right side. Despite this, Respondent decided to
7 postpone any further adjustments until the upper posterior crowns came back from the laboratory.
8 In addition, on this date, Patient C.D. told Respondent that she felt that tooth #20 had an infection.
9 Respondent disagreed, and told her that tooth #20 was healing and her gum tissue was healthy.
10 The patient records for this date do not mention the root perforation on tooth #20.

11 21. On November 17, 2014, Patient C.D. filed a complaint with the Dental Board
12 regarding her care and treatment provided by Respondent.

13 **FIRST CAUSE FOR DISCIPLINE**

14 **(Repeated Acts of Negligence)**

15 22. Respondent is subject to disciplinary action under Code section 1670 for repeatedly
16 negligent acts in his profession with respect to his care and treatment of Patient C.D., as set forth
17 above in paragraphs 9 to 21, which are incorporated herein by reference, in that:

18 a. Respondent failed to document the relevance of the Vega-Galvanic Test he performed
19 and how this test helped to diagnose and influence the dental care Patient C.D. received.

20 b. Respondent failed to confirm that Patient C.D.'s periodontal charting had the correct
21 and required information. The periodontal charting did not have 6-point periodontal probings
22 around teeth which had readings of 5-6-7-8mm, and existing teeth were charted incorrectly as
23 missing (tooth #29).

24 c. Respondent was negligent in informing Patient C.D. that he could cure her insomnia by
25 taking all the metal from the patient's mouth and redoing her asymptomatic root canals.

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1 **SECOND CAUSE FOR DISCIPLINE**

2 **(Incompetence)**

3 23. Respondent is subject to disciplinary action under Code section 1670 for incompetence
4 in his profession with respect to his care and treatment of Patient C.D., as set forth above in
5 paragraphs 9 to 21, which are incorporated herein by reference, in that:

6 a. Respondent left Patient C.D.'s occlusal insufficiency untreated while waiting for all the
7 crowns to finally be delivered.

8 b. Respondent performed a post for tooth #20 and did not follow the root canal, thus
9 creating a mesial perforation leading the tooth to have rapid bone loss and requiring eventual
10 extraction by a subsequent dentist.

11 **DISCIPLINE CONSIDERATIONS**

12 24. To determine the degree of discipline, if any, to be imposed on Respondent,
13 Complainant alleges that on or about February 6, 2015, in a prior disciplinary action entitled
14 *In the Matter of the First Amended Accusation Against Richard Thomas Hansen, Jr., Et Al.*,
15 before the Dental Board of California in Case Number DBC 2012-47, Respondent's dental license
16 was revoked, the revocation stayed and Respondent placed on probation for three (3) years on
17 certain terms and conditions. That decision is now final and is incorporated by reference as if fully
18 set forth.

19 25. To determine the degree of discipline, if any, to be imposed on Respondent,
20 Complainant alleges that on or about March 23, 1994, the Dental Board of California issued
21 Citation Number 02-93-1052 for a violation of former Health and Safety Code section 1795.12
22 (failure to provide patient records) and fined Respondent \$250.00. That Citation is now final and
23 the fine has been paid.

24 **PRAYER**

25 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
26 and that following the hearing, the Dental Board of California issue a decision:

27 1. Revoking or suspending Dental License Number 26070 issued to Richard Thomas
28 Hansen, Jr.;

1 2. Ordering Richard Thomas Hansen to pay the Dental Board of California the
2 reasonable costs of the investigation and enforcement of this case, and, if placed on probation, the
3 costs of probation monitoring; and,

4 3. Taking such other and further action as deemed necessary and proper.

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6 DATED: _____

10-11-17

Karen M Fischer

KAREN M. FISCHER
Executive Officer
Dental Board of California
Department of Consumer Affairs
State of California
Complainant

11 SD2017802027