

Florida Cardiology Group, P.A.

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CARDIOLOGY PEER REVIEW

May 5, 2015

Disability: [REDACTED]
[REDACTED]
W: [REDACTED]

CLAIMANT: [REDACTED]
FILE NUMBER: 01- [REDACTED]
DMC#: [REDACTED]
DATE OF LOSS: 3/24/2015
EXAM TYPE: Cardiology
CASE TYPE: PIP

Summary of records reviewed:

Date	Document	Source
3/25/15	Cardiology consultation	Dr. [REDACTED]
3/24/15	Echocardiogram	[REDACTED] Medical Center
3/26/15	Cardiac cath	Dr. [REDACTED]
Various	HCFA 1500 forms	Various
3/26/15	H and P	[REDACTED] NP
3/27/15	Echocardiogram	[REDACTED] Hospital

Case summary:

[REDACTED] ([REDACTED]) is a 57 year old man reportedly employed as a manager (job description not provided). He has a history of hypertension, hypercholesterolemia, sleep apnea treated with CPAP, and mild coronary artery disease. He was the driver in an MVA on 3/24/15, when he reportedly felt lightheaded, had brief chest tightness, struck a rail, lost consciousness

and had an accident without injury. He was admitted to ██████████ Medical Center and seen by cardiologist Dr. ██████████. Dr. ██████████ noted that the claimant had previously experienced lightheadedness attributed to Lisinopril. No previous syncopal episodes were described. Dr. ██████████ hypothesized that the claimant had experienced a “ruptured plaque” causing VT or “orthostasis due to Lisinopril” and recommended a cardiac cath. Echo 3/24/15 showed normal LV function with mild aortic insufficiency, cath showed normal LV function with 50% stenoses of the PLV branch of the right coronary and 50% stenosis of the first diagonal branch. Progress notes, laboratory and imaging studies and discharge summary were not provided. The claimant was transferred to ██████████ Hospital in Pensacola for electrophysiologic study. The admitting NP noted that a neurology evaluation, CT, and EEG were reportedly normal at ██████████ Medical Center. The claimant underwent electrophysiologic study which reportedly showed a “borderline prolonged HV interval” (data not provided). A loop recorder was implanted 3/27.

Questions for review:

1. List All medical records reviewed

As above.

2. Please review for medical necessity, reasonableness and relatedness of the treatment with Cardiologist on DOS 03/24/2015 and 03/27/2015. Please address all cardiac care.

A cardiology consultation and echocardiogram are justified to establish the cause of syncope and risk stratify the chance of recurrence or sudden death once LV function is known. However, the justification for cardiac cath to investigate “plaque rupture” is not clear from the available records. Cath would be justified if troponin was positive or if ECG changes suggested active ischemia (data not provided).

3. The patient blacked out before MVA occurred. Please review to determine if treatment is MVA-related.

The treatment provided is not related to the MVA. The treatment provided is to determine the cause of loss of consciousness, which occurred before the MVA and not as a consequence of the accident.

4. Are injuries causally related to this accident?

No injuries are described.

5. Is further treatment needed? If treatment needed, specify treatment.

The claimant will require further evaluation to review findings from the implantable loop recorder, which is not related to the accident.

6. Is need for surgery related?

The claimant underwent a surgical procedure to implant a loop recorder. This procedure was not related to the accident, but was done to establish the cause of syncope which preceded the MVA.

7. Is diagnostic testing related?

The diagnostic testing was not related to the accident, but was done to establish the cause of syncope which preceded the MVA.

8. Has treatment been reasonable and necessary?

The treatment was reasonable and necessary, except for the cardiac cath, which is not supported by the available data. However, the file is incomplete, and the cath may have been justified.

I, Steven Borzak, am a physician duly licensed to practice medicine in the State of Florida. I am an independent contractor and I am paid an hourly rate to review disability claim files and render medical opinions regarding the records contained herein. I am not responsible for deciding whether a claimant is entitled to insurance benefits. My role is to provide objective medical opinions to ██████████ personnel.

I do not receive additional compensation in the form of bonuses or incentive pay of any kind. My compensation does not depend upon the outcome of my reviews, the substance of my medical opinions, or any factor other than the number of hours it takes to review a file and provide an analysis.

I have not seen or examined the claimant. The report is based solely on the records provided.



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