

# WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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STATE OF WISCONSIN  
BEFORE THE MEDICAL EXAMINING BOARD

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IN THE MATTER OF THE	:	
DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
JAMES T. MORAN, M.D.,	:	LS # 0407223 MED
RESPONDENT.	:	

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[Division of Enforcement Case # 03 MED 318]

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

James T. Moran, M.D.  
2801 West Kinnickinnic River Parkway  
Milwaukee WI 53215

Division of Enforcement  
Department of Regulation and Licensing  
1400 East Washington Avenue  
P.O. Box 8935  
Madison WI 53708-8935

Medical Examining Board  
Department of Regulation & Licensing  
1400 East Washington Avenue  
P.O. Box 8935  
Madison WI 53708-8935

PROCEDURAL HISTORY

A formal complaint was filed in this matter on July 22, 2004. The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Medical Examining Board. The Board has reviewed the attached Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

## FINDINGS OF FACT

1. James T. Moran, M.D., (DOB 04/11/1943) is duly licensed as a physician and surgeon in the state of Wisconsin (license # 33098). This license was first granted on 04/29/1992.
2. Respondent's most recent address on file with the Wisconsin Medical Examining Board is 2801 West Kinnickinnic River Parkway, Milwaukee, Wisconsin 53215.
3. At all times relevant to this action, Respondent was working as a physician and surgeon at Aurora Medical Group, 248 McHenry Street, Burlington, Wisconsin 53105.
4. Respondent is a cardiologist.
5. On 01/03/2001, Dr. Jeffrey Manlove telephoned Respondent from the emergency room of Burlington Memorial Hospital to consult him about Patient PM, a male born 03/08/1940.
6. Patient PM had presented complaining of constant chest pain of two hours duration, without exertion, following one week of intermittent dull chest pain, with radiating pain down the left arm.
7. Patient PM reported that he was diabetic, had elevated cholesterol levels, was being treated for hypertension, and he was noted to be obese.
8. Dr. Manlove ordered a cardiac enzyme study, which showed a troponin level of 2.1 ng/ml.
9. The hospital laboratory reference range for troponin placed the high end of normal at 0.2 ng/ml.
10. Chest pain radiating down the left arm, particularly without exertion, can be a symptom of a cardiac emergency that minimally competent physicians will recognize, and Dr. Moran did recognize this fact.
11. Minimally competent physicians recognize that patients who are obese, hypertensive, diabetic, and have elevated cholesterol levels are at greater risk for cardiac disease than patients who are not obese, hypertensive, diabetic, and who do not have elevated cholesterol levels, and Dr. Moran did recognize this fact.
12. Minimally competent physicians will recognize that patients who present with complaints of chest pain radiating down the left arm, and who have troponin levels ten times higher than the normal level, can be at high risk for sudden death from cardiac emergencies, and Dr. Moran did recognize this fact.
13. Dr. Manlove ordered an electrocardiogram of Patient PM, which showed some lateral ST depression.
14. Patient PM's pain subsided to a dull ache in his upper left chest while he was in the emergency room; shortly after arrival he was completely pain free without any treatment except oxygen and remained pain free throughout the remainder of his emergency room stay.
15. Dr. Manlove telephoned Respondent, and reported all of the presenting symptoms and the laboratory and EKG findings, and that Patient PM's pain had subsided in the emergency room with oxygen delivered at 2 liters/minute by nasal cannula; Dr. Manlove also informed Respondent that Patient PM was completely pain free without any treatment except oxygen and remained pain free throughout the remainder of Patient PM's emergency room stay.
16. Respondent advised that Patient PM could be discharged home with instructions to return to the emergency room with any new pain, and to see Respondent the next morning.
17. On 01/04/2001, Patient PM presented at Respondent's office, but Respondent was out. Patient PM declined to see any of Respondent's partners, and went home.

18. At approximately 4:30 p.m. 01/04/2001, Patient PM was watching television with his wife when his wife saw him throw up his arms and collapse. Emergency medical technicians who arrived at Patient PM's home at 4:39 found Patient PM to be pulseless and not breathing. He was transported to Burlington Memorial Hospital, where he was pronounced dead at 5:53 p.m.

19. Based upon Patient PM's resolution of symptoms in the emergency room with no treatment but oxygen, and upon Patient PM's overall cardiac enzyme profile, Respondent left the decision on whether to discharge Patient PM to Dr. Manlove.

20. Respondent should have recognized that Patient PM was at high risk of a cardiac emergency based on the information available to him through Dr. Manlove, and should have recommended that Patient PM be admitted to the hospital for observation.

### CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. § 448.02(3), and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraphs 5 through 20, above, constitutes a violation of Wisconsin Administrative Code § MED 10.02(2)(h).

### ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED that:

1. James T. Moran, M.D., is hereby REPRIMANDED.

IT IS FURTHER ORDERED that:

2. Respondent shall, within (90) days from the date of this Order, pay costs of this proceeding in the amount of three thousand (\$3,000.00) dollars. Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor  
Division of Enforcement  
Department of Regulation and Licensing  
P.O. Box 8935  
Madison, WI 53708-8935  
Telephone (608) 267-3817  
Fax (608) 266-2264

3. Respondent shall complete 10 hours of continuing medical education in cardiac risk assessment within one year of the date of this Order. Respondent may not count any of the ten hours required by this Order for compliance with any other continuing medical education requirement. Respondent shall obtain approval for any course he intends to take in compliance with this Order before he takes it. Respondent shall contact the Department Monitor for approval of any course, and shall include such material as may be necessary to show that the course addresses the topic of cardiac risk assessment. The Board or its designee may approve part, all, or none of the course hours for compliance with this Order in its sole discretion. Respondent is responsible for all costs associated with compliance with this Order.

4. Violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In

the event Respondent fails to timely pay costs as ordered, the Respondent's license(#33098) SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

5. This Order is effective on the date of its signing.

Wisconsin Medical Examining Board

By: A.L. Franger, MD  
A Member of the Board

June 15, 2005  
Date