

# 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 LICENSE OF :

DAVID W. RENTMEESTER, M.D., : FINAL DECISION AND ORDER  
RESPONDENT. : FOR REMEDIAL EDUCATION  
: **ORDER 0000300**

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[Division of Enforcement Case No. 09 MED 227]

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

David W. Rentmeester, M.D.  
1731 O'Hearn Lane  
De Pere, WI 54115

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

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

PROCEDURAL HISTORY

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 this Stipulation and considers it acceptable.

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

FINDINGS OF FACT

1. David W. Rentmeester, M.D., Respondent, date of birth November 4, 1964, is licensed and currently registered by the Wisconsin Medical Examining Board to practice medicine and surgery in the state of Wisconsin pursuant to license number 34471-20, which was first granted June 23, 1993.

2. Respondent's last address reported to the Department of Regulation and Licensing is 1731 O'Hearn Lane, De Pere, Wisconsin 54115.

3. Respondent's practice specialty listed with the Department is Internal Medicine.
4. At the time of the events set out below, Respondent was employed as a hospitalist at St. Vincent Hospital.
5. On May 1, 2000, Patient LR presented to the emergency room at St. Vincent Hospital via ambulance with chest pain, numbness in both legs and arms, and a headache. The Emergency room physician noted Patient LR had ecchymosis on his left chest wall, but the patient did not recall having fallen, been unconscious or any trauma.
6. Patient LR's vital signs were normal with one hundred percent oxygen saturation; his heart rate and rhythm were regular. The Emergency Room physician's notes state "The obvious concerns were regarding the chest pain, back pain and the evidence of trauma. The initial thought was the possibility of aortic pathology in that he is complaining of chest pain and some lower extremity numbness and weakness. Work up was multifactorial."
7. The Emergency Room physician admitted Patient LR to the hospital with a diagnosis of chest pain, left chest wall contusion, and ecchymosis. The nurse's admission record notes bilateral blood pressure with right arm 152/53, left arm 117/56, pulse of 64 and respirations 10. Chest pain was rated 4-5 and note indicates fainting earlier in the day. The Emergency Room physician further noted "there is still concern for aortic pathology but the fact that the aorta was seen well on the abdominal CT as well as a good chest x-ray argues against that as the etiology. I talked with hospitalist who is still considering further work up of this patient."
8. Respondent was Patient LR's attending physician through his hospital admission. Respondent took Patient LR's history and found that he previously had a similar episode. Patient LR stated he was previously told he had esophagitis. He also stated this pain was worse than the previous episode and included a severe headache, which the previous episode did not.
9. Respondent's admission order notes that the patient had chest pain, hyperventilation, partial amnesia, and bilateral numbness and weakness, possible shellfish allergy, cardiac diet and advanced cardiac life support protocol.
10. Respondent reviewed the tests performed in the emergency room and performed a physical exam. Patient LR's heart was regular without murmur or gallop. Respondent reviewed the CT with the radiologist to see if there was any evidence for dissection. The radiologist felt there was clearly no evidence for dissection.
11. Upon admission, Patient LR's vital signs were stable and a stress test was tolerated without difficulties. Patient LR rated his chest pain as a 2 on a 0 to 10 scale.
12. A nurse's note from May 1, 2000 states that Patient LR continued to complain of severe pain in the back, increased chest pain, headache, facial numbness and rates his chest pain as a 3-4 and his lower back pain as a 5-6.

12. On May 2, 2000, Patient LR was discharged with the recommendation that he follow up with his primary care physician. Respondent thought Patient LR might have experienced a panic attack or a resurgence of esophagitis. The discharge report states the patient was given Vicodin 5/500 for pain “constant aching chest head pain scale (0-10):5.”

13. On May 3, 2000, Patient LR was seen by his primary care physician for reevaluation. The physician noted Patient LR was continuing to experience pain across the anterior chest and chills, but no numbness in the limbs. The primary care physician conducted a physical exam, repeated the chest x-ray, and did a right upper-quadrant ultrasound to look for gallbladder problems. He noted “Grade I/VI blowing mid to late systolic murmur, questionable click...at the left lower sterna border in the apex...chest wall was tender...and abrasion noted over the 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> rib.” The physician concluded that Patient LR might have a sterna injury, esophagitis, aspiration or carbon monoxide exposure.” He ordered an esophagogastroduodenoscopy for the next day.

14. On May 4, 2000, Patient LR was transported via ambulance to Door County Memorial Hospital. Patient LR was suffering from cardiopulmonary arrest. Hospital staff were unable to revive him.

15. A postmortem exam found a four millimeter tear in the intima lining of the aorta located 1 cm from the right coronary ostium. The autopsy report specifically states Patient LR “died of pericardial tamponade secondary to aortic dissection arising in the ascending aorta. The etiology of this is probably atherosclerotic. The clinical history and pathologic findings are consistent with the severe pain Mr. R initially experienced prior to his hospital admission representing the initial aortic dissection and his death to have resulted because of a subsequent proximal extension of the dissection with pericardial tamponade at his home.”

16. Clinical criteria for suspected aortic dissection are poorly defined, Patient LR did not present with many of the suspected clinical symptoms of aortic dissection and diagnosis of this condition is difficult.

#### CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction over this matter pursuant to Wis. Stat. § 448.02(3) and authority to enter into this stipulated resolution of this matter pursuant to Wis. Stat. § 227.44(5).

ORDER

NOW THEREFORE IT IS ORDERED that the Stipulation of the parties is hereby accepted.

IT IS FURTHER ORDERED that:

David W. Rentmeester, M.D shall, within twelve (12) months of the date of this Order, obtain ten (10) hours of education in the diagnosis and treatment of chest pain, including diagnosis of aortic dissections. The courses attended in satisfaction of this requirement may not be used in satisfaction of the statutory continuing education requirements for licensure.

Dr. Rentmeester shall be responsible for obtaining the courses required under this Order, for providing adequate course descriptions to the Department Monitor at the address listed below and for obtaining pre-approval of the course from the Wisconsin Medical Examining Board or its delegee prior to commencement of the programs.

Within thirty (30) days following completion of the courses identified in paragraph one above, Dr. Rentmeester shall file with the Wisconsin Medical Examining Board certifications from the sponsoring organization verifying his attendance at the required courses.

All costs of the educational programs shall be the responsibility of Dr. Rentmeester.

IT IS FURTHER ORDERED that:

Dr. Rentmeester shall, within 90 days of this Order, pay costs of this proceeding in the amount of eight hundred fifty (\$850.00) dollars. Payment shall be made 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

Violation of any terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Dr. Rentmeester's. 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 Dr. Rentmeester fails to timely submit payment of the costs as ordered or fails to comply with the ordered continuing education as set forth above, Dr. Rentmeester's license (No. 34471-20) may, in the discretion of the board or its designee, be SUSPENDED, without further notice or hearing, until Dr. Rentmeester has complied with payment of the costs or completion of the continuing education.

This Order is effective on the date of its signing.

MEDICAL EXAMINING BOARD

By:

A handwritten signature in cursive script, appearing to read "S. Koulaf", written over a horizontal line.

A Member of the Board

7/21/10

Date