CONFIDENTIAL PATIENT MASTER RECORD

PATIENT ID: 235 | MRN: MRN-235-2025

I. REGISTRATION FACE SHEET

PATIENT IDENTITY	
Name:	Carmela Soprano
DOB:	1960-11-29
Gender:	female
Race:	Caucasian
Height:	5 ft 6 in
Weight:	155 lbs
Telecom:	201-555-0101
Address:	14 Aspen Drive, North Caldwell, NJ 07006
Marital Status:	Married
Multiple Birth:	No (Order: 1)

COMMUNICATION	
Language:	English
Preferred:	Yes

EMERGENCY CONTACT	
Relationship:	Spouse
Name:	Tony Soprano
Telecom:	201-555-0102
Address:	14 Aspen Drive, North Caldwell, NJ 07006
Gender:	male
Organization:	N/A
Period Start:	1984-03-25
Period End:	ongoing

PRIMARY PROVIDER	
General Practitioner:	Dr. Jennifer Melfi, MD
Managing Organization:	North Jersey Primary Care

INSURANCE / PAYER	
Payer ID:	J1113
Payer Name:	Aetna
Plan Name:	Gold PPO Choice Plus

Plan Type:	PPO
Group ID:	BARONE-987
Group Name:	Barone Sanitation
Member ID:	MBR-88765123
Policy Number:	POL-AET-2024-5519
Effective Date:	2002-01-01
Termination Date:	ongoing
Copay:	$40
Deductible:	$1500
SUBSCRIBER	
Subscriber ID:	MEM-88765123-01
Subscriber Name:	Tony Soprano
Relationship:	Spouse
Subscriber DOB:	1959-08-22
Subscriber Address:	14 Aspen Drive, North Caldwell, NJ 07006

II. MEDICAL BIOGRAPHY & HISTORY

Carmela Soprano is a 63-year-old homemaker residing in North Caldwell, New Jersey. She is married to a prominent figure in the local waste management industry and has two adult children. Her life, while financially comfortable, is marked by significant and chronic psychosocial stressors related to her husband's profession and complex family dynamics. She is a non-smoker and consumes alcohol socially.

The patient's medical history is notable for long-standing essential hypertension and more recently diagnosed hyperlipidemia, for which she is under the care of a primary physician. Recently, Mrs. Soprano began experiencing intermittent episodes of substernal chest pressure. These episodes are primarily triggered by physical exertion but have also been associated with moments of high emotional stress. Concerned by these new symptoms and a significant family history of premature coronary artery disease (father died of a heart attack at 65), she sought medical evaluation. The initial workup by her PCP revealed a normal EKG but concerningly high cholesterol levels, prompting a referral to a cardiologist for a more comprehensive assessment. The patient is anxious about the potential implications of her symptoms and is motivated to proceed with the recommended diagnostic testing to understand the cause and receive appropriate treatment.

III. CLINICAL REPORTS & IMAGING

■ *PRIMARY CARE NOTE*

Report Text:
SUBJECTIVE:
Chief Complaint: "I've been having this weird pressure in my chest."

History of Present Illness: Carmela Soprano is a 63-year-old female with a history of hypertension and hyperlipidemia who presents to the clinic today for evaluation of intermittent chest pressure. She reports that for the past 2-3 weeks, she has experienced episodes of a substernal, non-radiating pressure sensation. She describes it as "a weight on my

chest." The episodes occur primarily with significant exertion, such as carrying heavy groceries upstairs or during her power-walking sessions. She notes one episode last week while having a stressful phone conversation. The pressure lasts for 5-10 minutes and resolves with rest. She denies associated shortness of breath, diaphoresis, nausea, or palpitations. She has not tried any medication for it. She rates the discomfort as a 4/10 in severity. She is concerned due to her family history of heart disease.

Review of Systems:
CONSTITUTIONAL: Denies fever, chills, weight loss. Reports some fatigue.
CARDIOVASCULAR: As per HPI. Denies orthopnea, PND, or lower extremity edema.
RESPIRATORY: Denies cough, wheezing, or dyspnea at rest.
GASTROINTESTINAL: Denies heartburn, reflux, nausea, or vomiting.
MUSCULOSKELETAL: Denies any specific chest wall tenderness to palpation.
PSYCHIATRIC: Reports significant life stressors related to her family, but denies formal anxiety or depression.
All other systems reviewed and are negative.

Past Medical History:
1. Essential Hypertension - diagnosed 2018
2. Hyperlipidemia - diagnosed 2020

Past Surgical History: Cholecystectomy (2005), Hysterectomy (2010).

Medications: Lisinopril 20mg daily, Atorvastatin 40mg daily.

Allergies: No Known Drug Allergies.

Social History: Married, lives with husband. Denies tobacco use. Drinks 1-2 glasses of red wine with dinner 3-4 times a week. Follows a generally Mediterranean diet but admits to dietary indiscretions. Tries to power-walk 30 minutes, 3 times a week.

Family H...

■ *CARDIOLOGY CONSULT NOTE*

Report Text:
REASON FOR CONSULTATION: Evaluation of exertional chest pain.

Patient: Carmela Soprano, 63-year-old female.
Referring Physician: Dr. Jennifer Melfi, MD

HISTORY OF PRESENT ILLNESS:
I had the pleasure of evaluating Mrs. Soprano today. She was referred by her PCP, Dr. Melfi, for further workup of new-onset exertional chest pressure. The patient's narrative is consistent with her PCP's note. Over the last month, she has been experiencing substernal chest pressure, described as a "heavy weight," precipitated by physical exertion like carrying heavy items or fast walking. She also notes it can be brought on by significant emotional stress. The episodes last approximately 5-10 minutes and are reliably relieved by rest. She denies radiation of the pain to her arm or jaw. There is no associated diaphoresis, frank dyspnea, or nausea. She was prescribed sublingual nitroglycerin by her PCP but has not yet had an occasion to use it.

Her risk factor profile is significant. She has a long-standing history of hypertension, currently treated with lisinopril, and hyperlipidemia, treated with atorvastatin. Most notably, she has a strong family history of premature coronary artery disease; her father died of a myocardial infarction at age 65, and her brother required a coronary stent at age 60.

Review of Outside Records: I have reviewed the recent EKG performed on 2024-06-12, which showed normal sinus rhythm with no significant ST-T wave abnormalities. I have also reviewed her recent lab work from 2024-06-15, which is notable for a high LDL of 155 mg/dL and low HDL of 45 mg/dL, indicating her dyslipidemia is sub-optimally controlled.

REVIEW OF SYSTEMS:
As per the HPI. She specifically denies palpitations, syncope, near-syncope, orthopnea, and paroxysmal nocturnal dyspnea. She notes no peripheral edema.

PAST MEDICAL/SURGICAL HISTORY:
- Hypertension
- Hyperlipidemia
- Cholecystectomy
- Hysterectomy

CURRENT MEDICATIONS:
- Lisinopril 20 mg daily
- Atorvastatin 40 mg daily
- Aspirin ...

EKG REPORT

Report Text:
Patient Name: Carmela Soprano
MRN: MRN-235
DOB: 1960-11-29
Date of Study: 2024-06-12 10:00:00Z

Procedure: 12-lead Electrocardiogram

Reason for Study: Atypical chest pain, hypertension

Technician: Mary L., EKG Tech

Interpretation:
- Rhythm: Normal Sinus Rhythm
- Heart Rate: 85 bpm
- PR Interval: 168 ms
- QRS Duration: 90 ms
- QT/QTc: 400/435 ms
- P-R-T Axes: 55, 60, 50 degrees

Findings:
- The rhythm is sinus in origin with a ventricular rate of 85 beats per minute.
- The P wave morphology is normal, and every P wave is followed by a QRS complex.
- The PR interval is within normal limits.
- The QRS duration is normal. The QRS axis is normal.
- There are no pathological Q waves.
- R wave progression in the precordial leads is normal.
- The ST segments are isoelectric. There is no evidence of ST-segment elevation or depression to suggest acute ischemia or injury.
- T waves are upright in leads I, II, aVF, and V2-V6. T wave morphology is normal.
- There is no evidence of chamber enlargement or hypertrophy based on voltage criteria.

Impression:
- Normal Sinus Rhythm at 85 bpm.
- No acute ischemic changes.
- Non-specific electrocardiogram; does not rule out underlying coronary artery disease.

Comparison:
No prior EKG available for comparison.

Electronically Signed by:
Dr. Jennifer Melfi, MD
North Jersey Primary Care

■ *LAB RESULTS LIPIDS*

Report Text:
Patient: Soprano, Carmela
MRN: MRN-235
DOB: 1960-11-29
Collection Date: 2024-06-15 09:00:00Z
Report Date: 2024-06-16 11:20:00Z

Test Name: Lipid Panel
Specimen: Serum
Fasting Status: Yes (12 hours)

Test	Result	Flag	Reference Range	Units
CHOLESTEROL, TOTAL	225	H	<200	mg/dL
TRIGLYCERIDES	180	H	<150	mg/dL
HDL CHOLESTEROL	45	L	>59	mg/dL
VLDL CHOLESTEROL (CALC)	36	H	5-40	mg/dL
LDL CHOLESTEROL (CALC)	155	H	<100	mg/dL

Comments:
- The total cholesterol is high.
- The triglyceride level is borderline high.
- The HDL cholesterol (good cholesterol) is low, which is an independent risk factor for atherosclerotic cardiovascular disease.
- The calculated LDL cholesterol (bad cholesterol) is significantly high, well above the desirable range for a patient with other risk factors.
- The lipid profile indicates mixed hyperlipidemia and a significant atherosclerotic risk.

Test Name: Comprehensive Metabolic Panel (CMP)

Test	Result	Flag	Reference Range	Units
SODIUM	140		136-145	mmol/L
POTASSIUM	4.1		3.5-5.1	mmol/L
CHLORIDE	101		98-107	mmol/L
CARBON DIOXIDE	25		21-32	mmol/L
GLUCOSE	95		65-99	mg/dL
BUN	18		6-24	mg/dL
CREATININE	0.8		0.57-1.00	mg/dL
GFR, ESTIMATED	>6...			

■ *PROGRESS NOTE FOLLOWUP*

Report Text:
Patient: Carmela Soprano
MRN: MRN-235
Date of Service: 2024-06-28

SUBJECTIVE:
This is a follow-up note to document the plan of care after the patient's cardiology consultation on 2024-06-25. The patient was informed of the assessment and plan via telephone and agreed to proceed with the recommended workup. She reports no new episodes of chest pain since her consultation. She has picked up her prescription for nitroglycerin. She states she understands the plan and has verbalized her agreement.

OBJECTIVE:
No physical exam performed during this administrative follow-up. The patient's clinical status is unchanged. The key findings from her consultation remain: concerning exertional chest pain, multiple cardiovascular risk factors, and a high pre-test probability of coronary artery disease.

ASSESSMENT:
1. Probable Stable Angina. Plan is to proceed with non-invasive stress testing for definitive diagnosis and risk stratification.
2. Sub-optimally controlled Hyperlipidemia and Hypertension.

PLAN:

1. **Prior Authorization Request:** As discussed with the patient and her PCP, our office has compiled the necessary clinical documentation to support the medical necessity of a Myocardial Perfusion Imaging (MPI) SPECT study (CPT 78452). This includes the PCP visit note detailing the initial complaint, the cardiology consultation note with full assessment, the baseline EKG report, and the recent lipid panel results showing significant dyslipidemia.

2. **Justification for MPI (78452):**
- **Symptomatic Patient:** The patient presents with classic symptoms of stable angina.
- **Intermediate-to-High Pre-test Probability:** Based on the Diamond-Forrester criteria, her age, symptoms, and risk factors place her in a category where further functional testing is the standard of care.
- **Abnormal Risk Factors:** Documented hypertension and severe hyperlipidemia (LDL 155 mg/dL) that is not at goal, along with a strong family history, necessitate a...
