

STATE OF MICHIGAN  
COURT OF APPEALS

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CAROL RIDGE,

Plaintiff-Appellant,

v

DURGA KOMARAGIRI, M.D. and LEE  
MEMORIAL HOSPITAL,

Defendants-Appellees.

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UNPUBLISHED  
December 9, 2003

No. 242756  
Cass Circuit Court  
LC No. 01-000545-NH

Before: Smolenski, P.J., and Sawyer and Borrello, JJ.

PER CURIAM.

In this medical malpractice action, plaintiff appeals as of right from a July 1, 2002 judgment granting defendants' motion for summary disposition. We affirm.

A trial court's decision on a motion for summary disposition is reviewed de novo. *Dressel v Ameribank*, 468 Mich 557, 561; 664 NW2d 151 (2003). A motion for summary disposition under MCR 2.116(C)(10) tests whether there is factual support for a claim. *Id.* When deciding a motion for summary disposition, a court must consider the pleadings, affidavits, depositions, admissions and other documentary evidence submitted in the light most favorable to the nonmoving party. *Ritchie-Gamester v City of Berkley*, 461 Mich 73, 76; 597 NW2d 517 (1999).

This action arose from the events following plaintiff's visit to the emergency room at defendant Lee Memorial Hospital on March 28, 2000. Plaintiff was complaining of chest pains, but an echocardiogram (EKG) showed no significant abnormalities. However, because of plaintiff's extensive history of cardiac problems, including coronary artery disease that necessitated two previous cardiac catheterizations and a quadruple bypass, plaintiff was kept overnight for observation. Dr. Komaragiri was called to consult on plaintiff's case. After a stress test the next morning, which was terminated due to plaintiff's complaints of fatigue and shortness of breath, Dr. Komaragiri ordered that plaintiff be administered a combination of three drugs, Calan, Imdur, and Tenormin. This is known as "triple therapy." Plaintiff later developed

junctional bradycardia<sup>1</sup> and hypotension<sup>2</sup>. Plaintiff was put on a saline drip, then a dopamine drip, and later transported by air to Borgess Hospital to undergo an emergency cardiac catheterization to ensure that plaintiff had not suffered another heart attack. There were no complications with the procedure and the surgeon determined that that plaintiff's junctional bradycardia and hypotension were caused by the "triple therapy" and not a heart attack. Plaintiff was discharged from Borgess Hospital on March 30, 2000.

The trial court concluded that plaintiff failed to establish proximate cause between Dr. Komaragiri's actions and plaintiff's alleged injuries. Plaintiff argues that the testimony of its expert witness, Dr. Mark Friedman, establishes that Dr. Komaragiri's actions of prescribing the "triple therapy" was the proximate cause of plaintiff's damages. The damages plaintiff alleges are in connection with the catheterization procedure. Specifically, plaintiff asserts that the "triple therapy" caused the junctional bradycardia and hypotension and that these conditions were the only reason for plaintiff's subsequent transportation to Borgess Hospital to undergo cardiac catheterization.

The plaintiff in a medical malpractice action bears the burden of proving: (1) the applicable standard of care, (2) a breach of that standard of care by the defendant, (3) injury, and (4) proximate causation between the breach and the injury. *Cox v Flint Bd of Hosp Managers*, 467 Mich 1, 10; 651 NW2d 356 (2002). To establish proximate cause in this case, plaintiff had to establish the existence of both cause in fact and legal cause. *Weymers v Khera*, 454 Mich 639, 647; 563 NW2d 647 (1997). To establish cause in fact, a plaintiff "must present substantial evidence from which a jury may conclude that more likely than not, but for defendant's conduct, the plaintiff's injuries would not have occurred." *Id.* at 647-648 (internal citations omitted). A mere possibility of such causation is not enough. *Id.* at 648. When the matter is one of pure speculation or conjecture, or the probabilities are at best evenly balanced, the trial court must find in favor of the defendant. *Id.* To establish legal cause, a plaintiff must prove that it was foreseeable that the conduct of defendant would create a risk of harm to the victim, and that the result of that conduct and intervening causes were foreseeable. *Id.* A plaintiff must establish cause in fact before legal cause becomes a relevant issue. *Skinner v Square D Co*, 445 Mich 153, 162; 516 NW2d 475 (1994).

Viewing the evidence in the light most favorable to plaintiff, we find that the trial court correctly concluded that plaintiff did not establish proximate cause between Dr. Komaragiri's actions and her alleged damages.<sup>3</sup> While it appears that the "triple therapy" was indeed the cause of plaintiff's junctional bradycardia and hypotension, Dr. Komaragiri had recommended, after plaintiff was unable to complete the stress test, but before the triple therapy drugs were

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<sup>1</sup> A slowness of the heartbeat, usually defined as fewer than fifty beats per minute. Stedman's Medical Dictionary (27th ed 2000).

<sup>2</sup> Below normal blood pressure. Stedman's Medical Dictionary (27th ed 2000).

<sup>3</sup> We note that, contrary to plaintiff's assertion, defendants do not concede that Dr. Komaragiri violated the standard of care by administering the "triple therapy," nor are we deciding this issue.

administered, that plaintiff undergo a cardiac catheterization to rule out a partial blockage. This was of particular concern given plaintiff's extensive history of heart problems and disease.

Plaintiff presented no evidence to indicate such a cautionary procedure would not or should not have been performed. Plaintiff's expert testified that he was unable to determine why the cardiac catheterization was performed because, in his opinion, there were adequate non-cardiac explanations for plaintiff's physical responses. But Dr. Friedman could not state that such a cautionary procedure was unnecessary, only that he was "not sure that it was appropriate." Also, Dr. Friedman admitted that plaintiff's EKG could be read as "consistent with the possibility of lateral wall ischemia." Furthermore, when asked whether a cardiac catheterization was indicated based on plaintiff's EKG and stress test results, Dr. Friedman responded, "I don't know." When the matter is one of pure speculation or conjecture, or the probabilities are at best evenly balanced, the trial court must find in favor of the defendant. *Weymers, supra* at 648. Dr. Friedman did not indicate the standard of care in such a situation and could not conclude that the catheterization procedure performed as a cautionary measure was unwarranted. Thus, we find that plaintiff did not establish by "substantial evidence" that it was more likely than not that "but for" Dr. Komaragiri's drug treatment, plaintiff would not have undergone the catheterization procedure. *Weymers, supra* at 647-648. Injuries that would have occurred anyway cannot have been proximately caused. *Alar v Mercy Memorial Hosp*, 208 Mich App 518, 531; 529 NW2d 318 (1995).

Additionally, regarding plaintiff's claim of pain and suffering, neither plaintiff's expert nor defendants' experts identified any lasting injuries suffered by plaintiff as a result of the catheterization. Plaintiff's claim for these damages is further undermined by the fact that two weeks after the catheterization plaintiff voluntarily ceased her mental health therapy because she was "doing quite well" and did not believe she needed further treatment. Therefore, because plaintiff failed to establish a prima facie case of medical malpractice, summary disposition in favor of defendants was appropriate.

Affirmed.

/s/ Michael R. Smolenski  
/s/ David H. Sawyer  
/s/ Stephen L. Borrello