RECORD OF PROCEEDINGS

PHYSICAL DISABILITY BOARD OF REVIEW

NAME: BRANCH OF SERVICE: ARMY

CASE NUMBER: PD0900057 COMPONENT: ACTIVE

BOARD DATE: 20090723 SEPARATION DATE: 20030130

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SUMMARY OF CASE: This covered individual (CI) was an officer medically separated from the Army in 2003 for a cardiac arrhythmia. He was diagnosed with SVT (supraventricular tachycardia) after developing palpitations with exertion in 2001. An initial Holter monitor demonstrated multiple episodes of SVT during the monitored period. An ablation procedure was performed and he was placed on follow-up treatment with anti-arrhythmic medications. Although improved, the CI continued to experience palpitations and chest pain. A repeat Holter demonstrated 4 episodes of tachycardia. A repeat ablation procedure was offered and declined. Medications were adjusted, but control was not adequate enough to avoid a medical board. During the MEB process, a repeat Holter was obtained which demonstrated no arrhythmias. He was referred to the PEB, found unfit and separated at 10% disability. The CI received the same coding and rating concurrently from the VA.

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CI CONTENTIONS: The CI contends that neither the PEB nor the VA rating is fair. He states that his atrio-ventricular (AV) node was damaged by ‘Army surgeons’, and that he was not notified of the damage until it was detected by a ‘civilian surgeon’. He also contends that during ‘2 weeks of wearing a monitor’ he experienced ‘multiple recorded episodes, and not just the 4 episodes on which his rating was based.

RATING COMPARISON:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Service (PEB)** | | | | **VA Pre-Separation (date not specified)** | | | | |
| **PEB Condition** | **Code** | **Rating** | **Date** | **Condition** | **Code** | **Rating** | **Exam** | **Effective** |
| SUPRAVENTRICULAR TACHYCARDIA, WITH EPISODES OF VENTRICULAR TACHYCARDIA, NOT SUSTAINED, STATUS POST ABLATIVE THERAPY, WITH FOUR EPISODES DOCUMENTED ON HOLTER MONITOR | 7010 | 10% | 20021217 | SUPRAVENTRICULAR TACHYCARDIA | 7010 | 10%  10%  10% | Pre-Sep  20040511  (13 Mos.)  20090317 | 20030131 |
|  |  |  |  | Non-PEB X 1 |  |  |  | 20030131 |
|  | | | |  | | | | |

ANALYSIS SUMMARY:

CI Contentions. Investigating the CI’s concern re: service-connected damage to the AV node of his heart yielded the following observations. 1) The source of his information from a civilian surgeon documenting damage to the AV node was not specified. It was not readily apparent in the evidence forwarded with the application or in available STR (service treatment record) or VA records. 2) There is no indication in the STR of any procedural complications. Albeit possible, it is unlikely that this is missing or undocumented. Multiple follow-up EKG’s after the procedure did not reflect any AV node pathology. 3) If there was a complication, it was an inherent risk of the procedure; and good informed consent is in evidence. 4) Even if there were compensable service-connected disease, this board has no authority beyond application of the VASRD rating schedule. Unless the suspected damage causes bradycardia or other schedular pathology, it is subsumed within the current VASRD code and rating. Regarding the contention that there were more monitored episodes than rated by the PEB, no supporting documentation is in evidence. There is no evidence of a single or cumulative two week period of monitoring in application documents, STR or VA records within the 12 month period preceding the PEB. All available evidence of arrhythmias is elaborated below.

SVT Rating. The PEB adjudication was made on the basis of the two post-ablation Holters referenced above. The PEB specifically requested all available monitored or EKG episodes from the MTF. These were confined to the Holter demonstrating 4 episodes and an additional study demonstrating none. All Holter rhythm recordings and multiple EKG’s in evidence were reviewed, and it was concluded that no additional undocumented arrhythmias are demonstrable. Specifically investigated was an ER encounter during the MEB period which resulted from exertional symptoms that may have been caused by an additional episode of SVT. Symptoms were resolved on presentation and no monitored arrhythmia was captured. A follow-up cardiologist entry in the STR opined that the event was from volume-depletion, but the exact etiology remains speculative.

BOARD FINDINGS: IAW DoDI 6040.44, provisions of DoD or Military Department regulations or guidelines relied upon by the PEB will not be considered by the PDBR to the extent they were inconsistent with the VASRD in effect at the time of the adjudication. The Board did not surmise from the record or PEB ruling in this case that any prerogatives outside the VASRD were exercised. The VASRD rating for 4 or less episodes of SVT per year is the 10% assigned by both the PEB and the VA. Consideration was given for crediting the possible unmonitored episode preceding the ER visit previously noted. If counted, this would tip the rating scale to 30%. The board could not support addition of that episode for rating recommendation because: 1) The VA rated 10% at the equivalent point in time. 2) The VASRD specifically requires monitored episodes for rating, although a subsequent VA rating decision in this case referenced presumptive unmonitored episodes. However, the discretion for circumventing the letter of the VASRD is not routinely exercised by this board. And, 3) The subsequent stability of the arrhythmia at the 10% VA rating threshold is good medical support for suggesting that a separation rating of 30% would be based on a ‘fluke’. The multiple episodes of SVT on the initial diagnostic Holter were not considered applicable for rating purposes because: 1) They occurred outside the preceding 12 month rating period adjudicated by the PEB. And, 2) They occurred before ablation, which resulted in decreased severity of the condition at separation. The board unanimously concluded, therefore, that the basis for the PEB rating was valid and the determination was IAW VASRD §4.104.

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RECOMMENDATION: The PDBR therefore recommends that there be no re-characterization of the CI’s Physical Evaluation Board adjudication of 12 DEC 2002.

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The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20090102, w/atchs.

Exhibit B. Service Treatment Record.

Exhibit C. Department of Veterans' Affairs Treatment Record.

