RECORD OF PROCEEDINGS

PHYSICAL DISABILITY BOARD OF REVIEW

NAME: BRANCH OF SERVICE: ARMY

CASE NUMBER: PD0900089 BOARD DATE: 20090903

SEPARATION DATE: 20021207

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SUMMARY OF CASE: This covered individual (CI) was an NCO medically separated from the Army in 2002 after 7 years of service. The medical basis for the separation was diabetes mellitus. He was diagnosed with diabetes in 2001, and was treated as an outpatient with an oral agent and sliding scale insulin. He required a change in oral medication and further insulin adjustment, but did not require hospitalization. He did not suffer ketoacidosis or any significant systemic complications of diabetes while on active duty. It was believed that he most likely had Type 1 disease, although not meeting all of the endocrine criteria. His hemoglobin A1c was significantly elevated (17.4%) and blood sugar poorly controlled on twice daily insulin at the time of the MEB. He required a P3 profile, but continued to perform well in his medical MOS. The MEB determined that the condition was not medically acceptable IAW AR 40-401. The CI was referred to the PEB, found unfit and separated at 20% disability.

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CI CONTENTION: The CI describes the current negative impact of diabetes on his life and requests a careful review of his case, without more specific contentions.

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RATING COMPARISON:

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| --- | --- |
| **Service PEB** | **VA (Concurrent)** |
| **Condition** | **Code** | **Rating** | **Date** | **Condition** | **Code** | **Rating** | **Exam** | **Effective** |
| DIABETES MELLITUS MOST CLOSELY APPROXIMATING TYPE 1 DIABETES AT THIS TIME REQUIRING INSULIN | 7913 | 20% | 20021016 | DIABETES MELLITUS TYPE 1 | 7913 | 20% | Based on service records. (Missed exam appointments) | 20021208 |
| NO ADDITIONAL DA 3947 ENTRIES. | NON-PEB X 5 | Unrated. See above. | 20021208 |
| **TOTAL Combined: 20%** | **TOTAL Combined (*Includes Non-PEB Conditions*): 20%**   |

ANALYSIS SUMMARY:

Diabetes Mellitus. Coding is not at issue. The VA rater, with the same data base as the PEB, arrived at the same 20% determination. Although requiring twice daily insulin, the CI had no episodes of ketoacidosis or hypoglycemic reactions. There were no hospitalizations and the endocrinologist recommended quarterly visits at the time of separation. Although the CI was diagnosed with early iritis while on active duty, this would not constitute a compensable complication such as diabetic retinopathy. He complained of bilateral finger and foot numbness which was service connected by the VA and may well have represented early diabetic neuropathy. This is uncertain, however, and would not merit consideration as a compensable complication of diabetes. All of the CI’s other identified medical conditions were co-morbid and not suspect as diabetic complications. Furthermore, no condition noted would have even a tenuous link to fitness. The only other issue to examine relative to rating under 7913 is regulation of activities. The CI was prohibited from participation in the Army Physical Fitness Test (APFT) at the time of separation. This was a prudent measure since his blood sugar was still labile. Even this proscription would not be expected to remain permanent, and there was no regulation of routine daily activities. Since the VA rating was based on the same information, their threshold for regulation of activities was obviously not met. It is then difficult to justify the APFT restriction as a defining criterion for the 40% rating under 7913. Therefore, on detailed review, the CI’s condition was appropriately rated by the PEB, consistent with the VA, and IAW VASRD §4.119.

Other Conditions. None relevant for consideration as additionally unfitting.

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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. In the matter of the diabetes mellitus condition, the Board unanimously recommends no recharacterization of the PEB code or rating. The Board unanimously concluded that there are no other medical conditions in this case meriting recommendation as additionally unfitting.

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RECOMMENDATION: The Board therefore recommends that there be no re-characterization of the CI’s disability and separation determination.

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The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20021207, w/atchs.

Exhibit B. Service Treatment Record.

Exhibit C. Department of Veterans' Affairs Treatment Record.

