RECORD OF PROCEEDINGS

PHYSICAL DISABILITY BOARD OF REVIEW

NAME: BRANCH OF SERVICE: AIR FORCE

CASE NUMBER: PD0900104 BOARD DATE: 20091223

SEPARATION DATE: 20031107

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SUMMARY OF CASE: This covered individual (CI) was a Security Forces Senior Airmen medically separated from the Air Force in 2003 after more than four years of service. The medical basis for the separation was Asthma. The CI was referred to the PEB, found unfit for the Asthma condition, determined unfit for continued military service and separated at 10% disability using the Veterans Affairs Schedule for Ratings Disabilities (VASRD) and applicable Air Force and Department of Defense regulations. Additional medical conditions (Gastroesophageal Reflux Disease and Migraine Headaches) were not considered to be unfitting.

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CI CONTENTION: “I was diagnosed with Severe Persistent Asthma and do not believe that it was fair to discharge me without medical benefits and just a severance pay. The VA rated me as 30% for this condition which I also think should be a higher rating. Also I was rated 30% for migraines for a head injury. These were also a part of the medical review board but not rated which I never understood. (Continued)

Also I do not understand the initial rating for Severe Persistent Asthma and my FEV score being so low that I was only discharged with 10% and severance pay. I never understood why with the same information given I was rated much higher with the VA. This is not just and I would hope that you do a very thorough review to correct my disability ratings which the Air Force neglected to do. Also to rate migraines and bilat foot considering that they were also a part of my medical review board and were neglected to be rated. My rating should have been fair and just initially and should have been retired with lifetime medical benefits. Before my review board the Dr at Andrews Air Force base told me that I would be retired with lifetime benefits because of Severe Persistent Asthma and Migraine Headaches.“

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RATING COMPARISON:

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| --- | --- |
| **Service PEB** | **VA (6 Mo. after Separation)** |
| **Unfitting Conditions** | **Code** | **Rating** | **Date** | **Condition** | **Code** | **Rating** | **Exam** | **Effective** |
| Asthma | 6602 | 10% | 20030912 | Asthma also claimed as Chest Pain | 6602 | 30% | **20040526** | **20031108** |
| **Additional Conditions****(list all PEB conditions)** | **PEB** | **DES****(If Yes, List Where: NARSUM, H&P, Etc)** | **Condition****(list all VA compensable conditions)** | **Code** | **Rating** | **Exam** | **Effective** |
| Gastroesophageal Reflux Disease | CAT II | NARSUM | Gastroesophageal Reflux Disease | 7399- 7346 | 0% | **20040526** | **20031108** |
| Migraine Headaches | CAT II | NARSUM | Migraine Headaches | 8100 | 30% | **20040526** | **20031108** |
| Tobacco Abuse | CAT III | NARUM | Not diagnosed |
|  | No |  | Residuals of 5th Metacarpal Fracture, Left Hand claimed as Left Wrist, Broke | 5230- 5215 | 10% | **20040526** | **20031108** |
|  | No |  | Bilateral Pes Planus, claimed as Foot Condition | 5276 | 10% | **20040526** | **20031108** |
|  | No |  | Scar, Residuals of Ganglion Cyst, Left Wrist Claimed as Surgery of Left Wrist | 7805 | 0% | **20040526** | **20031108** |
|  | No |  | Scars Due to Facial Injury | 7800 | 10% | **VA Treatment 20040224 to 20051213** | **20031108** |
|  | No |  | Left Acromioclavicular Joint Strain w/DegenerativeAcromioclavicular Joint Post Traumatic (claimed as Left, Shoulder Condition) | 5203- 5010 | 0% then10% | **STR; VA Treatment Records** | **20031108****20091101** |
| No other PEB Entry | 4 x Conditions (1. Right Wrist Condition; 2. Tinnitus; 3. Cold Sores; 4. Depression (Insomnia) | NSC |   |  |  |
| **TOTAL Combined: 10%** | **TOTAL Combined (*Includes Non-PEB Conditions*):** **60% from 20031108****70% from 20091101**   |

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ANALYSIS SUMMARY:

The CI was diagnosed with asthma after a positive methacholine challenge test in 2003. He noted that he was getting short of breath at rest on a regular basis as well as experiencing dyspnea on exertion that has progressed over the last two years. He had a frequent nonproductive cough and occasional gastroesophageal reflux disease symptoms. He denies any seasonal rhinitis symptoms. He had one Emergency Room visit for shortness of breath which and was given a Prednisone burst. His symptoms improved after this treatment. He had frequent night symptoms of shortness of breath which generally resolved with sitting up and resting. He denied any fever, chills or weight loss. His asthma was controlled with Advair, one puff twice a day and Albuterol inhaler as needed. Advair contains Fluticasone, a steroid, and Salmeterol, a bronchodilator. This is daily inhalational bronchodilator therapy and inhalational anti-inflammatory medication.

The methacholine challenge test is consistent with the diagnosis of asthma. The FEV 1 was 63% of predicted after the methacholine challenge. This is not a measurement of the CI’s baseline FEV1 but shows that methacholine caused this volume to decrease. Therefore this measurement cannot be used for rating the condition. The only PFTs in the record with measurements not related to a methacholine challenge test are from the VA on 20040707, eight months after separation in Nov 2003. This PFT showed normal spirometry and was presumably done while on medication. Marginal efforts by the CI were noted. It shows a FEV1 of 88.8% of predicted and FEV1/FVC of 83%. Neither of these sets of measurements meets the minimum criteria for a 10% rating. DLCO was not reported because it was negated due to erratic efforts.

Other Conditions. There is no evidence that either migraines or GERD precluded the CI from performing the duties of his rank and AFSC. Also, the Commander’s letter did not mention these conditions. Therefore these conditions are not considered unfitting for military service and are not rated. Tobacco abuse is not a disability and is not ratable. None of the other conditions rated by the VA are mentioned in the Disability Evaluation System (DES) package and are therefore outside the scope of this Board.

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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 Board to the extent they were inconsistent with the VASRD in effect at the time of the adjudication. The PEB appears to have rated the unfitting condition of asthma IAW DoDI 1332.39 and the PDBR adjudicated this condition without regard to that instruction. The Board unanimously recommends a rating of 30% for 6602 Asthma IAW the 2003 VASRD.

Using an evaluation completed six months after the time of separation from the Air Force, the Veterans Administration (VA) rated this disability as 6602 Asthma at 30%. The CI had a diagnosis of asthma and was taking Advair twice a day. Advair is an inhalational medication and contains both a bronchodilator and anti-inflammatory medication. Under VASRD 6602 either daily inhalational bronchodilator therapy or inhalational anti-inflammatory medication warrants a 30% rating. Therefore this condition is appropriately rated at 30%.

Only conditions that render the CI unfit for military serve are rated. There is no evidence that supports finding either migraines or gastroesophageal reflux disease unfit and therefore these conditions are not rated. Tobacco abuse is not a disability and is not ratable.

None of the other conditions rated by the VA are mentioned in the Disability Evaluation System (DES) package and are therefore outside the scope of this Board. The CI retains the right to request his service Board of Correction for Military Records (BCMR) consider adding these conditions as unfitting.

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RECOMMENDATION: The Board recommends that the CI’s prior determination be modified as follows and that the discharge with severance pay be recharacterized to reflect permanent disability retirement, effective as of the date of his prior medical separation.

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| UNFITTING CONDITION | VASRD CODE | RATING |
| ASTHMA, POORLY CONTROLLED | 6602 | 30% |
| COMBINED | 30% |

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The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20090115, w/atchs.

Exhibit B. Service Treatment Record.

Exhibit C. Department of Veterans' Affairs Treatment Record.

PDBR PD-2009-00104

MEMORANDUM FOR THE CHIEF OF STAFF

 Having received and considered the recommendation of the Physical Disability Board of Review and under the authority of Section 1554, Title 10, United States Code (122 Stat. 466) and Section 1552, Title 10, United States Code (70A Stat. 116) it is directed that:

 The pertinent military records of the Department of the Air Force relating to XXXXXX be corrected to show that:

 a.  The diagnosis in his finding of unfitness for asthma, VASRD code 6602, was rated at 30% rather than 10%.

 b.  On 6 November 2003, he elected children-only coverage under the Survivor Benefit Plan (SBP) based on full retired pay.

 c.  He was not discharged on 7 November 2003 with entitlement to disability severance pay; rather, on that date he was relieved from active duty and on 8 November 2003 his name was placed on the Permanent Disability Retired List.

 JOE G. LINEBERGER

 Director

 Air Force Review Boards Agency