RECORD OF PROCEEDINGS

PHYSICAL DISABILITY BOARD OF REVIEW

NAME: BRANCH OF SERVICE: AIR FORCE

CASE NUMBER: PD0900115 BOARD DATE: 20100331

SEPARATION DATE: 20051017

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SUMMARY OF CASE: This covered individual (CI) was a Staff Sergeant in Operations Intelligence medically separated from the Air Force after 10 years of active duty service. The medical basis for the separation was Asthma. The Asthma was determined to be medically unacceptable and the CI was referred to the Physical Evaluation Board (PEB). The PEB determined she was unfit for continued military service and she was separated with a 10% disability rating using the Veterans Affairs Schedule for Ratings Disabilities (VASRD) and applicable Air Force and Department of Defense regulations.

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CI CONTENTION: None specified.

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RATING COMPARISON:

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| --- | --- |
| **Service** | **VA (1 month after Separation)** |
| **Unfitting Conditions** | **Code** | **Rating** | **Date** | **Condition** | **Code** | **Rating** | **Exam** | **Effective** |
| Asthma | 6602 | 10% | 20050721 | Asthma | 6602 | 30% | **20051121** | **20051018** |
| **TOTAL Combined: 10%** | **TOTAL Combined (*Includes Non-PEB Conditions*): 30%** |

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ANALYSIS SUMMARY:

The CI was diagnosed with Asthma in April 2005. At that time she was having a lot of coughing, shortness of breath, and congestion, and, after multiple visits to healthcare providers, she was diagnosed with Asthma. She continued to have a nonproductive cough and some decree of shortness of breath with exertion. She had a positive methacholine challenge study after two normal pulmonary function test (PFT) and one PFT suggesting mild obstruction (see attached). CI was asymptomatic after starting maintenance inhaled corticosteroids, albuterol inhaler and allergy meds.

An Air Force PFT from 20050419 documented a pre-bronchodilator FEV1/FVC of 87% predicted and an FEV1 of 81% predicted. VA PFT results showed an FEV1/FVC at 82% predicted and FEV1 of 80.5% predicted following bronchodilator administration. None of these measurements reaches the minimum compensable level for Asthma. However, the CI was on Advair twice daily at the time of separation. This inhaled medication contains fluticasone, an anti-inflammatory medication, and Salmeterol, a bronchodilator. A diagnosis of Asthma with daily inhalational bronchodilator therapy or inhalational anti-inflammatory medicine warrants a 30% rating regardless of pulmonary function test results.

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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 informal PEB apparently applied DoDI 1332.39 when rating 6602 Asthma. The condition was adjudicated independently of that instruction by this Board. After careful consideration of all available information the Board unanimously determined that the CI’s condition is most appropriately rated at 30% for 6602 Asthma.

Although the CI’s pulmonary function testing never documented FEV1 or FEV1/FVC% measurements that reached the minimum compensable level, she was on daily inhalational bronchodilator therapy and inhalational anti-inflammatory medicine and this warrants a 30% rating.

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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 her prior medical separation.

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| UNFITTING CONDITION | VASRD CODE | RATING |
| Asthma | 6602 | 30% |
| COMBINED | 30% |

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The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20090202, w/atchs.

Exhibit B. Service Treatment Record.

Exhibit C. Department of Veterans' Affairs Treatment Record.

