RECORD OF PROCEEDINGS

PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXX BRANCH OF SERVICE: marine corps

CASE NUMBER: PD0900565 SEPARATION DATE: 20090530

BOARD DATE: 20110203

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SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was a USMC Cpl/E-4 (3533, Logistics Vehicle System operator) medically separated in May 2009 after almost five years of service. The medical basis for separation was Pectus Carinatum Defect, status post corrective surgery. The CI was born with a congenital defect in his circulatory system where an Atrial Septal Defect (ASD) was found inside his heart. Also, some of the veins which carried blood from the lungs to the heart were going to the right instead of the left atrium. This results in a “left-to-right shunt” of oxygenated blood. The circulatory problem was not discovered until June 2007. He then underwent surgery to correct the circulatory problem, and the surgeons also corrected his asymmetric Pectus Carinatum chest wall deformity. After surgery, the CI found it very difficult to do pull-ups and push-ups. He was not able to satisfactorily complete the USMC physical fitness test or combat fitness test. Thus, he was referred to a Medical Evaluation Board (MEB). At the MEB it was determined that his condition was medically unacceptable, and he then underwent a Physical Evaluation Board (PEB). The Informal PEB adjudicated the Pectus Carinatum Defect as not unfitting, and returned him to duty with application of DoDI 1332.39. The CI made an appeal, and after reconsideration he was medically separated with a 10% disability rating.

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CI CONTENTION: The CI states: “As a result of the open heart surgery I can no longer perform a Physical Fitness Test or Combat Fitness Test to Marine Corps standards. Due to this I will never be able to move forward with my Marine Corps career.”

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RATING COMPARISON:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Navy ReCon PEB – Dated 20090401** | | | **VA (2 mo. after Separation) – All Effective 20090531** | | | |
| **Condition** | **Code** | **Rating** | **Condition** | **Code** | **Rating** | **Exam** |
| Pectus Carinatum Defect, Status Post Correction | 6899-6843 | 10% | Status Post Pectus Carinatum Surgery, with Residual Scar | 7805-6842 | 0% | 20090730 |
| Sinus Venosus ASD | Not Unfitting | | Atrial Septal Defect (ASD) |  | (NSC) |  |
| ↓No Additional MEB Entries.↓ | | | Tinnitus | 6260 | 10% | 20090722 |
| Hearing Loss | 6100 | 0% | 20090722 |
| **TOTAL Combined: 10%** | | | **TOTAL Combined: 10%** | | | |

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ANALYSIS SUMMARY:

Pectus Carinatum. The CI was referred for evaluation in June 2007, due to poor exercise tolerance and an apparent abnormality of the left anterior chest wall, which prevented him from wearing protective body armor. He was seen by Cardiothoracic Surgery, and was diagnosed with Pectus Carinatum deformity involving the left side of his chest. The right side of the anterior chest wall was essentially normal. In addition, cardiac imaging was performed, and revealed a “Sinus Venosus” form of ASD, as well as partially anomalous pulmonary venous connections. Veins from the upper lobe of the right lung were carrying blood to the right atrium of the heart. Cardiothoracic surgery was performed on 16 July 2007. After correction of the ASD and the anomalous pulmonary venous connections, CI then underwent correction of the chest wall deformity. The deformed costal cartilages were resected, followed by mesh reconstruction of the left anterior chest wall beneath a pectoralis flap. After surgery he had 90 days of convalescence, followed by six months of limited duty (LIMDU). In March 2008, CI was returned to full duty status. Over the next few months, he noted continued pain with heavy exertion. He had no pain at rest, and no problem with sit-ups. However, pull-ups and push-ups caused discomfort at the site of the mesh reconstruction. In October 2008 (15 months after surgery) he was re-evaluated by Cardiothoracic Surgery. Magnetic resonance imaging (MRI) of the chest wall demonstrated a satisfactory postoperative result, with no atrophy or tears.

The Physical Disability Board of Review carefully examined all of the evidentiary information available. At the time of separation from service, the CI was clearly experiencing pain and discomfort with certain types of activities. This painful condition made it impossible for him to continue serving as an active duty Marine. The Board considered whether or not a different VASRD diagnostic code (i.e. 7804, painful surgical scar) would more accurately describe the CI’s unfitting condition. However, changing the VASRD code would have no impact on the final disability rating of 10%. Following thoughtful deliberation, and resolving reasonable doubt in favor of the CI, the Board unanimously recommends a disability rating of 10% for Pectus Carinatum, status post surgical correction.

Congenital Heart Disease. During his evaluation for the Pectus Carinatum chest wall deformity, CI was found to have a “Sinus Venosus” form of ASD, as well as partially anomalous pulmonary venous connections from the upper lobe of the right lung. Secondary to shunting, he had developed dilatation of the right atrium and right ventricle. As mentioned above, Cardiothoracic Surgery was performed on 16 July 2007, and his circulatory problem was corrected. From a circulatory standpoint, the CI has experienced an excellent result from his cardiac surgery, with markedly improved exertional capacity and resolution of his left-to-right shunt. There is no evidence that the heart condition (after correction) interfered with performance of required military duties or was unfitting at the time of separation from service. The Board finds no reasonable basis for recommending this as an additional unfitting condition for separation rating.

History of Other Conditions documented in the Disability Evaluation System (DES) file. – Hearing loss was also discussed and considered by the Board. There is no clearly documented evidence that this condition caused a significant adverse effect on the performance of required military duties. Hearing loss is judged by the Board to be not unfitting at the time of separation, and is not relevant for disability rating. The Board therefore has no reasonable basis for recommending any additional unfitting conditions for separation rating.

History of Other Conditions not documented in DES file. – Tinnitus was also noted by the Board. There is no evidence that this condition was a matter of record in the DES package. Therefore, Tinnitus is judged to be outside the scope of this Board.

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. As discussed above, PEB reliance on DoDI 1332.39 for rating the Pectus Carinatum condition may have been operant in this case and the condition was adjudicated independently of that instruction by the Board.

In the matter of the Pectus Carinatum condition, the Board unanimously recommends that there be no re-characterization of the CI’s disability and separation determination.

In the matter of the Sinus Venosus ASD (surgically corrected), partially anomalous pulmonary venous connection (surgically corrected), hearing loss, or any other medical conditions eligible for Board consideration; the Board unanimously agrees that it cannot recommend any findings of unfit for additional rating at separation.

Tinnitus, rated by the VA, was not a matter of record in the Disability Evaluation System (DES) package and is therefore outside the scope of the Board. The CI retains the right to request his service Board for Correction of Naval Records (BCNR) to consider adding this condition as unfitting.

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

The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20090911, w/atchs.

Exhibit B. Service Treatment Record.

Exhibit C. Department of Veterans' Affairs Treatment Record.

Deputy Director

Physical Disability Board of Review

MEMORANDUM FOR DIRECTOR, SECRETARY OF THE NAVY COUNCIL OF REVIEW

BOARDS

Subj: PHYSICAL DISABILITY BOARD OF REVIEW (PDBR) RECOMMENDATION ICO

XXXX, FORMER USMC, XXX XX XXXX

Ref: (a) DoDI 6040.44

(b) PDBR ltr dtd 14 Feb 11

I have reviewed the subject case pursuant to reference (a) and, for the reasons set forth in reference (b), approve the recommendation of the Physical Disability Board of Review that XXX’s records not be corrected to reflect a change in either his characterization of separation or in the disability rating previously assigned by the Department of the Navy’s Physical Evaluation Board.

Principal Deputy

Assistant Secretary of the Navy

(Manpower & Reserve Affairs)