RECORD OF PROCEEDINGS

PHYSICAL DISABILITY BOARD OF REVIEW

NAME: BRANCH OF SERVICE: USMC

CASE NUMBER: PD0900328 BOARD DATE: 20090317

SEPARATION DATE: 20051215

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SUMMARY OF CASE: This covered individual (CI) was a Staff Sergeant Spanish Crypto Linguist medically separated from the Marine Corps, in 2005 after 10.7 years of service. The medical basis for the separation was Graves Thyrotoxicosis. The CI was referred to the Physical Evaluation Board (PEB), found unfit only for the one condition, determined unfit for continued military service and separated at 10% disability using the Veterans Affairs Schedule for Ratings Disabilities (VASRD) and applicable Navy and Department of Defense regulations. The Bilateral Graves Related Orbitopathy, Incidental Papillary Thyroid Cancer, Diplopia and Post Surgical Hypothyroidism were determined to be related (Category 2).

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CI CONTENTION: No statement made.

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RATING COMPARISON:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Service PEB** | | | | **VA (5 Mo. after Separation)** | | | | |
| **Unfitting Conditions** | **Code** | **Rating** | **Date** | **Condition** | **Code** | **Rating** | **Exam** | **Effective** |
| Graves Thyrotoxicosis | 7900 | 10% | 20050815 | Graves Disease Status Post Thyroidectomy & Papillary Carcinoma | 7903 | 10%  To  30% | 20060427  To  20071005 | 20051216  To  20070907 |
| Bilateral Graves Related Orbitopathy | Related Category II  Conditions that contribute to the unfitting condition(s): | | 20050815 | Graves Orbitopathy | 6099-6090 | 0% | 20070109 | 20051216 |
| Diplopia | Related Category II |  | 20050815 |
| Incidental Papillary Thyroid Cancer | Related Category II | Not clinically Significant | 20050815 |  |  |  |  |  |
| Post Surgical Hypothyroidism | Related Category II |  | 20050815 | Neck Scar | 7800 | 0% | 20070109 | 20051216 |
| Sore knees, c/w Graves dz  STR |  | MEB H&P Hx  LIMDU right knee 19991006 x 8mo | | Patellar Femoral Syndrome Right Knee | 5010 | 10% | 20081113 | 20080817 |
|  |  | Not in DES | | Patellar Femoral Syndrome Left Knee | 5010 | 10% | 20081113 | 20080817 |
|  |  | Not in DES | | Tinnitus | 6260 | 10% | 20081113 | 20080817 |
| Hearing loss left ear |  | MEB H&P Hx  Right ear, not in DES | | Hearing Loss Right Ear | 6100 | NSC |  |  |
| **TOTAL Combined: 10%** | | | | **TOTAL Combined (*Includes Non-PEB Conditions*):**  **10% from 20051216**  **30% from 20070907**  **50% from 20080817**  **Bilateral factor of 1.9% for diagnostic codes 5010, 5010** | | | | |

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ANALYSIS SUMMARY:

Graves disease/hyperthyroidism/hypothyroidism and diplopia

The CI initially had weight loss, fatigue, increased blood pressure, tachycardia, diarrhea, and tremor and was diagnosed with Graves disease sometime in late 2003 to early 2004. He was initially treated medically but when increasing doses failed to decrease his symptoms and he developed exophthalmos with diplopia, a total thyroidectomy was done in September 2004. He was treated with steroids to prevent eye complications and this greatly contributed to weight gain after the thyroidectomy. He also underwent a left orbital decompression surgery in April 2005. After the exophthalmos eventually resolved, the diplopia persisted and he required prism glasses. At the time of the narrative summary (NARSUM) evaluation, he was experiencing fatigue, weakness, and diplopia. He was taking Synthroid to replace thyroid hormone and his labs were normal. At the time of the initial VA evaluation, six months after separation, he had fatigue and diplopia and was on Synthroid. Thyroid hormone laboratory testing was normal in May 2005 and October 2007.

The VA used name Graves disease but used 7903 which is code for hypothyroidism. The Navy used label of Graves disease and used the code for hyperthyroidism, 7900. Both applied a 10% rating. The 7903 code is more accurate, as the CI was no longer hyperthyroid, but the correct rating is the same with either code--10%.

The CI later developed constipation and the VA increased his rating to 30% effective 20071005 (22 months after separation). There is no mention of this symptom in the NARSUM, service treatment record (STR), or initial VA evaluation and is due to a worsening of the condition over time. This finding is therefore not included when determining the rating at the time of separation form service.

Diplopia

CI had persistent diplopia directly caused by his Graves disease. However, it was corrected with the prism glasses. There is not sufficient evidence this condition was unfitting at the time of separation. He did continue to have diplopia if he did not look straight through the glasses. The VA statement of case explains why this is considered to be corrected diplopia with the glasses. His diplopia was corrected by the glasses. There was no mention of eye problems in the commander’s letter or any duty restrictions related to his eyes.

Other Conditions

**Right knee pain** -- Not unfitting, no mention in CO letter and no restrictions related to this condition.

**Scar, s/p thyroidectomy** -- Not unfitting, no mention in CO letter and no restrictions related to this condition.

**Left ear hearing loss** -- Mild sensorineural hearing loss. Not unfitting, no mention in CO letter and no restrictions related to this condition.

Not in Disability Evaluation System (DES), outside scope of PDBR

Patellar Femoral Syndrome Left Knee, Tinnitus, and Hearing Loss Right Ear

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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. After careful consideration the Board unanimously determined that the CI’s condition is appropriately rated at 10% for Graves Thyrotoxicosis.

At the time of separation from service the CI was on Synthroid and had symptoms of fatigue and diplopia. The Board agrees with the Navy’s determination of diplopia as not unfitting and therefore this condition is not included in the rating determination. The CI will need to be on Synthroid to replace his thyroid hormone for the rest of his life. This need for continuous medication and the presence of fatigue warrants a 10% rating.

The Board unanimously determined that none of the following conditions were unfitting: Diplopia; Thyroidectomy Scar; Patellar Femoral Syndrome, Right Knee; and Left Ear Hearing Loss.

The other diagnoses rated by the VA (Patellar Femoral Syndrome, Left Knee; Tinnitus; and Hearing Loss Right Ear) were not mentioned in the DES package and are therefore outside the scope of the Board. The CI retains the right to request his service Board of Correction for Naval Records (BCNR) to consider adding these conditions as unfitting.

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

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| **UNFITTING CONDITION** | **VASRD CODE** | **RATING** |
| Graves Thyrotoxicosis | 7900 | 10% |
| **COMBINED** | **10%** |

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The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20090429, w/atchs.

Exhibit B. Service Treatment Record.

Exhibit C. Department of Veterans' Affairs Treatment Record.

President

Physical Disability Board of Review

MEMORANDUM FOR DIRECTOR, SECRETARY OF THE NAVY COUNCIL

OF REVIEW BOARDS

Subj: PHYSICAL DISABILITY BOARD OF REVIEW (PDBR) RECOMMENDATION

Ref: (a) DoDI 6040.44

(b) PDBR ltr dtd 19 Mar 10

I have reviewed the subject case pursuant to reference (a) and approve the recommendation of the Physical Disability Board of Review (reference (b)) that xxxxxx 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)