RECORD OF PROCEEDINGS

PHYSICAL DISABILITY BOARD OF REVIEW

NAME: BRANCH OF SERVICE: air force

CASE NUMBER: PD0900390 BOARD DATE: 20091014

SEPARATION DATE: 20040223

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SUMMARY OF CASE: This covered individual (CI) was Senior Airman Pavements and Construction Equipment Journeyman medically separated from the Air Force in 2004 almost five years of service. The medical basis for the separation was Ulcerative Colitis.

CI presented for care with bloody diarrhea in Dec 2000. He was treated for giardia but continued to have seven to eight bloody stools per day, persistent hematochezia, and steadily increasing anemia and was referred to Gastroenterology. Colonoscopy done in March 2001 lead to the diagnosis of left-sided ulcerative colitis and he was given a steroid taper and high dose Asacol. He responded to treatment. Follow-up plan was to decrease dose of Asacol after six months and repeat colonoscopy in ten years. While deployed in the summer of 2002 he ran out of medication and had one month of bloody diarrhea five times a day that resolved spontaneously per CI report to GI in September 2002. He discontinued his medication after discussion with Dr. Chu and was instructed to follow-up annually and if he had a flare up. He had a flare in April 2003 that responded to Asacol, prednisone, and Rowasa enemas and the plan was to decrease to maintenance doses of Asacol after 6 months. In September 2003 he was symptom free and his Asacol was decreased to maintenance dose. The next flare documented in the STR occurred in April 2004, shortly after he separated from service. He also had a documented flare in July 2004 and at his VA C&P exam he reported that a flare had occurred in November 2003.

During a Periodic Health Assessment his diagnosis of ulcerative colitis was revealed and a Medical Evaluation Board (MEB) was initiated. He was referred to the Air Force Physical Evaluation Board (PEB) and the Informal PEB determined he was unfit for continued military service. He requested a Formal PEB and wanted to remain on active duty. The Formal PEB concurred with the IPEB and he was then separated with a 10% disability for 7323 Ulcerative Colitis using the Veterans Affairs Schedule for Ratings Disabilities (VASRD) and applicable Air Force and Department of Defense regulations.

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CI CONTENTION: “I don’t understand how a condition (ulcerative colitis) can make you unfit for service but only be rated at 10%. Also the VA doctor I had my appointment with once I was discharged and prior to the rating decision could barely speak English”.

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RATING COMPARISON:

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| --- |
| **Previous Determinations**  |
| **Service** | **VA** |
| **PEB Condition** | **Code** | **Rating** | **Date** | **Condition** | **Code** | **Rating** | **Exam Date** | **Effective date** |
| Ulcerative Colitis  | 7323 | 10% | 20031002 | Ulcerative Colitis | 7323 | 10% | 20040609 | 20040224 |
|  |  |  |  | Tinnitus | 6260 | 10% | 20040609 | 20040224 |
|  |  |  |  | Bilateral Sensorineural Hearing Loss | 6100 | 0% | 20040609 | 20040224 |
| **TOTAL Combined: 10%** | **TOTAL Combined (*incl non-PEB Dxs)*: 20% from 20040224** |

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**ANALYSIS SUMMARY:**

**Ulcerative Colitis**

The Navy and VA evaluations revealed similar histories and examinations. The CI experienced flares of this condition approximately three times a year (summer 2002, April 2003, November 2003, April 2004, and July 2004) and responded to treatment each time. No hospitalizations were required and no weight loss occurred. This is classified as moderate with infrequent exacerbations. The CI appeared to be in good health between episodes and wanted to remain on active duty. He was performing his job well and the condition did not seem to interfere. However, both the Informal and Formal PEBs determined his medical condition was incompatible with the long-term rigors of military service. Both determined that although he was currently stable, his condition has an unpredictable future with the possibility of life-threatening exacerbations. The need to be stationed at a location where primary care along with emergency and gastroenterologist services could be obtained would have a long-term negative impact on the member's career progression and create inequities in deployment/remote assignment obligations.

**Tinnitus and Hearing Loss**

Not evaluated as part of the DES process.

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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. After careful consideration of all available information, the Board unanimously concluded that the CI’s condition is appropriately rated at a 10% for 7323 Ulcerative Colitis.

The Board opined that the frequency of flares of ulcerative colitis of approximately three to four times a year is considered infrequent. Occurrences of once per month (or more frequent) would be considered frequent. The Board further opined that each exacerbation is considered to be moderate because each time a flare occurred the CI responded to medication and did not require hospitalization. The CI was generally in good health between exacerbations and did not have any weight loss, malnutrition, or general debility as a result of this condition. He did have documented anemia when he was first diagnosed but this resolved with treatment of his ulcerative colitis. His overall condition is therefore considered to be moderate at the time of separation from service. Moderate ulcerative colitis with infrequent exacerbations is rated at 10% according to the VASRD.

The Air Force PEB determined the CI was unfit for continued military service because of expected future problems related to ulcerative colitis and the requirement for access to specialty care from gastroenterology. However, the disability rating is based on the CI’s condition at the time of separation and a rating greater than 10% cannot be justified.

The other conditions rated by the VA were not evaluated as part of the DES process and could not be considered by the Board. However, they could be considered by the Air Force Board of Corrections for Military Records (AFBCMR).

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RECOMMENDATION: The PDBR 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 20090608, w/atchs.

Exhibit B. Service Treatment Record.

Exhibit C. Department of Veterans' Affairs Treatment Record.

 President

 Physical Disability Board of Review

 