RECORD OF PROCEEDINGS

PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXX BRANCH OF SERVICE: AIR FORCE

CASE NUMBER: PD0900539 BOARD DATE: 20100623

SEPARATION DATE: 20051206

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SUMMARY OF CASE: This covered individual (CI) was a SSgt, Special Investigator medically separated from the Air Force in 2005 after nine and a half years of service. The medical basis for the separation was Post Traumatic Stress Disorder (PTSD). The PTSD was determined to be medically unacceptable. The CI was referred to the Physical Evaluation Board (PEB), found 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.

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CI CONTENTION: The CI states: “After I separated from the Air Force, I filed a claim for Veterans Administration (VA) disability compensation, which resulted in a much higher disability rating than was granted by the Air Force. In light of this new information from the VA, I believe the PDDR should increase my disability rating and grant me retroactive retirement.”

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RATING COMPARISON:

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| --- | --- |
| **Service PEB** | **VA (14 Months After Separation)** |
| **Unfitting Conditions** | **Code** | **Rating** | **Date** | **Condition** | **Code** | **Rating** | **Exam** | **Effective** |
| Post Traumatic Stress Disorder, Civilian Social & Industrial Adaptability Impairment (Mild) | 9411 | 10% | 20051004 | Post Traumatic Stress Disorder (PTSD) | 9411 | 30% | 20070220 | 20051207 |
|  |  | Not in DES | Left Shoulder Dislocation | 5299-5203 | 10% | 20070220 | 20051207 |
|  |  | Not in DES | Right Knee Strain | 5260 | 0% | 20070220 | 20051207 |
|  |  | Not in DES | Bilateral Trench Foot | 7899-7813 | 0% | 20070220 | 20051207 |
|  |  |  | 5 X NSC |  |  |  |  |
| **TOTAL Combined 10%** | **TOTAL Combined (*Includes Non-PEB Conditions*):** **40% from 20051207**  |

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ANALYSIS SUMMARY:

Post Traumatic Stress Disorder (PTSD)

The CI witnessed multiple traumatic events while deployed to Iraq (entered in November 2003) and had symptoms of PTSD after he returned. He had delayed seeking care and minimized his problems on post-deployment questionnaire because he was concerned about his career in OSI. He had hoped his symptoms would resolve but when they did not resolve over a year and a half he sought care. He initially underwent four sessions of Critical Incident Stress management sessions but this provided no relief as he had PTSD. He then began therapy for PTSD and was seen approximately every two weeks until the time the narrative summary (NARSUM) was completed in August 2005. There are no records after the date of the NARSUM. Therapy and talking about his problem appeared to greatly increase the severity of his symptoms and he often avoided doing the homework assigned in order to avoid thinking about the traumatic event. He had multiple symptoms including symptoms related to re-experiencing the trauma, avoiding stimuli associated with the trauma, and increased arousal. He also reported sleep disturbance, motivational concerns, fatigue, poor concentration, irritability, low energy, racing thoughts, and headaches. He displayed signs of PTSD in therapy sessions on occasion. For example he demonstrated a continued exaggerated startle response when a door slammed from a neighboring office; he jumped and commented on the noise. His symptoms did decrease while he was on leave for three weeks and it appears both he and the psychiatrist thought he would have less of a problem after he left the military and was not surrounded by constant triggers. His Global Assessment of Functioning (GAF) was felt to be 70 based on some difficulty in occupational and social functioning. But he generally functioned pretty well and had meaningful interpersonal relationships such as with his wife and son, though these relationships were somewhat strained since his return from deployment. His profile of 20050708 was S4: No deployment/TDY’s, no weapons bearing, no PRP.

The CI filed a Veterans Administration (VA) claim 20051205 (the day prior to his separation) but did not have any Compensation and Pension (C&P) examinations until February 2007. This was 14 months after he separated from the Air Force. There is no medical information from this 14 month period except the interval history reported in the C&P examination. There were no further traumatic events. He had not been in any treatment because he felt that talking about his issues made him feel worse. At the time of the exam he was working as the head golf professional at a golf club. How long he had been working and his level of performance is unknown. He did continue to have all of the same PTSD symptoms he had had while on active duty. In fact the frequency and severity appeared to have increased. He reported he routinely withdrew even from his wife and child when intrusive thoughts of trauma came up. He had no friends and only interacted with his family. He had no activities outside the home because of lack of interest and discomfort with crowds and even within the home often withdrew from his family. He remained very irritable with his family and others.

He reported five symptoms of re-experiencing trauma and two were observed during the examination. He had daily recurrent and distressing recollections of the event. He had recurrent distressing dreams of the event from several times a week to daily. A couple times a week he would act or feel as if the trauma were recurring. He had intense psychological distress at exposure to internal or external cues and this was observed during the exam. And he had physiologic reactivity on exposure to internal or external cues and this was also observed during the exam.

He reported six symptoms of persistent avoidance of trauma-related stimuli and numbing of general responsiveness. He avoids thoughts, feelings, and conversations associated with the trauma and has avoided therapy because talking about his issues made his symptoms worse. He avoids activities, places, and people that arouse recollections of the trauma. He doesn’t watch the news or talk to anyone about anything war-related. He has markedly diminished interest and participation in activities he used to enjoy and he even periodically loses interest in interacting with his wife and son. He feels detached and estranged from others, even with his wife, and feels that other people don’t understand. His wife has noticed a restricted affect and complains about how his sensitivity is gone. He also had a sense of a foreshortened future and stated he thought he was going to die young.

He reported five symptoms of persistent increased arousal. He reported difficulty falling and staying asleep, irritability and outbursts of anger. He is hyper vigilant and is always on guard, particularly in crowds. He has an exaggerated startle response that his co-workers abused by purposefully surprising him to watch how upset and scared he became.

The VA psychiatrist felt the CI’s PTSD caused an occasional decrease in work efficiency and social functioning and there were intermittent periods of inability to perform occupational tasks due to signs and symptoms. The CI was generally able to manage routine behavior, self-care and conversation. The loss of interest in wife and son occurred at least several times a week and was very upsetting to the veteran. A GAF of 57 was based on the effect of PTSD on family relationships, sleep, irritability, and mood.

The CI’s condition at the time of separation warrants a 30% rating based on his inability to perform many of the occupational tasks required of his job, his withdrawal from normal leisure activities and interactions with anyone outside his immediate family, and his frequent and moderate to moderately severe signs and symptoms of PTSD. He did show some elements of the 50% criteria in that he displayed signs of PTSD on exam. However his overall functional impairment appeared to be closer to the 30% criteria.

The CI’s condition at the time of the VA examination warrants a 50% rating based on increasing frequency and severity of PTSD symptoms and further withdrawal from almost all activities and people, including his wife and son. He continued to display objective signs of mental illness on mental status examination. He was employed but we have no information about how well he performed at work. He experienced almost every known symptom of PTSD, many on a daily basis and others multiple times a week. His condition at this time was worse than his condition at the time of separation from service. He continued to clearly meet the 30% criteria and exhibited some elements of the 50% rating. However, now his overall functional impairment appeared to be closer to the 50% criteria than the 30% criteria.

Other Conditions Not in the DES

Left Shoulder Dislocation, Right Knee Strain, and Bilateral Trench Foot

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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 of all available information the Board unanimously determined that his condition warrants an initial TDRL rating of 50% in retroactive compliance with VASRD §4.129 as DOD directed; and a 50% permanent rating at 6 months IAW VASRD §4.130.

The CI had PTSD with multiple, frequent (some daily, others multiple times a week), and severe symptoms that produced moderately severe difficulty in social and occupational functioning. He displayed objective signs of mental illness on examination. While he was still on active duty his symptoms decreased somewhat. However, when he went on leave for three weeks, his symptoms worsened significantly. Between the time he left active duty and the time of the VA C&P examination fourteen months later, with no evidence of an intervening trauma, his condition worsened.

The other diagnoses rated by the VA (Left Shoulder Dislocation, Right Knee Strain, and Bilateral Trench Foot) were not mentioned in the Disability Evaluation System (DES) package and are therefore outside the scope of the Board. The CI retains the right to request his service Board of Correction for Military Records (BCMR) to consider adding these conditions as unfitting.

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RECOMMENDATION: The Board recommends that the CI’s prior determination be modified as follows; Temporary Disability Retired List (TDRL) at 50% for 6 months following CI’s prior medical separation (PTSD at minimum of 50% IAW §4.129 and DoD direction) and then a permanent combined 50% disability retirement as below.

|  |  |  |  |
| --- | --- | --- | --- |
| **UNFITTING CONDITION** | **VASRD CODE** | **TDRL RATING** | **PERMANENT****RATING** |
| Post-Traumatic Stress Disorder | 9411 | 50% | 50% |
| **COMBINED** | **50%** | **50%** |

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The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20090826 w/atchs.

Exhibit B. Service Treatment Record.

Exhibit C. Department of Veterans' Affairs Treatment Record.

 President

 Physical Disability Board of Review



PDBR PD-2009-00539

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 XXXXXXXXX, are corrected to show that:

 a.  He was not discharged on 6 December 2005 with entitlement to disability severance pay; rather, on that date he was relieved from active duty and on 7 December 2005 his name was placed on the Temporary Disability Retired List (TDRL), with a diagnosis of Post-Traumatic Stress Disorder, VASRD code 9411, rated at 50%.

 b.  On 5 December 2005, spouse and child coverage under the Survivor Benefit Plan (SBP) based on full retired pay was established.

 c. On 7 June 2006 he was removed from the TDRL and permanently retired with a final combined disability rating of 50%.

 Director

 Air Force Review Boards Agency