RECORD OF PROCEEDINGS

PHYSICAL DISABILITY BOARD OF REVIEW

NAME: BRANCH OF SERVICE: Army

CASE NUMBER: PD1000022 SEPARATION DATE: 20081126

BOARD DATE: 20110624

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty SSG/E-6 (63B, Vehicle Mechanic) medically separated for arteriosclerotic heart disease. He began having chest pain in June 1997. Since then he has had multiple myocardial infarctions, and numerous cardiac catheterizations with stenting. Despite treatment, the CI was unable to perform within his military occupational specialty (MOS) or meet physical fitness standards. He was issued a permanent profile and underwent a Medical Evaluation Board (MEB). Coronary artery disease with history of myocardial infarction was forwarded to the Physical Evaluation Board (PEB) as medically unacceptable IAW AR 40-501. The PEB found the arteriosclerotic heart disease unfitting, and rated it 10% IAW the Veterans’ Administration Schedule for Rating Disabilities (VASRD). The CI made no appeals, and was medically separated with a 10% disability rating.

CI’s CONTENTION: “Served on active duty for 18 yrs. 2 mos. with meritorious service to include the Gulf War and OIF. I was an exemplary soldier as well as leader and fulfilled all of my duties at or above a superior standard even after suffering three heart attacks. After heart attack #5 I was told that because I could not deploy I was now considered a liability to the Army. The Cardiologist in San Antonio told me this as well as my assigned lawyer. I was told that continuation of service to fulfill my 20 yrs. was not an option. I was also told by my lawyer that if I chose to fight the PEB’s findings I would more than likely be awarded nothing because my medical problems were not combat related! When I asked why they wouldn’t allow me to finish my 20 yrs. they said that since I had just completed 15 mos. on rear detachment, and still couldn’t deploy, that no unit would want me. I would have gladly deployed if they would have lifted my P3 profile and I even asked them to do so, but they wouldn’t. I am asking to be awarded my Full Army Retirement (E-6) plus Full Benefits for myself and my family! I proudly served my country without hesitation for over 18 yrs and if given the choice, would still be doing so! I trusted the people who supposedly were looking out for my best interest and when I questioned the process and decisions was told over and over that the Army no longer had any use for me! I ask only for what I feel I deserve and worked hard for. Thank you for your time and consideration.” The CI additionally lists all his VA conditions and ratings.

RATING COMPARISON:

|  |  |
| --- | --- |
| **Army PEB – dated 20080904** | **VA (2 mo. After Separation) – All Effective Date 20081127** |
| **Condition** | **Code** | **Rating** | **Condition** | **Code** | **Rating** | **Exam** |
| Arteriosclerotic Heart Disease  | 7006 | 10% | Coronary Artery Disease w/History of Multiple MIs | 7005 | 10% | 20090115 |
| ↓No Additional MEB/PEB Entries↓ | Left Shoulder Condition | 5201  | 30% | 20090115 |
|  | Planter Fasciitis, Right Foot | 5276 | 10% | 20090115 |
| 0% x 2 |  |
| **Combined: 10%** | **Combined: 40%** |

ANALYSIS SUMMARY:

Arteriosclerotic Heart Disease. The CI had a myocardial infarction (MI) in June 1997, and three or four more after that. He was medically boarded after his earlier MIs, but was retained on active duty with a P2 profile. His most recent MI was in February 2008. He also had a history of hypertension and hyperlipidemia. Despite extensive cardiac rehabilitation and medications, it was felt that he would not be able to fully perform his required military duties, so he was issued a permanent P3 profile. At his MEB exam on 11 August 2008, the CI denied any chest pain. He was performing regular physical activity and was taking his prescribed medications. The CI’s heart and lung exam was normal and he had good distal pulses. There was 1+ pitting edema in both lower extremities, but no cyanotic skin changes. His lipid panel from June 2008 was normal. An echocardiogram (EKG) in April 2008 showed normal left ventricle size and function. In May 2008, a graded exercise stress test (EST) and perfusion scan showed no ischemia, ejection fraction of 56% (normal is 50-70%), and a mild inferior wall fixed defect. During the EST, the CI achieved 12.9 METs (metabolic equivalents) with no ischemic changes noted on EKG. The test was terminated after ten minutes due to fatigue. The CI had a repeat EST in October 2008 where he achieved 10.4 METs, and again had no signs of ischemia or complaints of chest pain. The test was limited due to shortness of breath. His resting EKG showed some q waves and t wave inversions, but no mention of hypertrophy. At his VA compensation and pension (C&P) exam on 15 January 2009, the CI complained of leg edema and shortness of breath, but no complaint of chest pain. His heart and lung exam was normal. During an EST completed on that same day, METs were 7.2 but the test was discontinued due to dyspnea (shortness of breath). No chest pain or EKG changes were noted prior to stopping the test.

The Army PEB and the VA chose slightly different coding options, but this had no effect on rating. Both issued a disability rating of 10%. The Board carefully examined all evidentiary information available. Based on his EST data from 2008, he was able to achieve a workload greater than ten METs. In January 2009 (two months after separation), his workload was only 7.2 METs. Review of the treatment record shows that he was on continuous cardiac medication, but there is no documented evidence of any cardiac hypertrophy or dilatation. After considerable discussion and due deliberation, the Board unanimously recommends a rating of 10% for the heart condition. It is appropriately coded 7006, and meets criteria for the 10% rating. All evidence considered, there is not reasonable doubt in the CI’s favor supporting a change from the PEB’s rating decision.

Remaining Conditions. Hypertension, hyperlipidemia, gastroesophageal reflux disease (GERD), lipomas, left knee pain and dyspnea were also listed in the Disability Evaluation System (DES) file. None of these conditions carried profiles and none were implicated in the commander’s statement. They were all reviewed by the action officer and considered by the Board. It was determined that none could be argued as unfitting and subject to separation rating. Also, left shoulder impingement syndrome and right foot plantar fasciitis were noted in the VA rating decision proximal to separation, but were not found in the DES file. The Board does not have the authority under DoDI 6040.44 to render fitness or rating recommendations for any conditions not considered by the DES. The Board therefore has no reasonable basis for recommending any additional unfitting conditions for separation rating.

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. In the matter of the heart condition (IAW VASRD §4.104) the Board unanimously recommends no change in the PEB adjudication. In the matter of the hypertension, hyperlipidemia, GERD, lipomas, left knee pain, dyspnea, or any other conditions eligible for consideration, the Board unanimously agrees that it cannot recommend any findings of unfit for additional rating at separation.

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

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| --- | --- | --- |
| **UNFITTING CONDITION** | **VASRD CODE** | **RATING** |
| Arteriosclerotic Heart Disease, with History of Multiple MIs | 7006  | 10% |
| **COMBINED** | **10%** |

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The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20090923, w/atchs.

Exhibit B. Service Treatment Record.

Exhibit C. Department of Veterans' Affairs Treatment Record.

