RECORD OF PROCEEDINGS

PHYSICAL DISABILITY BOARD OF REVIEW

NAME: BRANCH OF SERVICE: AIR FORCE

CASE NUMBER: PD1000108 SEPARATION DATE: 20050419

BOARD DATE: 20110727

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SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty TSgt (8B0, Military Training Instructor) medically separated from the Air Force in 2005 after 11 years of service. The medical basis for the separation was urticaria. The CI had six episodes of exercise-induced urticaria within six months associated with large raised wheals, shortness of breath (SOB), and wheezing. Although she was able to perform within her Air Force Specialty (AFS), she was not worldwide deployable. Therefore, she was issued a P4 profile and underwent a Medical Evaluation Board (MEB). Mild intermittent asthma, exercise-induced anaphylaxis and allergic rhinitis were addressed in the narrative summary (NARSUM) and were forwarded to the Physical Evaluation Board (PEB) as medically unacceptable IAW AFI 48-123. The Informal PEB (IPEB) adjudicated the asthma with exercise-induced anaphylaxis (hives) as unfitting, rated 10%. The CI appealed to the Formal PEB (FPEB) which adjudicated the urticaria as an unfitting condition at 10%. Mild, intermittent asthma was determined to be a category II condition (can be unfitting, but is not currently compensable or ratable). She initially indicated that she would again appeal, but withdrew her request and was medically separated with a combined disability rating of 10%.

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CI CONTENTION: “At the time of my medical discharge I would have had a little over eight years left until I was retirement eligible. In reviewing the following factors: 1) Disability percentage awarded, 2) Member's Time In Service, 3) Years left until eligible to retire; I believe my discharge warrants retirement consideration.” She made no further contentions.

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RATING COMPARISON:

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| **Service FPEB – Dated 20050225** | **VA (4 Mo. after Separation) – All Effective 20050420** |
| **Condition** | **Code** | **Rating** | **Condition** | **Code** | **Rating** | **Exam** |
| Urticaria | 7825 | 10% | Urticaria | NSC |  |
| Asthma, Mild Intermittent | 6602 | Cat II | Bronchial Asthma, Mild | 6602 | 10% | 20050614 |
| ↓No Additional MEB Entries↓ | Migraine Headaches | 8100 | 30% | 20050614 |
| 0% x 3 / NSC X 3 (4 from 200608110) |
| **Final Combined: 10%** | **TOTAL Combined (*Includes Non-PEB Conditions*): 40%\*\*** |

\* 30% from 20060811 \*\* 60% from 20060811

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ANALYSIS SUMMARY: The Board has neither the jurisdiction nor authority to scrutinize or render opinions in reference to the CI’s statements in her application regarding time in service or years remaining until retirement. Evaluation for compensation is only considered by this Board for those medical conditions that cut short a service member's career, and then only to the degree of severity present at the time of final disposition. The level of compensation recommended is based strictly upon the VA Schedule for Rating Disabilities (VASRD).

Urticaria. The CI first noted mild urticaria which resolved after 90 minutes in August 2003. A second episode occurred in October 2003 after kickboxing and was treated with benadryl. A third episode occurred in November 2003 after exercising on a treadmill and resolved spontaneously. A fourth episode occurred in December 2003 after exercise in San Antonio, and was and was treated with benadryl. A fifth, more severe, episode occurred in February 2004 while running and involved her entire body. It was associated with chest tightness, wheezing, dizziness, and near-syncope. She was taken to an emergency room (ER) where she was treated with epinephrine, prednisone, and claritin. A milder sixth episode occurred in March 2004, and she was treated with benadryl and zantac. The CI underwent an extensive evaluation by the allergy and immunology service at Wilford Hall Medical Center and she was diagnosed with mild, intermittent asthma; exercise-induced anaphylaxis, and allergic rhinitis. A P4T profile was issued and she was referred to a MEB. At the time of the NARSUM on 27 September 2004, over six months before separation, she was noted to have had multiple, normal pulmonary function tests (PFTs), a positive histamine challenge test, a normal chest x-ray, clear lung sounds, and dermatographism. Skin testing was positive for multiple allergens. Symptoms included congestion, rhinorrhea, sneezing, wheezing at night and with exercise, and watery eyes. She used an albuterol metered dose inhaler once per approximately three months, and was not on daily asthma medications. An EpiPen was issued, and she was also taking claritin. The VA compensation and pension (C&P) exam (14 June 2004) was performed two months after separation. The examiner noted that the CI provided a history of allergic rhinitis treated with claritin, asthma treated with an albuterol inhaler about once per month, and a history of urticaria with global itching and rash. She denied hospitalizations or ER visits for her asthma. On physical exam, no rash was noted, her lungs were clear and no abnormalities of the nose or mouth were noted other than a serious discharge. The FPEB coded the urticaria as 7825, urticaria, rated at 10%. The VA coded the condition as 7899-7806, analogous to dermatitis or eczema, and considered it to be non-service connected as she had no signs or symptoms at the time of the C&P exam. The Board noted that she was asymptomatic at the time of the NARSUM; and that, while her episodes were triggered by exercise, she neither had any further episodes despite participation in physical training as an instructor nor were any episodes documented in the final 12 months of active duty. Based upon the lack of episodes during the last twelve months of service, the Board considered the appropriate rating to be 0% at the time of separation. However, by precedent the Board does not lower ratings granted by the PEB. After due deliberation and in consideration of the totality of the evidence, the Board concluded that there was insufficient cause to recommend a change from the PEB adjudication for the urticaria condition.

Other PEB Conditions. Asthma was forwarded by the MEB and adjudicated as not unfitting by the PEB. It was not profiled, was not implicated in the commander’s statement, nor was it noted as failing retention standards. The condition was reviewed by the action officer and considered by the Board. There was no indication from the record that it significantly interfered with satisfactory performance of AFS requirements. PFTs were normal and the use of medications was intermittent. There were no hospitalizations nor were there ER visits specific for the asthma condition. All evidence considered, there is no evidence in the CI’s favor supporting recharacterization of the PEB fitness adjudication for any of the stated conditions.

Remaining Conditions. Other conditions identified in the Disability Evaluation System (DES) file include allergic rhinitis, cervical dysplasia, and migraine headaches. Several additional non-acute conditions or medical complaints were also documented. None of these conditions were clinically significant during the MEB period, none carried attached profiles or were the basis for limited duty and none were implicated in the commander’s statement. These conditions were 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. Additionally, gastroesophageal reflux disease, irritable bowel syndrome, onychomychosis and several other non-acute conditions were noted in the VA rating decision proximal to separation, but were not documented in the DES file. The Board also noted that the VA considered low back pain at a subsequent review on 8 November 2006, nineteen months after separation. 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 basis for recommending any additional unfitting conditions for separation rating.

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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. In the matter of the exercise-induced urticaria, the Board unanimously recommends no change in the PEB adjudication at separation. In the matter of the asthma, the Board unanimously recommends no change from the PEB adjudication as not unfitting. In the matter of the allergic rhinitis, cervical dysplasia or migraine headaches 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.

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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** |
| Urticaria | 7825 | 10% |
| **COMBINED** | 10% |

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The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20100201, w/atchs.

Exhibit B. Service Treatment Record.

Exhibit C. Department of Veterans' Affairs Treatment Record.

 President,

 Physical Disability Board of Review

SAF/MRB

1500 West Perimeter Road, Suite 3700

Joint Base Andrews, NAF-Washington, MD 20762

 Reference your application submitted under the provisions of DoDI 6040.44 (Section 1554, 10 USC), PDBR Case Number PD-2010-00108.

 After careful consideration of your application and treatment records, the Physical Disability Board of Review determined that the rating assigned at the time of final disposition of your disability evaluation system processing was appropriate. Accordingly, the Board recommended no re-characterization or modification of your separation with severance pay.

 I have carefully reviewed the evidence of record and the recommendation of the Board. I concur with that finding and their conclusion that re-characterization of your separation is not warranted. Accordingly, I accept their recommendation that your application be denied.

 Sincerely,

Director

Air Force Review Boards Agency

Attachment:

Record of Proceedings