RECORD OF PROCEEDINGS

PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXX BRANCH OF SERVICE: Air Force

CASE NUMBER: PD1100282 SEPARATION DATE: 20080312

BOARD DATE: 20111222

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty SSgt/E-5 (3A0, Information Management), medically separated for chronic idiopathic angioedema with urticaria*.* She was unable to meet physical fitness standards or deploy and thus unable to perform within her Air Force specialty (AFS). She was issued a permanent P4/L2 profile and underwent a Medical Evaluation Board (MEB). Chronic idiopathic angioedema with urticaria was forwarded to the Physical Evaluation Board (PEB) as medically unacceptable IAW AFI 48-123. No other conditions appeared on the MEB’s submission. Other conditions included in the Disability Evaluation System (DES) packet will be discussed below. The Informal PEB (IPEB) adjudicated the chronic idiopathic angioedema with urticaria condition as unfitting, rated 20% with application of Department of Defense Instructions and the Veterans’ Administration Schedule for Rating Disabilities (VASRD). The CI appealed to Formal PEB (FPEB) requesting return to duty. The FPEB upheld the IPEB adjudication. She then appealed the FPEB decision to the Secretary of the Air Force Personnel Council (SAFPC) which upheld the 20% disability rating and the “return to duty” denial. She was then medically separated with a 20% disability rating.

CI CONTENTION: She elaborates no specific contentions regarding rating or coding and mentions no additionally contended conditions.

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| **Service FPEB – Dated 20071029** | | | **VA (3 Mo. After Separation) – All Effective Date 20080313** | | | |
| **Condition** | **Code** | **Rating** | **Condition** | **Code** | **Rating** | **Exam** |
| Chronic Idiopathic Angioedema with Urticaria | 7118 | 20% | Angioneurotic Edema, claimed as Chronic Idiopathic Angioedema Urticaria | 7118 | 20% | 20080617 |
| ↓No Additional MEB/PEB Entries↓ | | | Gastrointestinal Reflux Disease | 7346 | 10% | 20080620 |
| Major Depressive Disorder | 9434 | 10% | 20080523 |
| 0% x 4/Not Service Connected x 12 | | | 20080620 |
| **Combined: 20%** | | | **Combined: 40%** | | | |

ANALYSIS SUMMARY: The Board wishes to clarify that it is subject to the same laws for Service disability entitlements as those under which the DES operates. The DES has neither the role nor the authority to compensate service members for anticipated future severity or potential complications of conditions resulting in medical separation. That role and authority is granted by Congress to the Department of Veterans’ Affairs (DVA), operating under a different set of laws (Title 38, United States Code). The Board evaluates VA evidence proximal to separation in arriving at its recommendations, but its authority resides in evaluating the fairness of DES fitness decisions and rating determinations for disability at the time of separation. While the DES considers all of the service member's medical conditions, compensation can only be offered 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 DVA, however, is empowered to compensate service connected conditions and to periodically re-evaluate said conditions for the purpose of adjusting the veteran’s disability rating should his degree of impairment vary over time. It is noted for the record that the Board has neither the jurisdiction nor authority to scrutinize or render opinions in reference to implied DES improprieties in the processing of this case. Specifically, the Board cannot overturn a PEB finding of “unfit” and return an individual to duty.

Chronic angioedema with urticaria. The CI had a history of symptoms starting in December 2004 when she presented with urticaria or hives. She had several more episodes of hives and then developed angioedema. While deployed to Iraq in February 2007, she had an episode of angioedema with throat swelling and shortness for breath, but no urticaria. She was air evacuated to Landstuhl, Germany and from there, to her home station, Kadena AFB, Japan. In September of that year, she had another episode of angioedema. She was then referred to the allergy service at Wilford Hall Medical Center (WHMC) in San Antonio, Texas where she was diagnosed with chronic idiopathic urticaria and angioedema. Despite three separate and extensive evaluations, neither an underlying cause nor any specific triggers were identified. Eight total episodes were identified, three of which had laryngeal involvement and two of these occurred during her last year in service. She was apparently hospitalized one time overnight for observation. The MEB evaluation was on 6 July 2007, prior to the September recurrence and WHMC evaluation and nine months prior to separation. The history was noted as above; her physical and laboratory findings were unremarkable. However, as she did not meet the requirements for deployment due to an increased predisposition for sudden decompensation, an MEB was recommended. The VA compensation and pension (C&P) exam was accomplished on 17 June 2008, three months after separation. It documented a similar history and provided no additional information. The FPEB, as upheld by the USAF Personnel Council, and the VA both adjudicated a 20% disability rating for chronic angioedema with urticaria, coded 7118 based on attacks with laryngeal involvement of any duration occurring once or twice a year. The 40% rating criteria requires “attacks without laryngeal involvement lasting one to seven days or longer and occurring more than eight times a year; or, attacks with laryngeal involvement of any duration occurring more than twice a year.” She does not meet these criteria. After due deliberation in consideration of the totality of the evidence, the Board concluded that there was insufficient cause to recommend a change from the PEB fitness adjudication for the chronic idiopathic angioedema with urticaria condition.

Remaining Conditions. Other conditions identified in the DES file were gastro-esophageal reflux disease (GERD), palpitations, depression and anxiety, low back pain (LBP), pes planus, migraine headaches, chronic cough, status post adenoidectomy, superficial scar status post appendectomy, and bruxism. While some of these conditions were service connected by the VA, none were clinically significant during the MEB period, most carried no attached profiles, and none were implicated as interfering with duty performance in the commander’s statement. The Board notes an L2 profile without a specified condition. This could be due to back pain or pes planus. However, neither condition appears to have significantly interfered with her performance of the duties required of her AFS. These conditions were reviewed by the action officer and considered by the Board. It was determined that none could be argued as unfitting at the time of separation from service and subject to separation rating. Additionally, several other non-acute conditions including plantar fasciitis, pain disorder, vertigo, supraglottitis, abdominal pain due to medical allergy, pyelonephritis, bilateral carpal tunnel syndrome, and insomnia were noted in the VA rating decision proximal to separation, but were not service connected or documented 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 chronic angioedema condition, the Board unanimously recommends no change from the PEB adjudication. In the matter of the GERD, palpitations, depression and anxiety, low back pain (LBP), pes planus, migraine headaches, chronic cough, status post adenoidectomy, superficial scar status post appendectomy, and bruxism conditions or any other condition eligible for Board 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 recharacterization of the CI’s disability and separation determination, as follows:

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| **UNFITTING CONDITION** | **VASRD CODE** | **RATING** |
| Chronic Idiopathic Angioedema with Urticaria | 7118 | 20% |
| **COMBINED** | **20%** |

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The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20110414, w/atchs

Exhibit B. Service Treatment Record

Exhibit C. Department of Veterans' Affairs Treatment Record

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President

Physical Disability Board of Review

SAF/MRB

1500 West Perimeter Road, Suite 3700

Joint Base Andrews MD 20762

Dear XXXXXXXXXX:

Reference your application submitted under the provisions of DoDI 6040.44 (Section 1554, 10 USC), PDBR Case Number PD-2011-00282.

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,

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Director

Air Force Review Boards Agency