RECORD OF PROCEEDINGS

PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXX BRANCH OF SERVICE: Army

CASE NUMBER: PD1100664 SEPARATION DATE: 20080827

BOARD DATE: 20120614

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty SPC/E-4 (88M10S/Motor Transport Operator), medically separated for idiopathic right eye condition. He experienced transient vision loss with exercise that was not amenable to treatment and was unable to perform within his Military Occupational Specialty (MOS) or meet physical fitness standards. He was issued a permanent E3 profile and underwent a Medical Evaluation Board (MEB). “Idiopathic monocular exercise-induced vision/visual field loss, OD” was forwarded to the Physical Evaluation Board (PEB) as medically unacceptable IAW AR 40-501. Six other conditions, as identified in the rating chart below, were forwarded on the MEB submission as medically acceptable conditions. The PEB adjudicated the idiopathic monocular exercise-induced vision/visual field loss condition as unfitting, rated 10% with application of the Veterans Administration Schedule for Rating Disabilities (VASRD). The CI made no appeals, and was medically separated with a 10% disability rating.

CI CONTENTION: The CI states: “During the MEB process, I was not given or allowed an opportunity to add complaints and receive proper diagnoses and treatment for additional conditions that would be found unfit.” He elaborates no specific contentions regarding rating or coding.

SCOPE OF REVIEW: The Board wishes to clarify that the scope of its review as defined in DoDI 6040.44, Enclosure 3, paragraph 5.e. (2) is limited to those conditions which were determined by the PEB to be specifically unfitting for continued military service; or, when requested by the CI, those condition(s) “identified but not determined to be unfitting by the PEB.” The ratings for unfitting conditions will be reviewed in all cases. The conditions low back pain (LBP), right shoulder pain, bilateral shin splints, headaches and hypertension as requested for consideration meet the criteria prescribed in DoDI 6040.44 for Board purview; and, are addressed below, in addition to a review of the ratings for the unfitting conditions. General anxiety disorder with insomnia and tinnitus, the additional conditions rated by the Department of Veterans’ Affairs (DVA), are not within the Board’s purview. Any conditions or contention not requested in this application, or otherwise outside the Board’s defined scope of review, remain eligible for future consideration by the Army Board for the Correction of Military Records (BCMR).

RATING COMPARISON:

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| --- | --- |
| **Service PEB – Dated 20080424** | **VA (1 Mo. After Separation) – All Effective Date 20080828** |
| **Condition** | **Code** | **Rating** | **Condition** | **Code** | **Rating** | **Exam** |
| Idiopathic Monocular Exercise-Induced Vision/Visual Field Loss | 6099-6080 | 10% | Bilateral Primary Open Angle Glaucoma with Right Eye Exercise/Heat Induced Transient Visual Field Loss | 6013 | 10% | 20080924 |
| Primary Open Angle Glaucoma OD> OS | Not Unfitting |
| Low Back Pain | Not Unfitting | Degenerative Disc Disease, Lumbar Spine…  | 5243 | 20% | 20080924 |
| Right Shoulder Pain | Not Unfitting | Rotator Cuff Tear, Right Shoulder | 5299-5201 | 20% | 20080924 |
| Bilateral Shin Splints | Not Unfitting | Left Tibial Stress Fracture | 5299-5262 | 10% | 20080924 |
| Right Tibial Stress Fracture | 5299-5262 | 10% | 20080924 |
| Headaches | Not Unfitting | Migraine Headaches | 8100 | 0% | 20081001 |
| Hypertension | Not Unfitting | Hypertension | 7101 | 0% | 20080924 |
| ↓No Additional MEB/PEB Entries↓ | Generalized Anxiety Disorder with Insomnia | 9400 | 30%\* | 20081001 |
|  | Tinnitus | 6260 | 10% | 20080924 |
| 0% x 3/Not Service-Connected x 0 |  |
| **Combined: 10%** | **Combined: 70%**  |

\* Increase 9400 to 50% effective 20090702 on RD dated 201005130 combined increased to 80%.

ANALYSIS SUMMARY: The Board acknowledges the CI's contention suggesting that ratings should have been conferred for other conditions documented at the time of separation and for conditions not diagnosed while in the service (but later determined to be service-connected by the DVA). While the Disability Evaluation System (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 all service-connected conditions and to periodically re-evaluate said conditions for the purpose of adjusting the Veteran’s disability rating should the degree of impairment vary over time.

Idiopathic Right Eye Condition. The CI was diagnosed with primary open angle glaucoma (POAG) in May 2007 and started on appropriate treatment. His Humphrey visual field (HVF) test completed at the time of his diagnosis showed mild peripheral visual field loss right greater than left consistent with POAG. In July 2007, the CI noted transient inferior visual field loss during exertion and sometimes complete loss of vision in his right eye, much more than the left eye. He denied headache, dizziness, light-headedness or eye pain. Extensive radiographic and ophthalmic studies and multiple consultations including neuro-opthalmology failed to highlight an etiology that would explained his transient exercise-induced loss of vision. A fluoresciein angiogram showed a slightly slowed retinal artery filling in the right eye and a slight asymmetry in the caliber of the vessels for the Circle of Willis, which may have explained his symptoms however he claimed loss of vision with minimal activities such as mowing the grass which was not consistent with these findings. He was limited in any physical exertion, permanently profiled and referred for a MEB.

At the MEB exam, completed 4 months prior to separation, the CI reported right vision loss (or visual field) during any sort of physical exertion to include washing the car and mowing the lawn. His vision did recover in about an hour with rest. The MEB physical exam demonstrated 20/20 corrected vision in each eye; normal extraocular movements, and his POAG was under good control on Xalatan with intraocular pressure’s (IOP) of 17/18mmHg in right and left eye, respectively (21mmHg abnormal). The MEB referenced the detailed ophthalmologic exam in July 2007 which documented confrontation visual fields were normal in each eye and lids, lashes, cornea, anterior chamber, iris & conjunctiva were unremarkably normal in each eye by slit-lamp exam. The dilated fundus exam was unremarkable in each eye with an optic nerve cup-to-disc ratio of 0 35 in each eye and a 1 disc-area flat brown nevus was noted in the temporal macula of his right eye. No carotid bruits were appreciated and an exercise stress test was normal on AUG 07. HVF in Jan 2008 revealed the least amount of peripheral visual field loss of all HVF’s completed in 2007 consistent with POAG. An addendum was submitted for the PEB clarifying the CI’s disability which stated POAG did not cause his transient visual field loss, the Army did not cause or aggravate his POAG; however his transient exercised-induced monocular loss of vision/field (unrelated to POAG) started while on active duty. His POAG appeared to have begun prior to his military service and he had suspiciously high IOPs in 2005. At the VA Compensation and Pension (C&P) exam, a month after separation, the CI reported sudden loss of inferior-temporal field triggered with exertion and resolves with rest, does not mow the lawn, brisk walk or anything that gets body temperature up. The C&P physical exam demonstrated the same findings as the MEB exam. The examiners diagnosis: exercise/heat induced transient inferior-temporal visual field loss right eye with effects on usual daily activities.

The Board directs attention to its rating recommendation based on the above evidence. The Board notes that both the MEB and VA exams were complete, well documented, and similar in terms of ratable data; and, therefore assigns them equal probative value. The PEB and VA chose different coding options for the condition IAW §4.84a—Schedule of ratings–eye, but this did not bear on rating. The PEB assigned a 10% rating coded analogous 6099-6080 (visual field defects) for the minimal compensable rating expressed in the VASRD 4.40 despite the absence of objective impairment. The VA assigned a 10% rating coded 6013 (open-angle glaucoma) for bilateral POAG and the Board recognizes the service determined this was not unfitting. The Board looked for higher ratings considering 6011 code (retinal scars, atrophy, or irregularities) and §4.75 general considerations for evaluating visual impairment but there was insufficient evidence to justify a higher rating under these codes. After due deliberation, considering all of the evidence and mindful of VASRD §4.3 (reasonable doubt), the Board concluded that there was insufficient cause to recommend a change in the PEB adjudication for the idiopathic right eye condition.

Contended PEB Conditions. The conditions adjudicated as not unfitting by the PEB were low back pain, right shoulder pain, bilateral shin splints, headaches and hypertension. The Board’s first charge with respect to these conditions is an assessment of the appropriateness of the PEB’s fitness adjudications. The Board’s threshold for countering fitness determinations is higher than the VASRD §4.3 (reasonable doubt) standard used for its rating recommendations, but remains adherent to the DoDI 6040.44 “fair and equitable” standard. None of these conditions were profiled; none were implicated in the commander’s statement; and, none were judged to fail retention standards. All were reviewed by the action officer and considered by the Board. There was no indication from the record that any of these conditions significantly interfered with satisfactory duty performance. After due deliberation in consideration of the preponderance of the evidence, the Board concluded that there was insufficient cause to recommend a change in the PEB fitness determination for the any of the contended PEB conditions and, therefore, no additional disability ratings can be recommended

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. The Board did not surmise from the record or PEB ruling in this case that any prerogatives outside the VASRD were exercised. In the matter of the idiopathic right eye condition and IAW VASRD §4.84a, the Board unanimously recommends no change in the PEB adjudication. In the matter of the contended low back pain, right shoulder pain, bilateral shin splints, headaches and hypertension conditions, the Board unanimously recommends no change from the PEB determinations as not unfitting. There were no other conditions within the Board’s scope of review for consideration.

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** |
| Idiopathic Monocular Exercise-Induced Vision/Visual Field Loss | 6099-6080 | 10% |
| **COMBINED** | **10%** |

The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20110808, w/atchs

Exhibit B. Service Treatment Record

Exhibit C. Department of Veterans’ Affairs Treatment Record

 XXXXXXXXXXXX

 President

 Physical Disability Board of Review

SFMR-RB

MEMORANDUM FOR Commander, US Army Physical Disability Agency

(TAPD-ZB / ), 2900 Crystal Drive, Suite 300, Arlington, VA 22202

SUBJECT: Department of Defense Physical Disability Board of Review Recommendation for XXXXXXXXXXXXXXX, AR20120011917 (PD201100664)

I have reviewed the enclosed Department of Defense Physical Disability Board of Review (DoD PDBR) recommendation and record of proceedings pertaining to the subject individual. Under the authority of Title 10, United States Code, section 1554a, I accept the Board’s recommendation and hereby deny the individual’s application.

This decision is final. The individual concerned, counsel (if any), and any Members of Congress who have shown interest in this application have been notified of this decision by mail.

 BY ORDER OF THE SECRETARY OF THE ARMY:

Encl XXXXXXXXXXXX

 Deputy Assistant Secretary

 (Army Review Boards)

CF:

( ) DoD PDBR

( ) DVA