RECORD OF PROCEEDINGS

PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXX BRANCH OF SERVICE: army

CASE NUMBER: PD1100904 SEPARATION DATE: 20021001

BOARD DATE: 20120416

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty SGT/E-5 (91W, Healthcare Specialist) medically separated for recurrent rhabdomyolysis. The first occurrence was in 1995 as a consequence of heavy physical exertion and was followed by complete recovery and return to duty. A second episode occurred in 2002 and was treated with full recovery. Due to the risk for recurrence particularly under operational conditions of physical and heat stress, he was issued a permanent P3 U3 L3 profile, non-deployable, and underwent a Medical Evaluation Board (MEB). Rhabdomyolysis was forwarded to the Physical Evaluation Board (PEB) as medically unacceptable IAW AR 40-501. No other conditions appeared on the MEB’s submission. Other conditions included in the Disability Evaluation System (DES) file will be discussed below. The PEB adjudicated the rhabdomyolysis condition as unfitting, rated 0% IAW the Veterans Administration Schedule for Rating Disabilities (VASRD). After the CI’s written appeal for retention on active duty and a review by the USAPDA, the CI was then medically separated with a 0% disability rating.

CI CONTENTION: The CI states: “The Physical Evaluation Board found me physically unfit to remain in the Armed Services and unjustly issued me a rating of 0 percent in lieu of my condition, which I did not have prior to service entry. My disability has caused me severe emotional, physical, and economic privation [sic] because I am extremely limited in the type of employment I can pursue. Moderate lifting or heat exposure cause a reoccurrence of my symptoms.” He elaborates no specific contentions regarding rating or coding and mentions no additionally contended conditions.

RATING COMPARISON:

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| --- | --- | --- | --- | --- | --- | --- |
| **Service PEB – Dated 20020612** | | | **VA (6 Mo. Pre Separation) – All Effective 20021002** | | | |
| **Condition** | **Code** | **Rating** | **Condition** | **Code** | **Rating** | **Exam** |
| Rhabdomyolysis | 7999-7900 | 0% | Rhabdomyolysis | 7999-7900 | 0% | STR\* |
| **Combined: 0%** | | | **Combined: 0%** | | | |

\*Service treatment record

ANALYSIS SUMMARY: The DES is responsible for maintaining a fit and vital fighting force. 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 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 nor for conditions determined to be service connected by the Department of Veterans’ Affairs (DVA) but not determined to be unfitting by the PEB. However the DVA, operating under a different set of laws (Title 38, United States Code), 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. The Board’s role is confined to the review of medical records and all evidence at hand to assess the fairness of PEB rating determinations, compared to VASRD standards, based on severity at the time of separation. It must also judge the fairness of PEB fitness adjudications based on the fitness consequences of conditions as they existed at the time of separation.

Rhabdomyolysis Condition. The first episode of rhabdomyolysis occurred during basic training in 1995 associated with strenuous physical exertion in heat and was manifested by pain in his upper extremities and discolored urine. The CI was treated with resolution and full recovery. Muscle strength returned to normal within several weeks and the CI was able to perform all military duties without symptoms or difficulty for 6 years until January 2002 when he developed swelling and soreness in his arms and dark colored urine after beginning a new upper extremity weight training program. He was again hospitalized for treatment with full recovery. Evaluation for an underlying muscle disease pre-disposing to the development of rhabdomyolysis was negative. By the time of outpatient follow-up a month later he was asymptomatic. The narrative summary (NARSUM) rheumatology examiner, dated April 2002, 6 months prior to separation, documented a normal physical exam. All joints exhibited normal range-of-motion (ROM), there was no swelling of extremities, and muscle strength was normal. A muscle biopsy failed to show evidence of muscle pathology or of a predisposing myopathy.

The NARSUM examiner stated that because of the recurrent nature of this condition, he was at increased risk of future episodes of rhabdomyolysis, which necessitated the avoidance of strenuous exercise and significant heat exposure. The use of the analogous 7900 code (hyperthyroidism) by the PEB and VA reflects the fact that there is no code specific for rhabdomyolysis. The manifestations of rhabdomyolysis differ from the symptoms used to rate hyperthyroidism, and use of this code in an analogous manner is not a good medical match. None of the ratable criteria under this diagnostic code were present. Severe rhabdomyolysis can result in residual muscle weakness or kidney function impairment, neither of which was present. While the CI was at risk for developing these episodes of muscle breakdown triggered by strenuous exertion, he had two episodes over 7 years with full recovery with return to normal duty activities in between the two episodes. No underlying muscle disorder was detected after thorough medical evaluation. Since the CI experienced predominantly upper extremity muscle symptoms, the Board considered an alternate rating pathway using muscle codes 5301 through 5306. Under these codes, a rating higher than 0% requires at least “moderate” impairment of function. Board members agreed however, that residual impairment, which was absent in this case, was not more than “slight.” A higher rating was therefore not justified on this basis. The Board also considered a rating under the 5021 code (myositis) which requires limitation of motion, painful motion (§4.59) or pain with use (§4.40) for a compensable rating. Board members agreed there were no examination findings supporting a higher rating using this code. All evidence considered, there is not reasonable doubt in the CI’s favor supporting a change from the PEB’s rating decision for the rhabdomyolysis condition.

Remaining Conditions. One other condition identified in the DES file was a broken collar bone at age 7. There were no symptoms attributed to this condition during the MEB period. No other conditions were service-connected with a compensable rating by the VA within 12-months of separation or contended by the CI. 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. 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 rhabdomyolysis condition and IAW VASRD §4.119, the Board unanimously recommends no change in the PEB adjudication. In the matter of the broken collar bone condition 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. The Board unanimously agrees that there were no other conditions eligible for Board consideration which could be recommended as additionally unfitting for rating at separation.

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** |
| Rhabdomyolysis | 7999-7900 | 0% |
| **COMBINED** | **0%** |

The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20111006, 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

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 XXXXXXXXXX, AR20120007697 (PD201100904)

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 XXXXXXXXXX

Deputy Assistant Secretary

(Army Review Boards)

CF:

( ) DoD PDBR

( ) DVA