RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXXXX
CASE NUMBER: PD1101080
BOARD DATE: 20120801

BRANCH OF SERVICE: ARMY
SEPARATION DATE: 20091027

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was a National Guard SSGT/E-6 (MOS 14J20/Air Defense C4I Tactical Ops Ctr Enhanced Operator Maintainer), medically separated for polyarticular inflammatory arthritis and coccidioidomycosis. The two conditions could not be adequately rehabilitated and resulted in a severely restrictive profile. The CI was unable to meet the physical requirements of his Military Occupational Specialty (MOS) or satisfy physical fitness standards. He was issued a permanent P3, U3, L3, E2 profile and referred for a Medical Evaluation Board (MEB). The MEB forwarded no other conditions for Physical Evaluation Board (PEB) adjudication. The CI's case was adjudicated as part of the DOD/Department of Veterans' Affairs (DVA) Disability Evaluation System (DES) pilot program under the policy and procedural directive-type memorandum (DTM dated 21 Nov 2007). The PEB adjudicated the polyarticular inflammatory arthritis and coccidioidomycosis conditions as unfitting, rated 20% and 0%, with application of the Veteran's Affairs Schedule for Rating Disabilities (VASRD). The CI appealed the 0% rating and an PEB reconsideration memo stated not change was warranted and the case was forwarded to the US Army Physical Disability Agency. No change was made and the CI was then medically separated with a 20% and 0% disability rating. The CI continued his appeal at the DVA and his DVA ratings were increased to a combined 60%.

CI CONTENTION: "Appealed rating through DOD/VA pilot program, rating increase to total 60% combined by DVA. I went through a US Army Physical Evaluation Board at Ft Meade on April 2009 and was found unfit for two conditions: 1) Coccidiomysocis [*sic*] 2) Inflammatory Arthritis. I concurred with the findings of unfit; however I disagreed with the rating from the VA on these two conditions. I was told by my PEBLO at Ft Meade I had a onetime reconsideration while still on active duty from the VA. If I was unsuccessful I would then have access to the robust VA appeal process, to dispute the rating once discharged. I sent the VA a Notice of Disagreement (NOD) in early July 2009. I asked to have my case appealed. On August 10, 2011, I received a Decision Review Officer Decision. This decision gave me a combined rating of 60% for both my service connected disabilities. I now request the PDBR to review my discharge rating of 20% with severance and change it to 60% entitled for military retirement."

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. 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:

Service PEB – Dated 20090827			VA (2 Mo. Pre-Separation) – All Effective Date 20060215			
Condition	**Code**	**Rating**	**Condition**	**Code**	**Rating**	**Exam**
Rheumatoid Arthritis	5002	20%	Rheumatoid Arthritis	5002	10%*	20090115
Coccidioidomycosis	6835	0%	Coccidioidomycosis	6835	50%**	20090310
↓No Additional MEB/PEB Entries↓			Not Service-Connected x 4			20090115
Combined: 20%			**Combined: 60%**			

*Initially not service connected and not associated with 6835. After multiple appeals established as related to 6835 and rated at 10% effective 20060215.
**Initially 0% effective 20060215. After multiple appeals a 50% rating was granted effective 20060215.

ANALYSIS SUMMARY: The Board acknowledges the sentiment expressed in the CI's application, i.e., that the gravity of his condition merits consideration for a higher separation rating. The Board wishes to clarify that it is subject to the same laws for disability entitlements as those under which the DES operates. 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. 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 reevaluate said conditions for the purpose of adjusting the Veteran's disability rating should the degree of impairment vary over time. The Board utilizes DVA evidence proximal to separation in arriving at its recommendations; and, DoDI 6040.44 defines a 12-month interval for special consideration to post-separation evidence. The Board's authority as defined in DoDI 6040.44, however, resides in evaluating the fairness of DES fitness determinations and rating decisions for disability at the time of separation. Post-separation evidence therefore is probative only to the extent that it reasonably reflects the disability and fitness implications at the time of separation.

Rheumatoid arthritis. The CI was in the National Guard and had served on active duty from 24 June 1982 to 25 April 1986 and 18 November 2005 to 14 February 2006. During the second period of active duty he became acutely ill and was eventually diagnosed with coccidioidomycosis and was treated with antifungal medication. He also developed joint aches in this same timeframe, with mainly his bilateral knees, shoulders, wrists, and occasionally the small joints of his hands, elbows, ankles, and chest. He was evaluated by rheumatology and diagnosed with polyarticular inflammatory arthritis. His physical activity was severely restricted due to this condition along with the pulmonary residuals of the coccidioidomycosis infection as discussed below. His profile was P3U3L3E2 and the only activity marked yes was walk at own pace and distance. He was treated with two disease-modifying antirheumatic drugs (DMARDs), leflunomide (Arava) and hydroxychloroquine (Plaquenil), as well as carisoprodol (Soma) a muscle relaxant he took for the pain in his chest and diclofenac sodium topical (Voltaren) gel he also took for pain.

As part of the DOD/VA DES pilot program the CI's VA Compensation and Pension (C&P) examinations were the sole examinations used for rating his conditions by the PEB. The VA DoD/VA pilot program consolidated narrative summary (NARSUM) was completed by an Army physician in April 2009 utilizing the VA C&P examinations and interviews with the CI from 6 November 2008 and 2 April 2009. The NARSUM states the CI continued to have pain affecting multiple joints and was unable to perform the duties required of his MOS secondary to the this condition.

There were three goniometric range-of-motion (ROM) evaluations in evidence, with documentation of additional ratable criteria, which the Board weighed in arriving at its rating recommendation; as summarized in the chart below.

Shoulder ROM	VA C&P ~ 9 Months Pre-Separation (20090115)	
	Left	Right
Flexion (0-180°)	0-125°	0-125°
Abduction (0-180°)	0-125°	0-125°
Internal rotation	80°	80°
Comments	No AC tenderness or muscle atrophy.	
§4.71a Rating	10%	10%

Knee ROM	VA C&P ~ 9 Months Pre-Separation (20090115)	
	Left	Right
Flexion (140° Normal)	0-120°	0-120°
Extension (0° Normal)	0-5°	0-5°
Comment	No swelling/effusion or deformity; able to walk on toes and heels without pain; squatting full but painful; no instability either knee; no pain or tenderness either knee.	
§4.71a Rating	10%	10%

Ankle ROM	VA C&P ~ 9 Months Pre-Separation (20090115)	
	Left	Right
Dorsiflexion (0-20°)	20° (35°)	20° (35°)
Plantar Flexion (0-45°)	0-40°	0-40°
Comment	No swelling, effusion or deformity; no tenderness over either malleoli.	
§4.71a Rating	10%	10%

The NARSUM noted this condition, along with the residuals of coccidioidomycosis, rendered the CI unable to perform any exercise whatsoever and noted he had not performed any drills with the military service since early 2006. This was in contrast to the VA C&P examination which had noted there was no evidence of any impact on activities of daily living or his current occupation. Although no NARSUM addendum from rheumatology was completed, the physician who completed the NARSUM stated the CI's rheumatologist had opined the arthritis was chronic and not responding optimally to medication or treatment. As mentioned above, the CI's permanent profile was severely restrictive and the CI's commander stated he was not able to perform his military duties.

Although the PEB determined rheumatoid arthritis to be unfitting and associated with the coccidioidomycosis infection, the VA initially determined it was neither service-connected nor secondary to the fungal infection. However, as part of the pilot program, the VA provided a rating determination for the PEB. A 20% rating was assigned for DES purposes based on polyarticular inflammatory arthritis with one or two exacerbations a year in a well-established diagnosis. After a series of appeals, the VA ultimately decided this condition was related to the coccidioidomycosis after a VA examiner determined in August 2011 that arthritis of the left hand was associated with the fungal infection. Only the hand joint complaints were included

and a 10% rating was applied with VASRD code 5002, rheumatoid arthritis, effective on 15 February 2006, the day after the CI separated from active duty.

The Board directs attention to its rating recommendation based on the above evidence. The clinical rating criteria for code 5002 states this condition can be rated either as an active process with the rating determined by the impact on the overall health and the frequency of exacerbations or by rating for chronic residuals based on limitation of motion or ankylosis, but not both. It also states the higher evaluation will be assigned. There is no evidence in the record available for review regarding the presence or frequency of episodes of rheumatoid arthritis as an active process, other than the initial symptoms described at the time of the coccidioidomycosis infection in January 2006. However, even if the Board had access to evidence supporting the 20%, a higher rating is achieved by rating the chronic residuals manifested by decreased ROM of the CI's bilateral shoulders, knees, and ankles. Each joint has limited motion at the noncompensable level and six 10% ratings are supported. This results in a combined 50% rating and this rating must be applied as the higher rating IAW the code 5002 rating criteria. After due deliberation, considering all of the evidence and mindful of VASRD §4.3 (reasonable doubt), the Board recommends a disability rating of 50% for the rheumatoid arthritis condition.

Coccidioidomycosis. As stated above, during his second period of active duty the CI became acutely ill and was eventually diagnosed with coccidioidomycosis and was treated with antifungal medication. His physical activity was severely restricted due to this condition along with the arthritis as discussed above. His profile was P3U3L3E2 and the only activity marked yes was walk at own pace and distance.

The DoD/VA pilot program consolidated NARSUM from April 2009 stated the CI continued to be actively coughing sporadically and that this condition interfered with his ability to exercise and perform the duties required of his MOS. Although no NARSUM addendum from pulmonology was completed, the physician who completed the NARSUM stated the CI's pulmonologist had opined the coccidioidomycosis was chronic and not responding optimally to medication or treatment. The VA C&P general medical examination performed on January 2009 stated the CI continued to have some shortness of breath and coughing and required symptomatic medication but had no diagnosed pulmonary condition. The record reveals the use of Benzonatate (Tessalon Perles) for cough. The VA C&P also notes yearly chest CT scans had documented persistent calcifications but no new nodules. The lung exam noted equal breath sounds bilaterally. Pulmonary function tests were normal. The pulmonary C&P exam also reported the presence of right perihilar adenopathy on the chest CT. The CT report is not available for Board review. This C&P also noted the CI had two days of incapacitating episodes over the past 12 months. As mentioned above, the CI's permanent profile was severely restrictive and the CI's commander stated he was not able to perform his military duties.

The VA had initially determined this condition was service-connected in 2006 and applied a 0% rating effective on 15 February 2006. This rating was increased to 30% effective on 11 August 2006 based on the findings of a VA C&P examination performed on 9 May 2007. This examination noted the persistence of chest nodules and a cough, occasionally producing sputum, but managed with Tessalon Perles. There was no evidence of hemoptysis or need for suppressive therapy and although the CI had reported wheezing with exertion, pulmonary function tests revealed no obstruction. The CI reported he could walk two miles without problem but had missed three to four days of work secondary to fatigue and had been told to stay home by his doctor. Physical examination was normal. At the time of the PEB, the VA had determined the rating was to be decreased to 0% because no pulmonary diagnosis had been made by the 15 January 2009 VA C&P examiner. Although the CI had symptoms and was unable to perform any type of exertion as evidenced by his severely restrictive profile, no diagnosis was provided by the VA examiner. The PEB convened on 24 July 2009 applied the 0%

to the unfitting condition of coccidioidomycosis. The CI requested a reconsideration of the 0% rating but the PEB determined no change was warranted. The case was also forwarded to the US Army Physical Disability Agency but no changes were made.

After a series of appeals to the VA, the rating was increased to 50% effective on 15 February 2006. The decision was based on the totality of the evidence to date and included a VA pulmonary C&P examination performed on 22 January 2011. This decision stated the CI was taking suppressive therapy, itraconazole at the time of separation from active duty in 2006 and the medications he later took, Advair and steroids, also constituted suppressive therapy. The C&P exam noted CI also had chronic shortness of breath in the morning and the medications were mildly effective for his cough. A repeat CT scan from March 2010 documented a stable calcified right upper lobe nodule and pleural thickening in the lung apices and upper hemithorax, a sign of inflammation. This examination also states the CI was 72 inches tall and weighed 118. However, another exam on the same day stated his weight was 188 and that is consistent with previously recorded weights.

The Board directs attention to its rating recommendation based on the above evidence. A 0% rating is applied for healed and inactive mycotic lesions in an asymptomatic person. Any rating greater than 0% requires the presence of chronic coccidioidomycosis. Chronic coccidioidomycosis develops in 5-8% of patients following primary pulmonary disease. This is characterized by pulmonary disease, with or without extrapulmonary spread, or by extrapulmonary disease alone. The most common forms are cavity or nodule formation, which frequently represent a transition from acute disease to resolution. Approximately 5% of pulmonary infections result in the formation of nodules. These typically cause no symptoms. Approximately half of these nodules resolve spontaneously. However, persistent nodules can eventually degenerate into thin-walled cavitations, which may erode into adjacent small airways or the pleural space, resulting in hemoptysis or pneumothorax. Rupture of a peripheral coccidioidal cavity into the pleural space is a complication that is most common in young male patients. While the CI's nodules remained stable, they did not resolve and as such represent chronic disease, although not chronic active disease. He continued to have a chronic cough, occasionally productive of light phlegm, especially in the morning and was not a smoker. The CI also complained of shortness of breath with exertion and while pulmonary function tests at the time of separation were normal, the CI was not exerting himself at the time of testing. Although the VA decision stated the CI was on itraconazole at the time of separation, the military record shows that he was no longer taking this medication on the day of separation. The only medication he was taking for this condition at the time of separation was Tessalon Perles and this cannot be considered suppressive therapy. This information supports a rating of 30% based on chronic pulmonary mycosis with minimal symptoms of occasional productive cough. After due deliberation, considering all of the evidence and mindful of VASRD §4.3 (reasonable doubt), the Board recommends a disability rating of 30% for the coccidioidomycosis condition.

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 rheumatoid arthritis condition, the Board unanimously recommends a disability rating of 50%, coded 5002 IAW VASRD §4.71a. In the matter of the coccidioidomycosis condition, the Board unanimously recommends a disability rating of 30%, coded 6835 IAW VASRD §4.97. There were no other conditions within the Board's scope of review for consideration.

RECOMMENDATION: The Board recommends that the CI's prior determination be modified as follows; and, that the discharge with severance pay be recharacterized to reflect permanent disability retirement, effective as of the date of his prior medical separation:

UNFITTING CONDITION	VASRD CODE	RATING
Rheumatoid arthritis	5002	50%
Coccidioidomycosis	6835	30%
COMBINED with BLF 5.7		**70%**

The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20111107, w/atchs
Exhibit B. Service Treatment Record
Exhibit C. Department of Veterans' Affairs Treatment Record

XXXXXXXXXXXXXXXXXX
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 XXXXXXXXXXXXXXXXXXX, AR20120014318 (PD201101080)

1. Under the authority of Title 10, United States Code, section 1554(a), I approve the enclosed recommendation of the Department of Defense Physical Disability Board of Review (DoD PDBR) pertaining to the individual named in the subject line above to recharacterize the individual's separation as a permanent disability retirement with the combined disability rating of 70% effective the date of the individual's original medical separation for disability with severance pay.

2. I direct that all the Department of the Army records of the individual concerned be corrected accordingly no later than 120 days from the date of this memorandum.

a. Providing a correction to the individual's separation document showing that the individual was separated by reason of permanent disability retirement effective the date of the original medical separation for disability with severance pay.

b. Providing orders showing that the individual was retired with permanent disability effective the date of the original medical separation for disability with severance pay.

c. Adjusting pay and allowances accordingly. Pay and allowance adjustment will account for recoupment of severance pay, and payment of permanent retired pay at 70% effective the date of the original medical separation for disability with severance pay.

d. Affording the individual the opportunity to elect Survivor Benefit Plan (SBP) and medical TRICARE retiree options.

3. I request that a copy of the corrections and any related correspondence be provided to the individual concerned, counsel (if any), any Members of Congress who have shown interest, and to the Army Review Boards Agency with a copy of this memorandum without enclosures.

BY ORDER OF THE SECRETARY OF THE ARMY:

Encl

XXXXXXXXXXXXXXXXXX
Deputy Assistant Secretary
(Army Review Boards)

CF:
( ) DoD PDBR
( ) DVA