

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXX
CASE NUMBER: PD1101139
BOARD DATE: 20121002

BRANCH OF SERVICE: ARMY
SEPARATION DATE: 20021218

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty SPC/E-4 (Military Occupational Specialty [MOS] Not Obtained/Student in AIT), medically separated for chronic abdominal pain following total vaginal hysterectomy for uterine prolapsed. The CI had symptomatic uterine prolapsed halfway through AIT and underwent a vaginal hysterectomy. Although she returned to training, she was unable to train due to residual pelvic pain. She did not respond adequately to treatment and was unable to perform within the military, or meet physical fitness standards. She was issued a permanent P3 profile and underwent a Medical Evaluation Board (MEB). Chronic abdominal pain following total vaginal hysterectomy for uterine prolapsed was forwarded to the Physical Evaluation Board (PEB) as medically unacceptable IAW AR 40-501. No other conditions appeared on the MEB's submission. The PEB adjudicated the chronic abdominal pain condition as unfitting rated 0% with application of the US Army Physical Disability Agency (USAPDA) pain policy. The CI made no appeals, and was medically separated with a 0% combined disability rating.

CI CONTENTION: "Lost of reproductive organs and tacked bladder."

SCOPE OF REVIEW: The Board wishes to clarify that the scope of its review as defined in the Department of Defense Instruction (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 "lost of reproductive organs and tacked bladder" as requested for consideration meet the criteria prescribed in DoDI 6040.44 for Board purview as they are elements of the total vaginal hysterectomy which is part of the unfitting "chronic abdominal pain following total vaginal hysterectomy for uterine prolapse" condition. 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 Correction of Military Records.

RATING COMPARISON:

| Service IPEB – Dated 20021209 | | | VA (STR & ~1 Mo. Post-Separation) – All Effective 20021219 | | | |
|---|-----------|--------|--|------|--------|--------------|
| Condition | Code | Rating | Condition | Code | Rating | Exam |
| Chronic Abdominal Pain s/p TVH for Uterine Prolapse | 5099-5003 | 0% | Total Vaginal Hysterectomy with Continued Abdominal Pain to Include Claim for Tacked Bladder | 7617 | 50%* | STR 20040202 |
| ↓ No Additional MEB/PEB Entries ↓ | | | Major Depressive Disorder | 9434 | 30% | 20040202 |
| | | | Not Service Connected x 0 | | | 20040202 |
| Combined: 0% | | | Combined: 70% | | | |

*Original VA rating based on service treatment records (STR) and continued after VA exam

ANALYSIS SUMMARY: The Board acknowledges the sentiment expressed in the CI's application regarding the gravity of her condition and the significant impairment with which her service-connected condition continues to burden her. The Board further notes with respect to her contended loss of reproductive organs and tacked bladder, that the presence of a diagnosis, in and of itself, is not sufficient to render a condition unfitting and ratable. While the Disability Evaluation System (DES) considers all of the member's medical conditions, compensation can only be offered for those medical conditions that cut short a member's career, and then only to the degree of severity present at the time of final disposition. It is a fact, however, that the DES has neither the role nor the authority to compensate members for anticipated future severity or potential complications of conditions resulting in medical separation. The Board utilizes the Department of Veterans' Affairs (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 6044.40, 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. However, the DVA, operating under a different set of laws (Title 38, United States Code), is empowered to consider all service-connected conditions and to periodically re-evaluate Veteran's for the purpose of adjusting the disability rating should the degree of impairment vary over time.

Chronic Abdominal Pain Following Total Vaginal Hysterectomy for Uterine Prolapse. Service treatment records (STRs) indicated that lower abdominal pain persisted after her total vaginal hysterectomy 4 months prior to separation. The total vaginal hysterectomy included removal of the reproductive organs and tacking of the bladder. Following convalescent leave, the CI had continued lower abdominal pain with "increased pain with running, prolonged standing, sit-ups and marching." The CI was unable to perform physical demands of training due to pain and apprehension. The narrative summary (NARSUM), dictated 2 months prior to separation indicated an assessment of pelvic pain status post total vaginal hysterectomy secondary to uterine prolapse. The CI was taking medication of Motrin and occasional narcotic pain medication (Percocet) in the evening. Exams showed a soft and non-tender abdomen with vaginal exam indicating a well healed cuff with no adnexal masses. The MEB's DD Form 2808 indicated lower abdominal tenderness with deep palpation.

At the VA Compensation and Pension (C&P) exam 14 months after separation, the CI reported frequent left lower abdomen/pelvic region pain along with intermittent urinary incontinence and urinary hesitancy (with use of pads). There was "pain associated with lifting, picking up and carrying the children. She has frequent bathroom visits due to her urinary problem." The CI was using non-narcotic pain medication (Tylenol-PM). The C&P examination revealed mild tenderness in the left lower abdomen, and a vaginal exam with no abnormalities. PAP smear from 2004 was reported as normal.

The Board directs attention to its rating recommendation based on the above evidence. The PEB disability description was "chronic abdominal pain following total vaginal hysterectomy for uterine prolapse, physical profile excludes the Army Physical Fitness Test (APFT) and common soldier tasks. Rated for pain, moderate/intermittent." Her medical condition was rated at 0% analogously to 5003 (Arthritis, degenerative) which was IAW the USAPDA pain policy. The VA, used the STR when rating the CI for "total vaginal hysterectomy with continued abdominal pain to include claim for tacked bladder" at 50% coded 7617 (uterus and both ovaries, removal of, complete). It was clear from the record that the disqualifying condition was abdominal pain and not due to loss of reproductive organs or any symptoms related to the urinary system. Although the VA rates for 7617, the military only rates the unfitting condition. Absence of reproductive organs was not unfitting. There was no significant urinary system symptoms proximate to separation and "tacking of the bladder did not rise to the level of being unfitting. The CI's abdominal pain, absent a distinct diagnosis must be coded analogously IAW VASRD

§4.20 (Analogous ratings) to a closely related disease or injury in which not only the functions affected, but the anatomical localization and symptomatology are closely analogous. Records did not indicate that following recovery from surgery there was any prolonged infection; heavy vaginal bleeding; abdominal bloating or bowel obstruction symptoms; substantial pelvic pain; or muscle injury diagnoses.

The Board concluded therefore that absence of reproductive organs and the tacked bladder conditions could not be recommended for additional disability rating. Since this unfitting abdominal pain condition followed abdominal surgery, the Board considered alternate coding analogously to 7629 (Endometriosis) or 7301 (Peritoneum, adhesions of) although neither was a laproscopically proven diagnosis. The CI's predominate unfitting symptoms were abdominal pain on attempting work and aggravated by movement, which best aligned with the 7301 criteria. The Board considered if the CI's rating level was closer to the Mild (0%) or moderate (10%) criteria as the 30% and higher criteria were not approached. The Board adjudged that the CI's disability picture proximate to separation was closer to the moderate (10%) criteria IAW VASRD §4.114.

After due deliberation, considering all of the evidence and mindful of VASRD §4.3 (reasonable doubt), the Board recommends a disability rating of 10% for the chronic abdominal pain condition, coded 7399-7301.

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. As discussed above, PEB reliance on the USAPDA pain policy for rating the chronic abdominal pain was operant in this case and the condition was adjudicated independently of that policy by the Board. In the matter of the chronic abdominal pain condition, the Board unanimously recommends a disability rating of 10%, coded 7399-7301 IAW VASRD §4.114, with the absence of reproductive organs and the tacked bladder conditions as not unfitting or separately compensable. 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, effective as of the date of her prior medical separation:

| UNFITTING CONDITION | VASRD CODE | RATING |
|---------------------------------------|-------------------|---------------|
| Chronic Abdominal Pain, Post-surgical | 7399-7301 | 10% |
| | COMBINED | 10% |

The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20111216, w/atchs.
- Exhibit B. Service Treatment Record.
- Exhibit C. Department of Veterans Affairs Treatment Record.

XXXXXXXXXXXXXXXXX
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 22202-3557

SUBJECT: Department of Defense Physical Disability Board of Review Recommendation
for XXXXXXXXXXXXXXXXXXXX, AR20120019259 (PD201101139)

1. 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 to modify the individual's disability rating to 10% without recharacterization of the individual's separation. This decision is final.

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.

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

XXXXXXXXXXXXXXXXXXXX
Deputy Assistant Secretary
(Army Review Boards)

CF:
() DoD PDBR
() DVA