

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXXXXX
CASE NUMBER: PD1200461
BOARD DATE: 20130103

BRANCH OF SERVICE: ARMY
SEPARATION DATE: 20030411

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty Soldier, SFC/E-7(35W/Aviation Avionics Technician), medically separated for Crohn’s disease, rated as moderate. The CI was diagnosed with Crohn’s disease in 1997 by a civilian physician prior to entering the military. Due to persistent diarrhea, she was deemed non-deployable and unable to participate in physical training. The CI did not improve adequately with treatment to meet the physical requirements of her Military Occupational Specialty (MOS) or satisfy physical fitness standards. She was issued a permanent P3 profile and referred for a Medical Evaluation Board (MEB). The MEB forwarded Crohn’s disease as medically unacceptable IAW AR 40-501. The MEB forwarded no other conditions for Physical Evaluation Board (PEB) adjudication. The PEB adjudicated the Crohn’s disease as unfitting, rated 10%, with application of the Veteran’s Affairs Schedule for Rating Disabilities (VASRD). The CI made no appeals, and was medically separated with a 10% disability rating.

CI CONTENTION: The CI states: “Crohn’s disease is an incurable illness, and the small intestine resection performed while on active duty has had negative health side effects. Considering the long term symptoms and their debilitating effects the service member should have been medically retired.”

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 Correction of Military Records.

RATING COMPARISON:

Service PEB – Dated 20021218			VA (5 Mos. Post-Separation) – All Effective Date 20030412			
Condition	Code	Rating	Condition	Code	Rating	Exam
Crohn’s Disease	7399-7323	10%	Crohn’s Disease w/Polyarthralgia	7323	100%*	20030928
↓No Additional MEB/PEB Entries↓			Scar Residuals of Ileum Resection	7804	10%	20030928
			0% X 3 / Not Service-Connected x 0			20030928
Combined: 10%			Combined: 100%			

*Reduced to 30% on 7/1/09, reducing combined to 40%.

ANALYSIS SUMMARY: The Disability Evaluation System (DES) is responsible for maintaining a fit and vital fighting force. While the 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. 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 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, 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.

Crohn's Disease. The CI first was diagnosed in the military with Crohn's disease with bloody diarrhea in 1998, and appropriate treatment initiated (Prednisone and Mesalamine). By February 2000 the CI was doing well with controlled symptoms. A CT scan of the abdomen obtained 2 May 2000 for increasing abdominal pain revealed active Crohn's disease in the distal small bowel and a large right ovarian cyst of questioned malignant origin. The CI was scheduled for removal of the cyst in December 2001 by the gynecology service. At a pre-operative surgical clinic visit, the Crohn's condition was mild with the CI having two to six bowel movements per day without blood and occasional cramping abdominal pain. At surgery performed on 11 December 2000, benign right and left ovarian cysts, not involving Crohn's disease, and a segment of distal small bowel and attached proximal colon, involving Crohn's disease, were removed. Post-operatively the CI did well but manifested continued diarrhea, but with reduced abdominal pain. Colonoscopy performed on 11 July 2001 demonstrated no evidence of residual Crohn's disease at the site of surgery. At the MEB/narrative summary (NARSUM) evaluation performed on 25 November 2002, 4 months before separation, the CI reported 8 to 10 stools without blood per day. The MEB physical exam noted blood pressure, pulse and temperature were normal. Weight was stable with normal body mass index (BMI) of 21.5. Abdominal exam was normal. The remainder of the clinical exam was unremarkable with no evidence of malnutrition. Blood testing revealed no evidence of anemia. At the VA Compensation and Pension (C&P) exam on 28 September 2003, 5 months after separation, the CI reported six to seven loose stools a day without blood. She noted mild abdominal tenderness but, her health to be good without recent weight loss or malnutrition. She noted the diarrhea to have a mild effect on her functional activity. On physical examination vital signs were normal and the CI noted to be in no distress. BMI was recorded as 22.7 (normal). The abdominal examination was unremarkable and the stool free of blood. The remainder of the clinical exam was unrevealing. Laboratory testing revealed no evidence of anemia.

The Board directs attention to its rating recommendation based on the above evidence. The PEB and VA both rated the condition under code 7323, colitis, but at different ratings. The PEB rated 10% citing moderate, chronic diarrhea. The VA rated at 100% citing six to seven loose stools a day with marked malnutrition, anemia, general disability and serious complications. Under this code a 10% rating requires moderate disease, with infrequent exacerbations. A 30% rating requires moderately severe disease with frequent exacerbations. The 60% rating requires severe disease, with numerous attacks a year, malnutrition, and health only fair during remissions. The 100% rating requires pronounced disease, resulting in marked nutrition, anemia, and general disability or with serious complications such as liver abscess. The Board noted the CI to have six to seven stools a day without blood or abdominal pain and to be in good general health at the time of separation. The Board noted the record to document no malnutrition, anemia, serious complications, sepsis or flares of the disease requiring hospitalization or treatment with additional steroid medications. The Board unanimously agreed the preponderance of evidence supported the condition to be mild to moderate at the time of separation. 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 Crohn's 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 Crohn's condition and IAW VASRD §4.114, the Board unanimously recommends no change in the PEB adjudication. 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:

UNFITTING CONDITION	VASRD CODE	RATING
Crohn's Disease	7399-7323	10%
	COMBINED	10%

The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20120531, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans' Affairs Treatment Record

XXXXXXXXXXXXXXXXXX, DAF
 President
 Physical Disability Board of Review

SFMR-RB

MEMORANDUM FOR Commander, US Army Physical Disability Agency
 (TAPD-ZB / XXXXXXXXX), 2900 Crystal Drive, Suite 300, Arlington, VA 22202-3557

SUBJECT: Department of Defense Physical Disability Board of Review Recommendation for
 XXXXXXXXXXXXXXXX, AR20130000812 (PD201200461)

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