

RECORD OF PROCEEDINGS  
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXXXXX  
CASE NUMBER: PD1200596  
BOARD DATE: 20121213

BRANCH OF SERVICE: ARMY  
DATE OF PLACEMENT ON TDRL: 19971010  
DATE OF PERMANENT SEPARATION: 20011031

**SUMMARY OF CASE:** Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty, PFC/E-3 (92A/Logistics), medically separated for conversion disorder which began in 1997 in association with the stresses of her job. 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 S4 profile and referred for a Medical Evaluation Board (MEB). The MEB forwarded conversion disorder, with seizures or convulsions, and major depressive disorder to the Physical Evaluation Board (PEB) as medically unacceptable IAW AR 40-501. Histrionic personality disorder and urinary tract infection, identified in the rating chart below, were also identified and forwarded by the MEB as medically acceptable conditions. The PEB adjudicated the conversion disorder condition as unfitting, rated 30%, and placed the CI on the Temporary Disability Retired List (TDRL). The major depression and urinary tract conditions were adjudicated as not unfitting and not ratable; and histrionic personality disorder as not ratable. She was continued on TDRL with an interim reevaluation in 1999, and then underwent a final evaluation after approximately 3½ years on TDRL. At that time the PEB determined her condition to be in remission, and adjudicated conversion disorder as permanently unfitting, rated 0% with application of the Veterans Administration Schedule for Rating Disabilities (VASRD). The CI made no appeals, and was medically separated with a 0% disability rating.

**CI CONTENTION:** “Discharged before available date of 2001. Do need help, have MS.”

**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. Multiple sclerosis is 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 Correction of Military Records.

**TDRL RATING COMPARISON:**

Service IPEB – Dated 20010803				VA – All Effective Date 19971010			
Condition	Code	Rating		Condition	Code	Rating	Exam
On TDRL – 19971010		TDRL	Sep.				
Conversion Disorder	9424	30%	0%	Conversion Disorder	9424	30%*	19980903
Major Depressive Disorder		Not Unfitting		No VA Entry			
Histrionic Personality Disorder		Not Ratable					
Urinary Tract Infection		Not Unfitting					
↓No Additional MEB/PEB Entries↓				Not Service Connected x 1			
Combined: 0%				19980903			
				Combined: 30%			

\*VA decision 20081218 increased to 50% effective 20080930; combined 50%

ANALYSIS SUMMARY: The Board acknowledges the sentiment expressed in the CI's application regarding the significant impairment with which her service-incurred condition continues to burden her. It is a fact, however, that the Disability Evaluation System (DES) has neither the role nor the authority to compensate members for anticipated future severity or potential complications of conditions resulting in medical separation. This role and authority is granted by Congress to the Department of Veterans' Affairs (DVA). 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 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.

Conversion Disorder Condition. The Board first addressed if the tenants of §4.129 (Mental disorders due to traumatic stress) were applicable. The Board noted that there was no "highly stressful event" for which provisions of §4.129 would apply, and therefore concludes that its application is not appropriate to this case. Consequently, the rating recommendation for the time of placement on the TDRL will not automatically reflect the 50% minimum as required under §4.129. At the time of entry onto TDRL, the CI's symptoms could best be described as moderate. While stationed in Korea, she was hospitalized on 13 June 1997 due to episodes of passing out and symptoms of depression and panic attacks. She was then air evacuated to Walter Reed Army Medical Center (WRAMC) on 22 June 1997 for inpatient evaluation and treatment of possible posttraumatic stress disorder (PTSD) and dysthymia. She reported a history of episodic shakiness, rapid breathing, dizziness, lightheadedness and anxiety, followed by brief periods of confusion, grogginess and exhaustion. Depression symptoms included crying, social withdrawal, decreased energy, diminished appetite with weight loss, sleep difficulty and fatigue. She also endorsed intrusive thoughts, nightmares and increased arousal. During her hospitalization at WRAMC, it was determined that the episodes of shaking and "passing out" were not due to a seizure disorder; these "pseudoseizures" were a manifestation of a conversion reaction (the conversion of mental conflict into somatic symptoms). Her condition rapidly improved with multiple modes of treatment. Mental status examination (MSE) at the time of hospital discharge (3 months prior to placement on TDRL) noted the CI to be alert and oriented, and appropriate in conversation and behavior. Affect range was full; she was often noted to be smiling and pleasant, which was incongruent with her stated mood of sadness. Thought processes were linear without evidence of hallucinations or delusions. There was no evidence of suicidal ideation. The assessment was a stable conversion disorder, and a single moderate major depressive episode. Complicating the clinical picture was an additional diagnosis of personality disorder (a characterological condition which may be unsuited for military service, but is not a compensable disability). PTSD was not a diagnosed condition. The Global Assessment of Functioning (GAF) was 70 (connoting mild symptoms or impairment). The impairment for social and industrial adaptability due to the conversion disorder and personality disorder was considered to be "definite," and for major depressive disorder, "mild." She was discharged from the hospital on one psychotropic medication. At the VA Compensation and Pension (C&P) exam on 3 September 1998 (10 months after placement on the TDRL) the CI reported maintaining clerical employment for only 4 months due in part to episodes of passing out. She delivered a premature baby in July 1998 and lived alone. Psychotropic medication use was not mentioned, but later examiners stated she discontinued the antidepressant medication soon after discharge from WRAMC. MSE noted coherent speech and no evidence of thought disorder. Dress and grooming were casual. Memory was intact and she did not appear anxious or depressed. Because records were not available to the examiner, a provisional diagnosis of conversion disorder was made, and the presence of a personality disorder was acknowledged. Her GAF, estimated to be in the range of 50-65 (serious to mild symptoms or impairment), was "apparently due to her personality." At an interim narrative summary (NARSUM) on 16 July 1999 (21 months after placement on TDRL, 27 months prior to permanent separation) the CI

reported no fainting spells or seizure-like activity since the birth of her daughter, who was now a year old. She recently began part time work as a child care provider and lived in an apartment with her child. She went out with friends once a week and spent time with girlfriends. Since being on TDRL she had received no psychiatric treatment and was taking no psychotropic medication. She reported feeling tired constantly, and endorsed decreased energy and intermittent depressed mood. MSE noted normal speech, well organized thoughts without evidence of delusions, reactive and appropriate affect and intact memory. The assessment was conversion disorder in remission and major depressive disorder in partial remission. Personality disorder features were not evident in the interview. The GAF was 65 (mild symptoms or impairment). At a VA psychiatric C&P exam on 24 January 2001 (9 months prior to permanent separation), the CI had no complaints and had not received any further psychiatric care. Her last pseudo-seizure was 2 years previously. She was employed on a part time basis as a child care provider at a school, a position she held for over two years. MSE revealed an even mood with shallow affect. Thought processes were relevant and coherent, and there was no evidence of cognitive dysfunction. The assessment was cognitive disorder in remission, and the GAF was 75 (transient, no more than slight symptoms or impairment). The final NARSUM on 25 April 2001 (6 months prior to permanent separation) reported the CI lived in an apartment with her 2½ year old daughter and was employed as the apartment manager where she lived. She was taking no medications. A recent diagnosis of mild cerebral palsy given to her daughter was causing the CI some stress and poor sleep. She kept in touch with her parents and was dating a man for 1½ years. Episodes of feeling “a little dizzy” resolved with sitting or lying down. She denied any recurrence of seizures. MSE noted normal orientation. She was neatly dressed and well-groomed. She displayed a cooperative attitude with appropriate affect and congruent mood. Speech was normal and thought processes linear. The assessment was conversion disorder in remission, major depressive disorder in partial remission and personality disorder features that were not evident. The assigned GAF was 65. Impairment for civilian social and industrial adaptability was considered moderate.

The Board directs attention to its rating recommendation based on the above evidence. At the time of entry on TDRL, the PEB and the VA assigned a 30% rating. All members agreed that the §4.130 criteria for a rating higher than 30% were not met at the time of placement on TDRL. With regard to a permanent rating at the time of removal from the TDRL, the evidence from the examinations at the time showed significant, sustained improvement, and Board members agreed that criteria for a 30% rating were not met. Therefore, Board deliberations centered on a 0% versus a 10% rating. The PEB assigned a 0% permanent rating, stating the conversion disorder condition was in remission without medication or psychotherapy. The general description for a §4.130 rating of 10% is “occupational and social impairment due to mild or transient symptoms;” and for a 0% rating “symptoms are not severe enough either to interfere with occupational and social functioning or to require continuous medication.” The VA and NARSUM exams prior to permanent separation documented an absence of conversion disorder symptoms, and no noticeable social or occupational impairment in the context of receiving no psychiatric care and taking no psychotropic medication. All Board members agreed that this condition more nearly approximated the criteria for the 0% rating. 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 conversion disorder condition.

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**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 conversion disorder condition and IAW VASRD §4.130, the

Board unanimously recommends no change in the PEB adjudication. There were no other conditions within the Board's scope of review for consideration.

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**RECOMMENDATION:** The Board, therefore, recommends that there be no recharacterization of the CI's disability and separation determination.

UNFITTING CONDITION	VASRD CODE	RATING	
		TDRL	PERMANENT
Conversion Disorder	9424	30%	0%
	<b>COMBINED</b>	<b>30%</b>	<b>0%</b>

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The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20120619, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans' Affairs Treatment Record

XXXXXXXXXXXXXXXXX, DAF  
President  
Physical Disability Board of Review

SFMR-RB

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

SUBJECT: Department of Defense Physical Disability Board of Review Recommendation for  
XXXXXXXXXXXXXXXXX, AR20130000102 (PD201200596)

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