RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXX
CASE NUMBER: PD1200285
BOARD DATE: 20121012

BRANCH OF SERVICE: ARMY
DATE OF PLACEMENT ON TDRL: 20000531
DATE OF PERMANENT SEPARATION: 20050616

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty Army SPC/E-4 (54B10/NBC Specialist), medically separated for vocal cord dysfunction (VCD) and complex regional pain syndrome (CRPS) of the right lower extremity. The CI suffered a right foot injury and despite treatment developed chronic right foot pain. During the same time period, she experienced intermittent shortness of breath and voice changes that ultimately was diagnosed as vocal cord dysfunction. These two conditions did not improve adequately with treatment to meet the physical requirements of her Military Occupational Specialty or satisfy physical fitness standards. She was issued a permanent L3, P3 profile and referred for a Medical Evaluation Board (MEB). The MEB forwarded vocal cord dysfunction as the only condition for Physical Evaluation Board (PEB) adjudication. The PEB included right lower extremity CRPS condition with the MEB's vocal cord dysfunction and designated them both as unfitting, and not sufficiently stable for final adjudication. The CI was placed on the Temporary Disability Retired List (TDRL) with the ratings charted below. On final PEB evaluation, 62 months later, the PEB adjudicated the vocal cord dysfunction and right lower extremity complex regional pain syndrome as unfitting, rated at 0% and 10% respectively, with application of the Veteran's Affairs Schedule for Rating Disabilities (VASRD). The CI did not concur with the PEB findings, waived a formal hearing, but submitted a written appeal. The US Army Physical Disability Agency (USAPDA) reviewed the entire case and concluded that it was properly adjudicated and made an administrative change in the code for the CRPS condition. The CI was medically separated with a 10% disability rating.

CI CONTENTION: "The severity of the service connected disabilities."

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 remaining conditions rated by the VA at separation and listed on the DD Form 294 application are 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 PEB Admin Correction – Dated 20050616			
Condition	**Code**	**Rating**	
		TDRL	**Sep.**
Complex Regional Pain Syndrome, Right Lower Extremity	5299-5003	20%	-
	8799-8725	-	10%
Vocal Cord Dysfunction	6599-6520	10%	0%
No Additional MEB/PEB Entries			
Combined: 10%			

VA* – All Effective Date 20000531			
Condition	**Code**	**Rating**	**Exam**
Chronic Regional Pain Syndrome, Right Foot	5299-5278	20%	19990809
Vocal Cord Dysfunction	6599-6516	0%	19990809
Reactive Airway Disease	6699-6602	10%	19990809
Tendonitis, Left Wrist	5099-5020	10%	19990809
Tendonitis, Right Wrist	5099-5020	10%	19990809
Not Service Connected x 3			19990809
Combined: 40%*			

* Hypertension, 7101, rated 10% effective 20060726; remainder of ratings unchanged with 5 NSC conditions (combined 50%)

ANALYSIS SUMMARY: The Board notes the current VA ratings listed by the CI for all of her service-connected conditions, but must emphasize that its recommendations are premised on severity at the time of separation. The VA ratings which it considers in that regard are those rendered most proximate to separation. 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. That role and authority is granted by Congress to the Department of Veterans' Affairs (DVA). The Board's operative instruction, DoDI 6040.44, specifies a 12-month interval for special consideration to DVA findings. This does not mean that the later DVA evidence was disregarded, but the Board's recommendations are directed to the severity and fitness implications of conditions at the time of separation. In this circumstance, therefore, the evidence from the record is assigned significantly more probative value as a basis for the Board's recommendations.

Bilateral True Vocal Cord Dysfunction Condition. The narrative summary (NARSUM) prepared 3 months prior to TDRL adjudication notes history of shortness of breath beginning in March of 1998 initially noted at night and when around smoke in her workplace. She was evaluated with pulmonary function tests (PFTs) and then treated with bronchodilators. Her symptoms continued and over a period of a year inhaled corticosteroids were added along with three short courses of oral steroids. The CI had a negative Methacholine challenge test. Her breathing complaints persisted and in spite of treatment, her PFTs remained about the same. Also during that period, the CI developed voice problems and began evaluation and treatment by local speech pathologists. After evaluation by ENT and pulmonary services, the CI was given the diagnosis of vocal cord dysfunction and MEB was initiated. Examination revealed "…one slight wheeze in her base with rapid expirations; otherwise, the chest seemed clear. The wheeze seemed to be coming from the neck area, which would be expected with vocal cord dysfunction syndrome."

At the MEB exam, the CI reported "RAD (reactive airway disease), VCD cause me to be very sensitive to getting sick easily" and "they all cause me to have shortness of breath at times." The MEB lung and chest exam noted "clear with normal respiration, but upper airway strider

with forced expirations." The MEB identified the vocal cord dysfunction condition and referred the package for PEB adjudication.

At the VA Compensation and Pension (C&P) exam performed 6 months prior to initial entry into TDRL status, the CI reported difficulty breathing, wheezing and dyspnea on exertion after being exposed to chemicals around January 1998. She also had a voice disorder with hoarseness and low-pitched voice. She was evaluated by a pulmonary consultant and was told she had "bronchial asthma" for one year. She also had a + PPD in November 1998 (as did her husband) with the CI and her family treated with INH prophylaxis. She had normal chest X-rays. Medications include inhaled bronchodilators and steroids as well as intermittent courses of oral steroids. Physical examination revealed clear lungs bilaterally. Direct visualization of the cords was reported as normal.

The final TDRL-reevaluation indicated the CI was taking daily inhaled medications (Flovent, with episodic Albuterol), and complained of episodic shortness of breath. Exam indicated clear chest without wheezing and "erythema of the posterior nasopharyngeal wall as the posterior glottis, and the posterior true vocal cords. There is symmetric motion of the vocal cords and there is no paradoxical motion noted." There was no mention of speech volume or clarity; however, the CI was referred to Speech Therapy. Two examinations with PFT data proximate to separation demonstrated "Normal Spirometry. No change with bronchodilators." FEV-1's were 88% and 75% (Forced Expiratory Volume in one second), and there was no mention of abnormal flow loops. Medication profile did not indicate dispensing of Flovent or Albuterol from the military treatment facility, but both medications were listed as being used.

The Board directs attention to its rating recommendation based on the above evidence. Entering into the TDRL period, the CI's VCD was coded analogously as 6599-6520 (Larynx, stenosis) and rated 10% with a stated "FEV-1 86%." At final PEB adjudication, the VCD was rated at 0% using a stated "FEV-1 82%." The source PFT exam was not in the evidence of record. The VCD condition is not a bronchospastic/asthma related condition, but does use PFT data for rating purposes IAW §4.97 Schedule of Ratings—Respiratory System. The PFT evaluation performed one month prior to separation is deemed the most probative exam. That exam documents a post bronchodilator FEV-1 of 75%. Using VASRD code 6520, the same code utilized by the PEB, a FEV-1 of 75% is rated at 10%. A 30% rating would require a FEV-1 between 56% and 70% with an abnormal flow-volume loop. The CI never demonstrated reversible bronchospasm, especially prior to daily inhaled anti-inflammatory medication use, she had a negative Methacholine challenge test, and pulmonary specialist at interim TDRL evaluation indicated "this is not asthma"; making reversible bronchospasm unlikely as the etiology of her breathing complaints. Using an alternative coding/rating schemes related to asthma (or other "bronchospastic" conditions) is not appropriate in the case, as asthma was not an unfitting condition.

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 VCD condition at entry into TDRL and at separation.

Complex Regional Pain Syndrome, Right Lower Extremity Condition. Review of service treatment records (STR) reveals chronic right foot pain since foot trauma in mid 1998 with over 34 medical encounters in the 20 month period prior to the PEB. The vast majority of these visits were for pain related issues and there were no documented limitations of range-of-motion (ROM) or weakness issues identified. Neurology evaluation documented no swelling, no weakness, no atrophy and normal deep tendon reflexes with pain "essentially from the

distal anterior 1/3 of foot 1st > 5th but all involved." Sensory changes to vibration and light touch were documented. After complete evaluation, the CI was given the diagnosis of CRPS, Type I.

The NARSUM prepared a month prior to the CI's final TDRL review, notes an injury of the right foot while marching at night in May of 1998. Injury was initially treated with 6 weeks of immobilization for what was thought to be a fracture but later determined to be a contusion. The CI began experiencing severe right foot/ankle pain and was diagnosed with reflex sympathetic dystrophy after a completely normal evaluation that included magnetic resonance imaging (MRI), bone scan and neurologic evaluation. She was treated by pain management specialist, physical and occupational therapy utilizing numerous medications, sympathetic block and epidural steroid injections without relief. Physical examination revealed painful gait favoring right leg with light touch producing increased uncomfortable sensation. The foot had full active and passive ROM and stable ligaments. Sensation was intact throughout her entire lower extremity, although there was a slight decrease in sensation to light touch in the distal leg. "The service member continues to state that her foot is in constant moderate pain, it is a throbbing type of pain which changes occasionally to an achy type of pain in the foot with weather changes or if it is cold outside. Overall she believes that her condition is stable, is not getting any worse, but certainly not getting any better."

At the C&P exam the CI reported that in May 1998 while training at the National Training Center, she injured her right foot when "it fell in-between the rocks." She experienced significant pain and swelling and X-rays were negative for fracture. She was immobilized for 2 months but continued to experience chronic daily pain of moderate to severe degree. She underwent two lumber blocks. She had an extensive evaluation and well documented right foot pain, weakness and numbness with a diagnosis of chronic regional pain syndrome. She reported tingling on the lateral aspect and hyperesthesia of the right foot. Examination revealed use of a walker with CI holding her foot in an everted position. Exam was limited due to pain but seemed to have decreased muscle strength right foot/ankle. Normal deep tendon reflexes.

The Board directs attention to its rating recommendation based on the above evidence. Entering into the TDRL period, the CI's CRPS was coded analogously as 5299-5003 and rated 20% with application of the USAPDA Pain Policy for moderate constant pain. At the CI's TDRL re-evaluation 62 months later, the PEB utilized VASRD-only rules for the final adjudication of the CRPS condition with an analogous code of 8799-8725 (Neuralgia, Posterior tibial nerve; [tarsal tunnel]) and rated 10% for mild incomplete neuralgia of the lower extremity. For rating at TDRL entry, VASRD-only rating would be at most 20% for 8799-8525, (severe) as there was documented weakness and pain, and conceding the severe level. At TDRL separation, alternative coding under VASRD code 8525 (Paralysis) is not applicable as there was no motor weakness documented. Analogous rating under 8725 (Neuralgia) requires adherence to VASRD §4.124: "When the involvement is wholly sensory, the rating should be for the mild, or at most, the moderate degree." Rating as "moderate" due to antalgic gait would result in a rating of 10% and provide no benefit to the CI ("Mild" and "Moderate" each rate 10% under 8725). 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 complex regional pain syndrome condition on TDRL entry or permanent separation.

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 that any prerogatives outside the VASRD were exercised in the PEB's final adjudication exiting the TDRL period. In the matter of the bilateral true VCD condition, the Board unanimously recommends a disability rating of 10%, coded 6599-6520 IAW VASRD §4.97. In the matter of the CRPS condition, 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 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	
		TDRL	PERMANENT
Bilateral True Vocal Cord Dysfunction	6599-6520	10%	10%
Complex Regional Pain Syndrome	5299-5003	20%	-
	8799-8725	-	10%
	COMBINED	**30%**	**20%**

The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20120311, w/atchs
Exhibit B. Service Treatment Record
Exhibit C. Department of Veterans' Affairs Treatment Record

XXXXXXXXXXXXXXXX
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 XXXXXXXXXXXXXXXXX, AR20120020636 (PD201200285)

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 20% 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

XXXXXXXXXXXXXXXXX
Deputy Assistant Secretary
(Army Review Boards)

CF:
( ) DoD PDBR
( ) DVA