RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXXXX
CASE NUMBER: PD1200318
BOARD DATE: 20121109

BRANCH OF SERVICE: ARMY
SEPARATION DATE: 20060301

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty Soldier, SPC/E-4(11B/Infantryman), medically separated for major depressive disorder (MDD) with some features of posttraumatic stress disorder (PTSD) and minor compression fracture of L1. The first recorded entry for mental health conditions was in April 2004 when the CI did not want to return to his assignment in Korea after 2 weeks of leave with his wife in CONUS (continental United States). A chapter 5-17 discharge IAW AR 635-200 begun, but was terminated on 21 December 2004 when he was diagnosed with PTSD and a Medical Evaluation Board (MEB) was initiated. Despite continued treatment for his MDD, PTSD and back conditions, he did not improve adequately to meet the physical requirements of his Military Occupational Specialty (MOS) or satisfy physical fitness standards. The MEB submitted PTSD, major depression, and chronic low back pain (LBP), status post (s/p) vertebral compression fractures as medically unacceptable IAW AR 40-501. Six additional conditions, identified in the rating chart below, were also identified and forwarded by the MEB.

The Physical Evaluation Board (PEB) initially adjudicated the major depressive order with some features of PTSD which will not be rated separately due to overlapping symptoms and minor compression fracture of L1 as unfitting, rated 10% and 0% respectively, with application of the Veteran's Affairs Schedule for Rating Disabilities (VASRD). The remaining conditions were determined to be not unfitting. The CI concurred with this assessment. Subsequently, the PEB conducted a review and issued an administrative correction, identifying the major depression as follows: "major depressive order, with some features of PTSD which is not independently unfitting and will not be separately rated due to overlapping symptoms." The remainder of the adjudication was unchanged. The CI made no appeals and was medically separated with a 10% disability rating.

CI CONTENTION: The CI states: "The Physical Evaluation Board (PEB) failed to separately consider and rate Mr. E----'s posttraumatic stress disorder and major depressive disorder and to appropriately assess the severity or each condition, and failed to appropriately assess the severity of Mr. E----'s back injury. In addition, the PEB should have found the following conditions unfitting: migraine headaches, chondromalacia of the right knee, and left ankle fracture." Legal counsel for the CI also submitted a 69 page appeal including attachments.

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. The MDD and PTSD, LBP, migraine headaches, chondromalacia right knee, and left ankle fracture as requested for consideration meet the criteria prescribed in DoDI 6040.44 for Board purview; and, are addressed below, in

addition to a review of the ratings for the unfitting conditions of MDD and L1 compression fracture. 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 Admin PEB – Dated 20060110			VA (2 Mos. Post-Separation) – All Effective Date 20060302			
Condition	**Code**	**Rating**	**Condition**	**Code**	**Rating**	**Exam**
MDD w/some Features of PTSD	9434	10%	PTSD w/Dysthymia	9433-9411	50%*	20060531
Minor Compression Fracture of L1	5235	0%	Chronic LBP due to fractures at L1,L2 and T12	5235	10%**	20060531
History of Alcohol Dependence, in remission	Not Unfitting		No VA Entry			
Post-concussion Headaches	Not Unfitting		Migraine Headaches	8100	30%	20060531
Chronic Intermittent R Knee Pain	Not Unfitting		Chondromalacia, R Knee	5099-5014	10%	20060531
Chronic L Ankle Pain	Not Unfitting		L Ankle Fracture w/Limitation of Motion	5271	10%	20060531
Chronic R 2nd Finger Pain	Not Unfitting		Right Index Finger Fracture	5229	0%	20060531
Smoking	Not Unfitting		No VA Entry			
↓No Additional MEB/PEB Entries↓			R Shoulder Strain w/Painful and Limited Motion	5201-5024	10%	20060531
			Bilateral Tinnitus	6260	10%	20060531
			0% X 5 / Not Service-Connected x 0			20060531
Combined: 10%			**Combined: 80%*** **			

*100% 20100215 for hospitalization. 70% from 20100510. **20% from 20100303. ***Includes bilateral factor of 1.9%.

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 mere presence of a diagnosis at separation is not sufficient evidence that the condition was unfitting for continued military service, even if the MEB determined the condition not to meet retention standards. The DES has neither the role nor the authority to compensate service 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 Veteran Affairs (DVA) but not determined to be unfitting by the PEB. 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 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. 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.

Major Depressive Disorder with some features of PTSD. The CI deployed to Iraq on 4 April 2003 and returned early on 17 October 2003 to prepare for an OCONUS (outside continental United States) move. On the post-deployment health assessment 10 days later on 27 October 2003, he denied any mental health symptoms and noted that he had no concerns about his health and that it was good. However, he also checked "yes" that he planned to seek mental health care. That December, the CI married a woman 15 years his senior with three children from a prior marriage. He then moved to the Republic of Korea (ROK) for an unaccompanied assignment. His medical in-processing was on 28 January 2004. The first visit for mental health available for review in the records in evidence was 19 April 2004 when he requested evaluation for a compassionate reassignment. He was on 2 weeks of leave back stateside and he did not wish to leave his pregnant wife and return to the ROK. He was diagnosed with an adjustment disorder with depressed and anxious mood. The CI sought to "sign in" vice being AWOL (absent without leave), but was not allowed to do so. On 26 April 2004, he was admitted for psychiatric observation with the complaint "I contemplated suicide" after locking himself in a bathroom with a knife. He also noted significant financial stress after a friend stole his truck and "trashed" his house in addition to assaulting his wife. He was discharged 2 days later on 28 April 2004 with the diagnosis of a single episode of MDD. The CI again requested a compassionate reassignment. It was noted on 4 May 2004 that his prognosis was thought to be poor if he were returned to ROK. An administrative separation IAW AR 635-200 Chap 5-17 was initiated. There were two mental health visits on 4 May 2004. On one, with a psychologist, he stated that his symptoms were secondary to the thought of leaving his spouse. On the other, a psychiatric visit, he noted that his symptoms had started in Iraq, a history inconsistent with the prior note and with the post deployment health assessment. A history of alcohol abuse beginning at age 14 or 15 was noted as well. It was also noted that he had received non-judicial punishment for underage drinking. The CI was later enrolled in a substance abuse treatment program. He was begun on an anti-depressant on 6 May 2004. His diagnosis changed between appointments and was variously listed as PTSD, MDD and adjustment disorder. He was noted to meet retention standards, though. Several notes documented difficulty contacting the CI by both medical and command authorities and a 16 May 2004 email from the battalion surgeon noted that the CI would be placed on AWOL if he did not contact the unit. This was again noted in an email to the CI from his commander directing the CI to contact him or be placed on AWOL status. The next recorded visit was 6 October2004 when the diagnosis was indeterminate and PTSD, acute stress disorder and adjustment disorder were all under consideration. On 6 December 2004 the CI returned to Behavioral Health to resume treatment.

On 15 December 2004 the CI reported to a social worker that he was being "Chaptered" out and that he thought that he should meet an MEB. On 21 December 2004, he was noted to be depressed; PTSD was diagnosed and MEB recommended. At the 11 January 2005 social work visit the CI reported that things were going much better and that he was happy about the MEB. He endorsed startle, avoidance, mistrust and looking for a weapon when he awoke at night. The MEB psychiatric narrative summary (NARSUM) was dictated the next day, 12 January 2005, 14 months prior to separation. It diagnosed both PTSD and MDD and noted borderline personality traits. His symptoms were improved on medications. The examiner assigned these symptoms to PTSD: "avoid activities that arouse recollections, feeling of detachment from others, sense of a foreshortened future, difficulty falling asleep, irritability, difficulty concentrating, hyper vigilance, and exaggerated startle response." The following were attributed to the MDD: "insomnia, depressed mood, history of suicidal ideation, poor concentration." The CI was seen multiple times over the next few months for marital counseling, dealing with an alleged domestic violence incident and long standing communications issues. At this time, the spouse's parents and brothers lived with the CI and his wife. Compliance with treatment was poor and contacting the CI remained difficult. The

medical hold commander noted that the CI was "emotionally unstable" in the 1 August 2005 assessment, 7 months prior to separation, but that he had been assigned as a driver for a short period. There is another gap in treatment until the CI was seen 3 October 2005 and noted to have PTSD symptoms from both Iraq and a motor vehicle accident (MVA) the previous summer. He was seen multiple times that October and diagnosed with a chronic anxiety disorder, PTSD and MDD, all by the same examiner. The examiner noted an essentially normal mental status examination at these appointments, including memory, other than pressured speech with an anxious and/or depressed mood. The general NARSUM was dictated 3 November 2005, 4 months prior to separation. It noted that the CI had been doing secretarial work as well as working as a driver. He noted that his medications kept him "dazed and groggy." The examiner noted that the CI had stopped all psychiatric medications the previous May since he did not "want to have a long-term reliance on them." The CI was still taking medications, including a narcotic, for his LBP. He reported anxiety when he was in groups of more than five people. It was thought that he would improve with time, but that it was unlikely that he would ever meet all his duty requirements. Mental health diagnoses were PTSD and MDD. When asked if he wished to remain in the military, he stated "no". At the VA Compensation and Pension (C&P) exam performed on 31 May 2006, 3 months after separation, the CI reported that he had been under fire from small arms, rocket propelled grenades and mortars while in Iraq. This history was not found elsewhere in the records. He stated that he developed a sleep disorder with recurrent dreams of Iraq, irritability and anhedonia which lead to him seeking treatment and the diagnosis of PTSD in April 2004. This history is not consistent with the contemporaneous records. His symptoms persisted despite treatment and he also developed agoraphobia. Again, the Board noted that the CI improved on medications, but stopped on his own initiative due to concerns of becoming dependent. He endorsed memory problems since the MVA in July 2004. He reported that he had stopped treatment after separation as he was no longer covered by insurance.

The Board notes that medical coverage lasts for 180 days after separation from the military and that he was still within this window at the time of the C&P examination. The CI also stated that he began the use of alcohol in the summer of 2004, contrary to the history of an Article 15 and beginning alcohol use at 14. He noted that he typically awoke around 0700 to 0730 and would work on the computer and was searching for a job. He also took care of his oldest daughter. He was interested in obtaining an associate's degree and working as a park ranger doing historical reenactments. In the evening, he cooked supper, called his parents and played with his children before putting them to bed. He then spent time with his wife before retiring around 2200 to 2230. He endorsed poor sleep with recurrent dreams of being mortared. He also stated that his sleep was poor secondary to recurrent LBP. He stated that he had crying spells and "gets down." He was upset that he could not work and that he could not receive treatment. He occasionally felt hopeless, but denied suicidal ideation. He endorsed irritability. He had been in one fight over one year prior to separation. The CI reported that he was unable to return to the military. He was able to enjoy himself and was interested in antique guns. However, his energy was low and motivation sometimes lacking. His friends and father were understanding. He endorsed hyper vigilance and being anxious in crowds. Both the mental status examination and mini-mental status were both normal. The examiner noted that "his presentation is consistent with post traumatic stress disorder." He was hyper vigilant, irritable, anxious and had agoraphobia in crowds. The examiner also noted that the CI had been treated for depression which was manifested by sleep difficulty, low motivation, and irritability. He noted that the full criteria for a MDD were not met currently, but had been during his service. "I am somewhat at a loss to explain this, since the veteran at this point is not taking any antidepressant medication." He was diagnosed with PTSD and dysthmia caused by PTSD as well as alcohol dependence in remission. He deferred making an Axis II diagnosis.

The Board first considered the two overlapping conditions, PTSD and MDD, to determine if each was separately unfitting. The CI, through counsel, contended that the two conditions should have been rated separately. The psychiatric impairment from both conditions must be combined under a single §4.130 rating since the VASRD does not allow otherwise, unless the symptoms and impairment are distinctly apportioned by the examiner. Such was not the case and the Board must rate the total psychiatric impairment as if the two Axis I conditions were a single unfitting condition. The Board did note that the MEB NASUM did attribute some symptoms separately to PTSD and to MDD; however, there was also overlap of symptoms. The C&P examiner did apportion symptoms between the two disorders, but determined that the MDD had resolved a finding which he could not explain. The Board also noted, though, that the history provided to the C&P examiner was not entirely supported by the record. After due deliberation, the Board determined that the preponderance of evidence does not support the CI's contention that the two mental health conditions should be considered as separately unfitting for disability rating purposes.

The Board next considered if the application of VASRD §4.129 was appropriate. It was agreed that this case did not meet the requirements for application of a retroactive TDRL rating IAW VASRD §4.129, as directed by DoD for PTSD and similar cases. The primary psychiatric condition was judged to be of an intrinsic nature, and not a result of a "highly stressful event" (as per §4.129). The PEB determined that the unfitting condition was MDD with some features of PTSD which is not independently unfitting. The MEB psychiatric examination was remote from separation. The general MEB examination on 3 November 2005 did not determine one condition predominate. The final treatment note documents an anxiety disorder characterized by PTSD and mixed anxiety and depression. The C&P examiner thought PTSD predominate, but could not explain the improvement in the MDD which he noted had been present on active duty. After careful consideration of the evidence, the Board concluded that the preponderance of evidence does not support a change in the PEB adjudication of MDD with some features of PTSD which is not separately unfitting. Accordingly, the provisions of VASRD §4.129 are not applicable and a constructive six month TDRL period is not applied.

The Board then directed attention to its rating recommendation based on the above evidence. The PEB coded the MDD condition as 9434, MDD, and rated it at 10% for mild industrial impairment. The VA coded the PTSD condition as 9433-9411, dysthymic disorder and PTSD, and rated it 50%. The Board is left to consider that the CI's accounts of his symptoms and their severity, which constitute most of the psychiatric evidence, are subject to probative value compromise. In such cases, the Board leans more heavily on the well-grounded evidence such as actual performance and functioning, objective elements of the MSE and symptoms which are consistently reported and compatible with clinical expectations. In so doing, however, the Board remains cognizant of VASRD §4.3 (reasonable doubt) and favorably concedes matters which it cannot opine to a "more likely than not" standard. The VA examiner noted the sleep disturbances, low motivation, hyper vigilance, tearfulness, anxiety, avoidance behavior and history of suicidal ideation. It noted that the mental status examination was normal. The MEB NARSUM performed on 3 November 2005 documented that the CI was performing office duties. No impairment in these duties was noted in the summary other than difficulty working in groups greater than five. He did have some side effects from medications, but these were not psychiatric medications. The last outpatient visits on active duty noted that he was anxious and depressed with occasional pressured speech. He was working prior to separation as a driver and doing administrative tasks. After separation, he was goal directed, interested in further education, seeking a job and taking care of himself and his family while he was at home. He had outside interests and friends. The mental status exam and mini mental status exam

were both normal. The Board agreed that the disability in evidence did not meet the requirements for a 50% rating. The description for a 30% rating is "Occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks (although generally functioning satisfactorily, with routine behavior, self-care, and conversation normal)." The description for a 10% rating is "Occupational and social impairment due to mild or transient symptoms which decrease work efficiency and ability to perform occupational tasks only during periods of significant stress, or; symptoms controlled by continuous medication." It is not clear if the CI was ever asymptomatic on medications; however, the record clearly documents that the CI improved on medications and that he self-initiated discontinuation due to his concerns of long-term dependency. It is also noted that the CI frequently did not show for scheduled appointments. The Board determined that the description for the 10% rating best describes the level of disability observed. 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 mental health condition.

Minor Compression Fracture of L1. There were 2 goniometric 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. However, the Board noted that the MEB measurements were obtained prior to the radiofrequency denervation on 29 September 2005.

Thoracolumbar ROM Degrees	MEB ~8 Mo. Pre-Sep	VA C&P ~3 Mo. Post-Sep
Flexion (90 Normal)	50	90
Combined (240)	165	240
Comment	Prior to denervation	No painful motion
§4.71a Rating	20%	0%

The CI was in a MVA in July 2004 when he was struck from behind and went off the road to the side. He was consistently noted to have a minimal compression fracture of L1 and also, dependent on the note reviewed, of T12 and L2. He was treated with a back brace and limited duty. His pain persisted and a magnetic resonance imaging (MRI) performed on 11 April 2005; it was unremarkable. His neurological examination was consistently normal including sensation, strength and reflexes. On 1 June 2005 he had injections over the facets with a 90% reduction in pain for several hours. This lead to a radiofrequency denervation of L1-2 and L2-3, performed on 29 September 2005. The MEB physical exam was accomplished prior to the denervation and therefore has reduced probative value. The ROM is above. At the orthopedic NARSUM, 4 months prior to separation, the CI reported that the denervation, done 5 weeks earlier, only provided temporary relief of his LBP. He also reported falling 6 to 7 times a week and an inability to walk over 2 minutes. On examination, he had normal sensation, strength and reflexes. Extension was reduced and flexion limited to his fingertips to mid-tibia (near 90 degrees). X-rays showed no increase in the fracture pattern. This examination was more proximate to separation than the MEB goniometric measurements and also was after denervation. At the C&P joint and back examination performed on 31 May 206, 3 months after separation, the CI reported that he could not sit over 2 minutes. The examiner wrote, though "easily sat for about 45 minutes while I took his complete history". He was observed to have a limp, but it was not assigned to any particular complaint. He was also seen for a right knee, bilateral ankle and right foot complaints at that appointment. No assistive devices were in use. The ROM was normal without pain as above without loss from repetition. Sensation, strength and reflexes were normal. Neither spasm nor abnormal contour was documented. The Board

directs attention to its rating recommendation based on the above evidence. It noted that the ROM measurements obtained for the MEB in July 2005 were prior to the denervation and do not represent his motion after treatment. The orthopedic NARSUM examination ROM was near normal. The PEB rated the back condition at 0%, coded 5235, vertebral fracture, apparently relying on the MEB orthopedic examination. The VA rated the back condition at 10%, also coded 5235, but relied on the MEB examination rather than the VA C&P examination. The Board noted that the VA examination documented a normal ROM in all planes as well as an absence of DeLuca criteria and painful motion. This examination was more proximate to the date of separation than the MEB orthopedic examination and more remote from the denervation. It is therefore assigned a higher probative value. 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 back condition.

Contended PEB Conditions. The contended conditions adjudicated as not unfitting by the PEB were the right knee, left ankle and headache conditions. The Board's first charge with respect to these conditions is an assessment of the appropriateness of the PEB's fitness adjudications. The Board's threshold for countering fitness determinations is higher than the VASRD §4.3 (reasonable doubt) standard used for its rating recommendations, but remains adherent to the DoDI 6040.44 "fair and equitable" standard.

Right Knee. The records in evidence for the right knee are all within the DES period. The CI complained of falling secondary to his back pain at the orthopedic examination and was issued a cane by the brace shop; the orthotic technician noted that it was for knee pain. The orthopedic examination was silent for knee complaints; however, the general NARSUM 2 days later on 3 November noted that knee pain had been present for several years, but had he had never pursued an evaluation. He was pending an orthopedic evaluation later that month. X-rays on 17 November 2005 were normal. An orthopedic examination that same day was notable for anterior knee pain. The CI denied swelling, locking, instability or giving way. The examination was normal without instability or tenderness. The C&P exam on 31 May 2006 noted that he did not use an assistive device or have flares. He had a limp not further specified. On examination, ROM was normal, ligaments stable and tests for meniscal injury negative. DeLuca criteria were negative. He was diagnosed with chondromalacia. The condition was not profiled, other than one time in 2001, noted by the commander as duty limiting or determined to be medically unfitting.

Left Ankle Fracture. The CI fell onto his left ankle in November 2000 with a sprain and fracture. He was managed with a splint and duty limitations. He continued to be seen periodically for left ankle pain over the next 2 years, but there are no entries in the available records after 3 December 2002 for the left ankle. The MEB examiner noted the past history of left ankle pain. The C&P examiner documented a history of daily pain and the use of a brace. He was noted to have dorsiflexion reduced to 10 degrees from the VA normal of 20, but with normal plantar flexion and negative DeLuca criteria. He was given one profile for the left ankle on 5 May 2002 which expired 6 August 2002. The ankle was not cited by the commander as duty limiting or determined to be medically unfitting by the MEB.

Migraines. The CI was first seen for headaches in February 2002 when he also had viral symptoms. A CT scan was performed on 1 July 2004 after he struck his head; it as normal. A second CI was performed on 3 August 2005 for increasing headaches; again, it was normal. The MEB NARSUM noted that the CI had complained of headaches occurring once a week since the head trauma. The CI self-medicated with over the counter analgesics. At the C&P, the CI

reported that he had migraines which began in 2003, occasionally associated with nausea and vomiting and always associated with photophobia. He noted that they occurred one to 2 times a week and were incapacitating, requiring him to leave work. The commander's letter was silent for headaches, there is no evidence in the record that the CI left work because of them, he was not profiled for headaches and the MEB found that these met retention standards.

All of these conditions were reviewed by the action officer and considered by the Board. There was no indication from the record that any of these conditions significantly interfered with satisfactory duty performance. After due deliberation in consideration of the preponderance of the evidence, the Board concluded that there was insufficient cause to recommend a change in the PEB fitness determination for the any of the contended conditions and, therefore, no additional disability ratings can be recommended.

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 MDD with some features of PTSD, the Board unanimously recommends no change in the PEB adjudication. In the matter of the back condition and IAW VASRD §4.71a, the Board unanimously recommends no change in the PEB adjudication. In the matter of the contended right knee, left ankle and headache conditions, the Board unanimously recommends no change from the PEB determinations as not unfitting. 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
MDD with Features of PTSD	9434	10%
Minor Compression Fracture L1 with LBP	5235	0%
	COMBINED	**10%**

The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20120306, w/atchs
Exhibit B. Service Treatment Record
Exhibit C. Department of Veterans' Affairs Treatment Record

XXXXXXXXXXXXXXXXXXXXX
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 XXXXXXXXXXXXXXXXXXXXXXXXXX, AR20120021213 (PD201200318)

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

XXXXXXXXXXXXXXXXXXXXX
Deputy Assistant Secretary
(Army Review Boards)

CF:
( ) DoD PDBR
( ) DVA