

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXX
CASE NUMBER: PD1200359
BOARD DATE: 20121107

BRANCH OF SERVICE: ARMY
SEPARATION DATE: 20070801

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty SPC/E-4 (11B10/Infantryman) medically separated for idiopathic angioneurotic edema. The CI experienced two episodes of tongue swelling due to an unknown cause within a 4 month period beginning in April 2006. Extensive evaluation including laboratory and allergy testing revealed no significant abnormalities and treatment with oral anti-histamine and anti-inflammatory medications was begun. The CI's episodes were unpredictable and he was required to carry an epipen with him at all times; and, therefore did not meet the physical requirements of his Military Occupational Specialty (MOS). He was issued a permanent P3 profile and referred for a Medical Evaluation Board (MEB). The MEB identified two conditions, idiopathic anaphylaxis and angioedema presumably designated as unfitting and obstructive sleep apnea (OSA) designated as "meets retention," forwarding both to the Informal Physical Evaluation Board (IPEB) for adjudication. The IPEB adjudicated the idiopathic angioneurotic edema condition as unfitting and rated 20% with application of the Veteran's Affairs Schedule for Rating Disabilities (VASRD). The remaining condition, OSA, was determined to be not unfitting and therefore not ratable. The CI appealed to the Formal PEB (FPEB), which affirmed the IPEB findings and he was medically separated with a 20% disability rating.

CI CONTENTION: "The Army rated me at 20% and I was rated by the VA at 60% for the same conditions."

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 OSA condition requested for consideration and the unfitting idiopathic angioneurotic edema condition meet the criteria prescribed in DoDI 6040.44 for Board purview, and are accordingly addressed below. The remaining condition, herpes, rated by the VA at separation 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.

RATING COMPARISON:

Service FPEB – Dated 20070507			VA (2 Mos. Pre-Separation) – All Effective Date 20070802			
Condition	Code	Rating	Condition	Code	Rating	Exam
Idiopathic Angioneurotic Edema w/ Laryngeal Involvement	7118	20%	Idiopathic Angioneurotic Edema	7118	20%	20070605

OSA	Not Unfitting	OSA	6847	50%	20070605
No Additional MEB/PEB Entries		Herpes	7817	10%	20070605
Combined: 20%		Combined: 60%*			

ANALYSIS SUMMARY: The Board acknowledges the CI's contention that suggests ratings should have been conferred for other conditions documented at the time of separation. The Board wishes to clarify that it is subject to the same laws for disability entitlements as those under which the Disability Evaluation System (DES) operates. 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. However the Department of Veterans' Affairs (DVA), operating under a different set of laws (Title 38, United States Code), is empowered to compensate all service-connected conditions and to periodically reevaluate said conditions for the purpose of adjusting the Veteran's disability rating should the degree of impairment vary over time.

Idiopathic Angioneurotic Edema Condition. The narrative summary (NARSUM) prepared 8 months prior to separation noted onset of angioedema in the spring of 2006. The CI experienced tongue swelling to the point that he could not speak properly. He denied shortness of breath or wheezing at that time. He was treated with intramuscular Benadryl and his symptoms resolved within several hours. About 3 months later, he had another episode of tongue angioedema. During that episode, he had "severe laryngeal angioedema" with difficulty talking and breathing. The patient denied drooling and stated the swelling was isolated to his tongue. He was evaluated by an ear, nose and throat (ENT) physician with endoscopy who identified severe tongue swelling, but intact airways. The CI was admitted to the ICU for observation and treated with Epinephrine, Prednisone and Benadryl. He was discharged the following day. Extensive work up by the Allergy and Immunology service failed to identify any identifiable triggers. Medications at the time were Zyrtec, non-sedating anti-histamine, and epipen. Physical exam revealed a clear oropharynx and clear lungs. Pertinent labs were negative as was an allergy panel comprised of local allergens. Impact on duty performance was: "(The CI) can perform his job with sniper and infantry unit. However, with his idiopathic anaphylaxis and angioedema, there is no way to predict another occurrence. If he is deployed in a remote region, repeat occurrence may jeopardy his medical condition and the mission." At the MEB exam prepared 11 months prior to separation, the CI reported the tongue swelling and the ICU hospitalization noted above. The MEB physical exam noted a normal physical examination.

The VA Compensation and Pension (C&P) exam prepared 2 months prior to separation had the following entry concerning the idiopathic angioneurotic edema condition: "The condition has existed since 2006. He has no leg symptoms of pain, dark pigmentation of the skin, eczema or ulceration. The current treatment is Zyrtec. There is no functional impairment resulting from the above condition." Pertinent physical exam revealed: Head, ears, nose and throat examination is performed and there are abnormalities; findings show status post UPPP (uvulopalatopharyngoplasty), clear lungs and dermatographia (hives after scratching the skin, a type of physical urticaria).

The Board directs attention to its rating recommendation based on the above evidence. The PEB utilized VASRD code 7118, Angioneurotic edema: (angioedema, anaphylaxis), and rated it 20% specifically citing "rated for laryngeal involvement." The VA utilized the same code, 7118, and also rated it 20% specifically citing, "A 20 percent evaluation is warranted since there are attacks with laryngeal involvement of any duration which occurred once or twice a year." The rating criteria for VASRD code 7118 take into account the frequency and duration of attacks along with the presence or absence of laryngeal involvement. The documentation suggests

that the CI had three episodes of angioedema in the period between April 2006 and March 2007. This includes an attack that occurred the evening of 1 March 2007, the day the CI initially declined an FPEB hearing, he then reversed that decision the next day. On 2 March 2007, the CI requested an FPEB hearing based on this third episode of angioedema. While the NARSUM does state that the CI's second attack did involve "severe laryngeal angioedema," the NARSUM also states that the ENT's endoscopic evaluation revealed "severe tongue swelling but intact airways." The primary endoscopic report is not available for review. This finding, along with the CI having denied any "drooling" during the second attack, casts doubt upon the actual presence of any laryngeal involvement during that second attack, which is the only attack where laryngeal involvement is mentioned. Without laryngeal involvement, the frequency and duration of the CI's attack would warrant a 10% rating for attacks without laryngeal involvement lasting 1 to 7 days and occurring 2 to 4 times a year. Conceding the laryngeal involvement as did the PEB and VA, the CI's attacks reach the next higher 20% rating for attacks without laryngeal involvement lasting 1 to 7 days and occurring 4 to 8 times a year, or; attacks with laryngeal involvement of any duration occurring once or 2 a year. The doubtful presence of laryngeal involvement during the CI's second attack of angioedema, if not conceded would result in a lower disability rating, is of no significance in the Board's rating recommendation as with all such recommendations (IAW DoDI 6040.44) the Board may not recommend a rating lower than that received prior to application. 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 idiopathic angioneurotic edema condition.

Contended PEB Condition. The contended condition adjudicated as not unfitting by the PEB was OSA. The Board's first charge with respect to this condition is an assessment of the appropriateness of the PEB's fitness adjudication. 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. Routinely OSA is not considered unfitting solely on the basis of field and operational impediments to the use of continuous positive airway pressure (CPAP). This condition was profiled specifically noting "Must have access to electrical outlet for CPAP machine." It was also implicated in the commander's statement with the following statement, "(The CI's) physical condition does not prevent him from working in his primary MOS, 11B. However, due to his current profile, he cannot deploy to a field environment based on possibility of him having an allergic reaction, and the requirements of using a CPAP machine while sleeping." There is no evidence in this case that OSA was associated with any unfitting impairments not corrected by CPAP. The medical records present for review contain the following statement: "Patient states that he is adjusting to therapy (CPAP) well and is noting less daytime somnolence, and does not snore when he wears the mask." The OSA was also not judged to fail retention standards and the PEB's fitness adjudication was therefore expected and reasonable. All evidence was reviewed and considered by the Board. 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 OSA condition; 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 idiopathic angioneurotic edema condition and IAW VASRD §4.104, the Board unanimously recommends no change in the PEB adjudication. In the matter of the contended OSA condition, the Board unanimously recommends no change from the PEB determination 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
Idiopathic Angioneurotic Edema	7118	20%
	COMBINED	20%

The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20120405, 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
XXXXXXXXXXXXXXXXXXXX, AR20120021969 (PD201200359)

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

XXXXXXXXXXXXXXXXXXXX
Deputy Assistant Secretary
(Army Review Boards)

CF:
() DoD PDBR
() DVA