

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXXXXX
CASE NUMBER: PD1200422
BOARD DATE: 20130205

BRANCH OF SERVICE: ARMY
SEPARATION DATE: 20020429

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty CPT/O-3 (56A/Chaplain), medically separated for status post (s/p) mitral valve ring repair with post-operative atrial fibrillation on chronic anticoagulation and antiarrhythmic therapy. The CI was diagnosed with mitral regurgitation (MR) in 1995 and he underwent a repair of the mitral valve annular ring in November 1998. In March 1999, atrial fibrillation was discovered and after anticoagulation, he underwent cardioversion with return to normal sinus rhythm in September 1999. A Physical Evaluation Board (PEB) previously found the CI fit for duty on two occasions, once in June 1998 after experiencing recurrent rhabdomyolysis and again in February 2001 for the s/p mitral valve ring repair on chronic anticoagulation and anti-arrhythmic therapy condition. This second duty determination of "fit" was preceded by the CI non-concurring a PEB's initial adjudication of a 10% disability rating and then an Informal Reconsideration by the PEB determined the CI to be fit for duty. The CI was to be involuntarily separated 31 December 2001 when he was referred for a third Medical Evaluation Board (MEB) that convened in January 2002. He was issued a P3 profile for these conditions in November 2000. The MEB identified chronic anticoagulation, history of MR s/p mitral valve annular ring repair and exertional rhabdomyolysis, and forwarded them as medically unacceptable for PEB adjudication. The PEB adjudicated the s/p mitral ring repair with post-operative atrial fibrillation on chronic anticoagulation and anti-arrhythmic therapy as unfitting and rated it 0%, with application of the Veterans Affairs Schedule for Rating Disabilities (VASRD). The remaining condition, exertional rhabdomyolysis was determined to be not unfitting. The CI made no appeals, and was medically separated with a 0% disability rating.

CI CONTENTION: "The Army rated me for only one condition which the VA does not rate but I did not receive a rating from the Army for status post-operative pericarditis and residuals of mitral valve repair or hypertension for which I received a VA rating."

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 the unfitting chronic anticoagulation and history of MR s/p mitral annular ring repair conditions will be reviewed. The other requested conditions, hypertension and pericarditis 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 service Board for Correction of Military Records.

RATING COMPARISON:

Service IPEB – Dated 20020124			VA (14 Mos. Pre-Separation) – All Effective Date 20020102*			
Condition	Code	Rating	Condition	Code	Rating	Exam
S/P mitral ring repair w/ post op atrial fibrillation on chronic anticoagulation	7099-7016-7010	0%	s/p pericarditis and residuals of mitral valve repair	7099-7000	30%	20010221
Exertional Rhabdomyolysis	Not Unfitting		Exertional Rhabdomyolysis	5099-5025	0%	20010221
↓No Additional MEB/PEB Entries↓			Hypertension	7101	10%	20010221
			0% x3 / Not Service-Connected x4			
Combined: 0%			Combined: 40%			

*The VARD dated 20030127 made no changes to rated conditions and added four NSC conditions based on C&P exam dated 20021022; The VARD effective date remained 2 January 2002 despite the fact the separation date was 29 April 2002.

ANALYSIS SUMMARY: The Board notes the current VA ratings listed by the CI for all of his conditions, but must emphasize that its recommendations are premised on severity at the time of separation. The VA ratings that 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 further notes that the presence of a diagnosis, in and of itself, is not sufficient to render a condition unfitting and ratable. 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 DVA, operating under a different set of laws (Title 38, United States Code), is empowered to periodically re-evaluate Veterans for the purpose of adjusting the disability rating should the degree of impairment vary over time.

The PEB applied an analogous code of 7099-7016-7010 for the s/p mitral ring repair with post-operative atrial fibrillation (AFib) and rated it 0%. This coding scheme reflected a bundling of MEB conditions into a single unfitting condition. The Board must apply separate codes and ratings in its recommendations if compensable ratings for each condition are achieved IAW VASRD §4.104. If the Board judges that two or more separate ratings are warranted in such cases, however, it must satisfy the requirement that each “unbundled” condition was reasonably justified as unfitting in and of it. Not uncommonly, this approach by the PEB reflects its judgment that the constellation of conditions was unfitting, and that there was no need for separate fitness adjudications, not a judgment that each condition was independently unfitting. Thus, the Board must exercise the prerogative of separate fitness recommendations in this circumstance, with the caveat that its recommendations may not produce a lower combined rating than that of the PEB.

The first task of the Board is to “unbundle” the two conditions and determine if each was separately unfitting. The first condition to be considered will be the MEB diagnosis of “mitral regurgitation with mitral valve prolapse, status post mitral annular ring repair” (MR w/ mitral valve prolapsed (MVP)s/p repair), then the MEB diagnosis of “chronic anticoagulation for a history of AFib” condition will be considered for fitness determinations. The CI had a permanent profile in place when his MR w/ MVP was surgically corrected. Because of the limitations on that permanent profile, a new profile was not required. In November 2000, the CI underwent a PEB for the MR w/ MVP s/p repair condition and was adjudicated as fit for duty

after an Informal Reconsideration PEB. That PEB document cited the following: "Officer has continued to carry out his assigned duties despite his medical problems. His physical profile is not unduly restrictive, permitting functional activities. He can take and pass an alternate Army Physical Fitness Test." His MR w/ MVP s/p repair condition had been stable for over 2 years prior to separation. After due deliberation, the Board agreed that evidence does not support a conclusion that the MR with MVP, s/p mitral annular ring repair, as an isolated condition, would have rendered the CI incapable of continued service within his Military Occupational Specialty, and accordingly cannot recommend a separate rating for it.

The chronic anticoagulation for a history of atrial fibrillation (AFib) will be considered as an entity for fitness determination and if found to be unfitting will be rated accordingly. In November 2000, the CI underwent a PEB for the chronic anticoagulation for a history of AFib and he was determined to be fit for duty after an Informal Reconsideration PEB. The CI had no documented episodes of AFib within the 2 year period prior to separation, as his AFib was well controlled on medication. If the CI had not required chronic anticoagulation therapy for his AFib, this condition would have been found not unfitting. However, chronic anticoagulation therapy alone is medically unacceptable for continued military service IAW AR 40-501. The Board's deliberations concluded that the chronic anticoagulation for a history of AFib condition was reasonably justified as separately unfitting and therefore was considered for a separate disability rating.

Chronic Anticoagulation For A History Of Atrial Fibrillation (AFib). At the MEB exam prepared 3 months prior to separation, the CI reported taking Coumadin and that he sometimes felt pressure in his chest under stress. He had a mitral valve repair in November 1998 and an abnormal heartbeat corrected in 1999. He took Lopressor, Coumadin and an anti-arrhythmic medication. The MEB physical exam noted normal lungs, heart and lower extremities with an electrocardiogram (EKG) result of normal sinus rhythm with a first degree heart block.

The MEB narrative summary prepared 3 months prior to separation, noting the CI was on chronic anticoagulation for a history of AFib. He was diagnosed with MR in 1995 and he underwent an uncomplicated repair of the mitral valve annular ring in November 1998. Anticoagulation therapy was initiated and the patient was returned to duty. His anticoagulation therapy was discontinued 3 months after the CI's surgical procedure. Between March and September 1999, the CI had 2 incidental findings of AFib with each episode terminated by successful elective cardioversion. The CI's anticoagulation was continued and he was started on Anti-Arrhythmic medications. Throughout the next year, the CI did well, remained asymptomatic without dyspnea on exertion, orthopnea, edema or palpitation, and remained in normal sinus rhythm. In June 2000, the patient had a 24-hour Holter that showed normal sinus rhythm without any evidence of AFib. In February 2000, the CI had a PEB and was found fit for duty under his current profile. The patient continued to do well, denying any palpitations, chest pain and exertional symptoms. Prior to his final PEB, the CI had a cardiology evaluation on 15 January 2002 that revealed he was still taking anti-arrhythmics and Coumadin. He denied chest pain, shortness of breath, edema or dyspnea on exertion and was doing sporadic exercise. Physical examination showed his lungs were clear to auscultation bilaterally, he had no jugular venous distension or carotid bruits. Cardiac exam showed a regular rate and rhythm with normal heart sounds and no murmurs. His lower extremities showed no edema. EKG revealed a normal sinus rhythm with a first degree AV block consistent with prior EKGs. The CI underwent a full Bruce graded exercise test for assessment of functional capacity. He exercised for 9 minutes on a full Bruce protocol obtaining 10 METS of effort and was essentially normal. His present condition was stated as stable, with normal rhythm and current functional capacity of 10 METS. Conclusion made by the cardiologist was that the CI was in stable

condition but currently failed to meet retention criteria, IAW AR 40-501, para 3-21m, as he was on chronic Coumadin therapy, which would interfere with his duty requirements and assignments.

At the VA Compensation and Pension (C&P) exam performed 6 months after separation, the CI reported that in 1996, he developed symptoms of shortness of breath and chest pain. In addition to the history noted above, the C&P examination included the following details: He stated that he had episodes of congestive heart failure and underwent management of pericarditis in 1998. He denied any history of rheumatic heart disease and that his current treatment for his cardiac problems is Coumadin. He was under constant and continuous treatment for his heart condition by a VA physician. Physical examination revealed a normal neck, lung and heart exam. There was no evidence of congestive heart failure, cardiomegaly, or cor pulmonale and no lower extremity edema was noted. Several diagnostic tests were performed in October 2002: chest X-ray: No active cardiopulmonary disease noted; EKG: normal sinus rhythm, first degree A-V block; exercise treadmill test was essentially normal. The CI had cardiac disease resulting in slight limitation of physical activity, was comfortable at rest and in the performance of ordinary, light, daily activities; greater than ordinary physical activity, such as heavy physical exertion, results in fatigue, palpitation, dyspnea, or anginal pain. Recommendations: The CI could perform at his usual daily activities without any limitation or restrictions. In regards to his occupation, he could perform at his usual occupation. He should have avoided those activities that required strenuous activity, heavy lifting, and pushing, shoving or prolonged mobilization.

The Board directs attention to its rating recommendation based on the above evidence. The PEB applied an analogous code of 7099-7016-7010 for the bundled s/p mitral ring repair with post-operative atrial fibrillation, last episode in September 1999 prior to cardioversion on chronic anticoagulation and anti-arrhythmic therapy conditions and rated it 0%. The VA did not rate the chronic anticoagulation for a history of atrial fibrillation condition. The AFib condition is rated using the VASRD code 7010, Supraventricular arrhythmias, as AFib is a type of supraventricular arrhythmia. The criteria utilized for rating this condition are based on the frequency of the episodes per year with more than 4 episodes equating with a 30% evaluation and 1 to 4 episodes per year equating with a 10% evaluation. The CI had no documented episodes of AFib within the 2-year period prior to separation, as his AFib was well controlled on medication. Citing VASRD §4.31 (Zero percent evaluation), "In every instance where the schedule does not provide a 0% evaluation for a diagnostic code, a 0% evaluation shall be assigned when the requirements for a compensable evaluation are not met." The CI's well-controlled AFib was unfitting, due to the chronic anticoagulation requirement. However, it did not meet the requirements for a compensable rating IAW VASRD §4.104 Schedule of ratings-cardiovascular system. After due deliberation, considering all of the evidence and mindful of VASRD §4.3 (Resolution of reasonable doubt), the Board recommends a disability rating of 0% for the chronic anticoagulation for a history of atrial fibrillation condition. Application of VASRD code 7010, Supraventricular arrhythmias, as the only unfitting condition present conferred no rating advantage to the CI, therefore no change from the PEB designation is 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 s/p mitral valve ring repair with post-operative atrial

fibrillation on chronic anticoagulation and anti-arrhythmic therapy 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, therefore, recommends that there be no recharacterization of the CI's disability and separation determination, as follows:

UNFITTING CONDITION	VASRD CODE	RATING
Status Post Mitral Ring Repair with Post-operative Atrial Fibrillation on Chronic Anticoagulation	7099-7016-7010	0%
	COMBINED	0%

The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20120424, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans' Affairs Treatment Record

XXXXXXXXXXXXXXXXXXXX, DAF
Director
Physical Disability Board of Review

SFMR-RB

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

SUBJECT: Department of Defense Physical Disability Board of Review Recommendation
for XXXXXXXXXXXXXXXX, AR20130002821 (PD201200422)

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

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Deputy Assistant Secretary
(Army Review Boards)